

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: 14-0166	Period: From 07/01/2016 To 06/30/2017	Worksheet S Parts I-III Date/Time Prepared: 11/29/2017 2:56 pm
--	-----------------------	---	---

**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: 11/29/2017 Time: 2:56 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

**PART II - CERTIFICATION**

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

**CERTIFICATION BY 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 MARYS HOSPITAL ( 14-0166 ) for the cost reporting period beginning 07/01/2016 and ending 06/30/2017 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

(Signed) \_\_\_\_\_  
Officer or Administrator of Provider(s)

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	256,589	-23,148	0	0	1.00
2.00 Subprovider - IPF	0	5	0		0	2.00
3.00 Subprovider - IRF	0	9,408	1		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
200.00 Total	0	266,002	-23,147	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: 14-0166			Period: From 07/01/2016 To 06/30/2017		Worksheet S-2 Part I Date/Time Prepared: 11/29/2017 2:47 pm						
1.00		2.00		3.00		4.00							
Hospital and Hospital Health Care Complex Address:													
1.00	Street: 1800 EAST LAKE SHORE DRIVE			PO Box:						1.00			
2.00	City: DECATUR			State: IL		Zip Code: 62521		County: MACON		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 MARYS HOSPITAL	140166	19500	1	07/01/1966	N	P	O	3.00		
4.00	Subprovider - IPF		PSYCHIATRY UNIT	14S166	19500	4	07/01/2011	N	P	N	4.00		
5.00	Subprovider - IRF		REHABILITATION UNIT	14T166	19500	5	07/01/2008	N	P	N	5.00		
6.00	Subprovider - (Other)										6.00		
7.00	Swing Beds - SNF										7.00		
8.00	Swing Beds - NF										8.00		
9.00	Hospital-Based SNF										9.00		
10.00	Hospital-Based NF										10.00		
11.00	Hospital-Based OLTC										11.00		
12.00	Hospital-Based HHA										12.00		
13.00	Separately Certified ASC										13.00		
14.00	Hospital-Based Hospice										14.00		
15.00	Hospital-Based Health Clinic - RHC										15.00		
16.00	Hospital-Based Health Clinic - FQHC										16.00		
17.00	Hospital-Based (CMHC) I										17.00		
18.00	Renal Dialysis										18.00		
19.00	Other										19.00		
							From:	To:					
							1.00	2.00					
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2016	06/30/2017		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	N		22.01			
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N		22.02			
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N		22.03			
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						1	N		23.00			
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days						
		1.00	2.00	3.00	4.00	5.00	6.00						
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.						4,533	1,027	0	0	3,508	108	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.						131	30	0	0	94		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0166	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part I Date/Time Prepared: 11/29/2017 2:47 pm			
		Urban/Rural	St	Date of Geogra			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00	
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)	N				37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00	
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N		N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	Y		Y		40.00	
		V	XVII	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	N		45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N		46.00	
47.00	Is this a new hospital under 42 CFR 412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00	
<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.	Y				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0166		Period: From 07/01/2016 To 06/30/2017		Worksheet S-2 Part I Date/Time Prepared: 11/29/2017 2:47 pm				
	Y/N	IME	Direct GME	IME	Direct GME					
	1.00	2.00	3.00	4.00	5.00					
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						0.00	0.00	61.06	
	Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count					
	1.00	2.00	3.00	4.00						
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.						0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.						0.00	0.00	61.20	
						1.00				
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)						0.00	62.00		
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)						0.00	62.01		
Teaching Hospitals that Claim Residents in Nonprovider Settings										
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)						N	63.00		
	Program Name		Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))				
	1.00	2.00	3.00	4.00	5.00					
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
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0166	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part I Date/Time Prepared: 11/29/2017 2:47 pm		
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000		66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000
				1.00	2.00	3.00
<b>Inpatient Psychiatric Facility PPS</b>						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			Y		70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	0	71.00
<b>Inpatient Rehabilitation Facility PPS</b>						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y		75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	0	76.00
				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.			N		86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.			N		87.00
				V	XIX	
				1.00	2.00	
<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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0166		Period: From 07/01/2016 To 06/30/2017		Worksheet S-2 Part I Date/Time Prepared: 11/29/2017 2:47 pm	
		V		XIX			
		1.00		2.00			
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		97.00	
<b>Rural Providers</b>							
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N				105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					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. 11.					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		Speech		Respiratory	
		1.00		3.00		4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N		N		N	
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N		110.00	
						1.00 2.00 3.00	
<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	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N				117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	0				118.00	
		Premiums		Losses		Insurance	
		1.00		2.00		3.00	
118.01	List amounts of malpractice premiums and paid losses:	307,339		1,648,764		2,338,277	
						1.00 2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02	
119.00	DO NOT USE THIS LINE					119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00	
122.00	Does the cost report contain state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N				122.00	
<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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0166		Period: From 07/01/2016 To 06/30/2017		Worksheet S-2 Part I Date/Time Prepared: 11/29/2017 2:47 pm	
		1.00	2.00				
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y				140.00	
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: HOSPITAL SISTERS HEALTH SYSTEM	Contractor's Name: NATIONAL GOVERNMENT SERVICES		Contractor's Number: 00131		141.00	
142.00	Street: STREET: 4936 LAVERNA ROAD	PO Box:				142.00	
143.00	City: SPRINGFIELD	State: IL		Zip Code: 62794		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y				144.00	
						1.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	N		N		145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N				147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N				148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N				149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		N	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER	N		N		N	
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC	N		N		N	
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N				165.00	
		Name		County		State	
		0		1.00		2.00	
						Zip Code	
						3.00	
						CBSA	
						4.00	
						FTE/Campus	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y				167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					9.99	
						169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0166	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part I Date/Time Prepared: 11/29/2017 2:47 pm	
			Beginning 1.00	Ending 2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)		01/01/2015	03/31/2015	170.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)		N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0166		Period: From 07/01/2016 To 06/30/2017		Worksheet S-2 Part II Date/Time Prepared: 11/29/2017 2:47 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	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	10/23/2017	Y	10/23/2017		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: 14-0166	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part II Date/Time Prepared: 11/29/2017 2:47 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
				1.00	
<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.	PATRICIA		RACHELL	41.00
42.00	Enter the employer/company name of the cost report preparer	BKD, LLP			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	314-231-5544		211 N BROADWAY STE 600, ST LOUIS, MO	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0166	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part II Date/Time Prepared: 11/29/2017 2:47 pm
		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.	DI RECTOR		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: 14-0166

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/29/2017 2:47 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	117	42,705	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)		117	42,705	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	14	5,110	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		131	47,815	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	56	20,440		0	16.00
17.00 SUBPROVIDER - IRF	41.00	20	7,300		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		207			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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0166

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/29/2017 2:47 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents			
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll		
	6.00	7.00	8.00	9.00	10.00		
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	9,822	7,084	23,930			1.00
2.00	HMO and other (see instructions)	1,584	874				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	201	28				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	9,822	7,084	23,930			7.00
8.00	INTENSIVE CARE UNIT	1,117	289	1,911			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		821	1,358			13.00
14.00	Total (see instructions)	10,939	8,194	27,199	0.26	745.47	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	3,178	208	4,079	0.00	19.80	16.00
17.00	SUBPROVIDER - IRF	2,461	227	3,577	0.00	17.22	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	0	0	0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.26	782.49	27.00
28.00	Observation Bed Days		310	1,369			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			352			30.00
31.00	Employee discount days - IRF			22			31.00
32.00	Labor & delivery days (see instructions)	0	108	158			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0166

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/29/2017 2:47 pm

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	2,709	1,677	6,316	1.00
2.00 HMO and other (see instructions)			412	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	2,709	1,677	6,316	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	186	23	269	16.00
17.00 SUBPROVIDER - IRF	0.00	0	207	17	293	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0166

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
11/29/2017 2:47 pm

	Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 + col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	43,516,104	0	43,516,104	1,627,577.15	26.74
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		2,012,589	0	2,012,589	19,811.66	101.59
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 FOHC 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	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		2,236,604	0	2,236,604	95,773.92	23.35
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract Labor: Direct Patient Care		1,208,880	0	1,208,880	19,219.75	62.90
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		471,638	0	471,638	4,365.41	108.04
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		4,614,743	0	4,614,743	87,451.81	52.77
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)		15,478,638	0	15,478,638		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		930,379	0	930,379		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		502,119	0	502,119		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FOHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related		1,768,561	0	1,768,561		
25.51	Related organization wage-related		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related		0	0	0		
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits Department	4.00	267,654	0	267,654	7,922.54	33.78
27.00	Administrative & General	5.00	5,840,836	0	5,840,836	214,301.27	27.26
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0166

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
11/29/2017 2:47 pm

		Worksheet A Line Number	Amount Reported	Recl assifi 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	
30.00	Operation of Plant	7.00	1,280,302	0	1,280,302	61,170.82	20.93	30.00
31.00	Laundry & Linen Service	8.00	40,750	0	40,750	3,142.84	12.97	31.00
32.00	Housekeeping	9.00	1,031,265	0	1,031,265	82,908.18	12.44	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,078,994	-831,962	247,032	18,919.48	13.06	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	831,962	831,962	64,098.42	12.98	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	745,170	0	745,170	24,353.10	30.60	38.00
39.00	Central Services and Supply	14.00	427,234	0	427,234	27,598.35	15.48	39.00
40.00	Pharmacy	15.00	1,820,088	0	1,820,088	43,976.53	41.39	40.00
41.00	Medical Records & Medical Records Library	16.00	1,415,361	0	1,415,361	65,156.77	21.72	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: 14-0166

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
11/29/2017 2:47 pm

	Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	41,503,515	0	41,503,515	1,607,765.49	25.81	1.00
2.00	Excluded area salaries (see instructions)	2,236,604	0	2,236,604	95,773.92	23.35	2.00
3.00	Subtotal salaries (line 1 minus line 2)	39,266,911	0	39,266,911	1,511,991.57	25.97	3.00
4.00	Subtotal other wages & related costs (see inst.)	6,295,261	0	6,295,261	111,036.97	56.70	4.00
5.00	Subtotal wage-related costs (see inst.)	17,247,199	0	17,247,199	0.00	43.92	5.00
6.00	Total (sum of lines 3 thru 5)	62,809,371	0	62,809,371	1,623,028.54	38.70	6.00
7.00	Total overhead cost (see instructions)	13,947,654	0	13,947,654	613,548.30	22.73	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 14-0166	Period: From 07/01/2016 To 06/30/2017	Worksheet S-3 Part IV Date/Time Prepared: 11/29/2017 2:47 pm
-----------------------------	-----------------------	---	---

		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	206,460	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)	5,218,679	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)	7,576,441	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	0	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	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)	65,084	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	523,904	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	2,431,170	17.00
18.00	Medicare Taxes - Employers Portion Only	630,984	18.00
19.00	Unemployment Insurance	141,770	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	116,644	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	16,911,136	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: 14-0166	Period: From 07/01/2016 To 06/30/2017	Worksheet S-3 Part V Date/Time Prepared: 11/29/2017 2:47 pm
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	1,208,880	16,911,136	1.00
2.00	Hospital	1,208,880	16,911,136	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-0166	Period: From 07/01/2016 To 06/30/2017	Worksheet S-10 Date/Time Prepared: 11/29/2017 2:47 pm
---	-----------------------	---	---

			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)		0.216691	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		12,082,595	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH or supplemental payments from Medicaid?		Y	4.00
5.00	If line 4 is no, then enter DSH or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		117,123,026	6.00
7.00	Medicaid cost (line 1 times line 6)		25,379,506	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)		13,296,911	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)		13,296,911	19.00
			Uninsured patients	Insured patients
			1.00	2.00
			Total (col. 1 + col. 2)	3.00
<b>Uncompensated Care (see instructions for each line)</b>				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	8,003,130	1,687,232	9,690,362
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,734,206	1,687,232	3,421,438
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	1,734,206	1,687,232	3,421,438
			1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		1,582,224	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		463,543	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		713,143	27.01
28.00	Non-Medicare bad debt expense (line 26 minus line 27.01)		869,081	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		437,922	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		3,859,360	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		17,156,271	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 14-0166	Period: From 07/01/2016 To 06/30/2017	Worksheet A Date/Time Prepared: 11/29/2017 2:47 pm	
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (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	CAP REL COSTS-BLDG & FIXT		9,639,113	9,639,113	-5,495,765	4,143,348	1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		0	0	6,953,471	6,953,471	2.00
3.00 00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	267,654	8,577,746	8,845,400	-9	8,845,391	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	5,840,836	36,069,010	41,909,846	-291,585	41,618,261	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	1,280,302	2,479,569	3,759,871	-79,161	3,680,710	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	40,750	651,499	692,249	0	692,249	8.00
9.00 00900	HOUSEKEEPING	1,031,265	480,499	1,511,764	0	1,511,764	9.00
10.00 01000	DIETARY	1,078,994	295,395	1,374,389	-1,145,839	228,550	10.00
11.00 01100	CAFETERIA	0	0	0	1,145,839	1,145,839	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	745,170	299,527	1,044,697	-1,804	1,042,893	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	427,234	460,856	888,090	-44,763	843,327	14.00
15.00 01500	PHARMACY	1,820,088	5,360,290	7,180,378	-5,099,647	2,080,731	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,415,361	346,909	1,762,270	0	1,762,270	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-(SPECFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000	ADULTS & PEDIATRICS	6,538,158	1,241,119	7,779,277	-157,414	7,621,863	30.00
31.00 03100	INTENSIVE CARE UNIT	1,060,644	183,644	1,244,288	-42,778	1,201,510	31.00
40.00 04000	SUBPROVIDER - I PF	904,474	194,957	1,099,431	-25	1,099,406	40.00
41.00 04100	SUBPROVIDER - I RF	858,875	159,597	1,018,472	-16,592	1,001,880	41.00
43.00 04300	NURSERY	249,510	133,861	383,371	-96	383,275	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000	OPERATING ROOM	1,286,032	7,905,345	9,191,377	-4,949,538	4,241,839	50.00
50.02 03330	ENDOSCOPY	352,952	226,130	579,082	-96,907	482,175	50.02
51.00 05100	RECOVERY ROOM	446,673	60,190	506,863	-9,387	497,476	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,110,020	276,138	1,386,158	-65,857	1,320,301	52.00
53.00 05300	ANESTHESIOLOGY	2,332,194	1,423,255	3,755,449	-88,248	3,667,201	53.00
53.01 05301	PAIN CENTER	386,046	123,333	509,379	-52,962	456,417	53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,686,765	996,175	2,682,940	-74,035	2,608,905	54.00
56.00 05600	RADIOISOTOPE	107,436	268,246	375,682	-215,886	159,796	56.00
57.00 05700	CT SCAN	435,499	525,804	961,303	-91,697	869,606	57.00
58.00 05800	MRI	249,816	163,122	412,938	-37,974	374,964	58.00
59.00 05900	CARDIAC CATHETERIZATION	1,095,699	5,913,688	7,009,387	-3,411,724	3,597,663	59.00
60.00 06000	LABORATORY	2,280,168	2,636,492	4,916,660	-171,735	4,744,925	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD	0	360,355	360,355	-146	360,209	62.00
65.00 06500	RESPIRATORY THERAPY	678,567	1,384,322	2,062,889	-1,562	2,061,327	65.00
66.00 06600	PHYSICAL THERAPY	1,835,820	36,934	1,872,754	-8,870	1,863,884	66.00
69.00 06900	ELECTROCARDIOLOGY	663,679	1,073,891	1,737,570	-365,354	1,372,216	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	228,326	17,782	246,108	0	246,108	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	5,590,282	5,590,282	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	4,465,760	4,465,760	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	5,063,143	5,063,143	73.00
75.00 07500	ASC (NON-DISTINCT PART)	714,971	81,025	795,996	-8,344	787,652	75.00
76.00 03950	TREATMENT CENTER	0	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	136,226	5,951	142,177	-237	141,940	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.02 09002	OUTPATIENT PSYCHIATRIC	173,849	7,128	180,977	0	180,977	90.02
90.03 09003	WOUND CLINIC	183,607	108,459	292,066	-1,830	290,236	90.03
90.12 09012	CTPET	35,317	173,735	209,052	-40,511	168,541	90.12
90.13 09013	RADIATION ONCOLOGY	347,334	396,838	744,172	-6,774	737,398	90.13
91.00 09100	EMERGENCY	2,716,538	3,484,048	6,200,586	-186,700	6,013,886	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT)						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00 11300	INTEREST EXPENSE		956,739	956,739	-956,739	0	113.00
118.00 11800	SUBTOTALS (SUM OF LINES 1-117)	43,042,849	95,178,716	138,221,565	0	138,221,565	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000	GIFT FLOWER COFFEE SHOP & CAN	46,131	125,780	171,911	0	171,911	190.00
192.00 19200	PHYSICIANS PRIVATE OFFICES	1,601	723,188	724,789	0	724,789	192.00
194.00 07950	SENIOR SERVICES	38,773	94,513	133,286	0	133,286	194.00
194.01 07951	ADULT DAY CARE	147,504	24,436	171,940	0	171,940	194.01
194.02 07952	SPORTS MEDICINE REHAB	232,595	14,807	247,402	0	247,402	194.02
194.03 07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
194.04 07953	CANCER CARE	0	35,479	35,479	0	35,479	194.04
194.07 07976	BLUE MOUND	0	29,643	29,643	0	29,643	194.07

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0166

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

Worksheet A

Date/Time Prepared:  
11/29/2017 2:47 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
194.08 07955 ARTHUR CLINIC	0	50,590	50,590	0	50,590	194.08
194.11 07956 2981 NORTH MAIN	414	370	784	0	784	194.11
194.13 07957 MEDICAL OFFICE BUILDING 1750	0	284,314	284,314	0	284,314	194.13
194.15 07959 MT. ZION CLINIC	0	13,255	13,255	0	13,255	194.15
194.16 07960 CERRO GORDO	53	27,219	27,272	0	27,272	194.16
194.24 07964 FIELDS WRIGHT MEDICAL PRACTICE	4,715	112,749	117,464	0	117,464	194.24
194.36 07967 LAKE SHORE MEDICAL OFFICE BUILD	0	445,901	445,901	0	445,901	194.36
194.38 07969 SCHOOL HEALTH SERVICES	1,469	11,870	13,339	0	13,339	194.38
194.40 07977 PRAIRIE CARDIOVASCULAR	0	0	0	0	0	194.40
194.48 07972 MRI BUILDING	0	0	0	0	0	194.48
200.00 TOTAL (SUM OF LINES 118-199)	43,516,104	97,172,830	140,688,934	0	140,688,934	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0166

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

Worksheet A  
Date/Time Prepared:  
11/29/2017 2:47 pm

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	-92,893	4,050,455	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	6,953,471	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	6,356,923	15,202,314	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-15,576,405	26,041,856	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	3,680,710	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-8,237	684,012	8.00
9.00	00900	HOUSEKEEPING	-50	1,511,714	9.00
10.00	01000	DIETARY	0	228,550	10.00
11.00	01100	CAFETERIA	0	1,145,839	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	1,042,893	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	843,327	14.00
15.00	01500	PHARMACY	-273	2,080,458	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	39	1,762,309	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-70,842	7,551,021	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,201,510	31.00
40.00	04000	SUBPROVIDER - I PF	0	1,099,406	40.00
41.00	04100	SUBPROVIDER - I RF	-38,892	962,988	41.00
43.00	04300	NURSERY	-5,053	378,222	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0	4,241,839	50.00
50.02	03330	ENDOSCOPY	0	482,175	50.02
51.00	05100	RECOVERY ROOM	0	497,476	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,320,301	52.00
53.00	05300	ANESTHESIOLOGY	-3,101,031	566,170	53.00
53.01	05301	PAIN CENTER	0	456,417	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	-37,343	2,571,562	54.00
56.00	05600	RADIO SOTOPE	0	159,796	56.00
57.00	05700	CT SCAN	-25,110	844,496	57.00
58.00	05800	MRI	0	374,964	58.00
59.00	05900	CARDIAC CATHETERIZATION	-1,274,821	2,322,842	59.00
60.00	06000	LABORATORY	-5,962	4,738,963	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	360,209	62.00
65.00	06500	RESPIRATORY THERAPY	-179,395	1,881,932	65.00
66.00	06600	PHYSICAL THERAPY	0	1,863,884	66.00
69.00	06900	ELECTROCARDIOLOGY	-324,967	1,047,249	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-529	245,579	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	5,590,282	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	4,465,760	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,063,143	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	787,652	75.00
76.00	03950	TREATMENT CENTER	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	-409	141,531	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.02	09002	OUTPATIENT PSYCHIATRIC	-207,130	-26,153	90.02
90.03	09003	WOUND CLINIC	-60,638	229,598	90.03
90.12	09012	CTPET	0	168,541	90.12
90.13	09013	RADIATION ONCOLOGY	-173	737,225	90.13
91.00	09100	EMERGENCY	-2,981,276	3,032,610	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)			92.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-17,634,467	120,587,098	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	171,911	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	724,789	192.00
194.00	07950	SENIOR SERVICES	0	133,286	194.00
194.01	07951	ADULT DAY CARE	0	171,940	194.01
194.02	07952	SPORTS MEDICINE REHAB	0	247,402	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.03
194.04	07953	CANCER CARE	0	35,479	194.04
194.07	07976	BLUE MOUND	0	29,643	194.07
194.08	07955	ARTHUR CLINIC	0	50,590	194.08
194.11	07956	2981 NORTH MAIN	0	784	194.11

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES	Provider CCN: 14-0166	Period: From 07/01/2016 To 06/30/2017	Worksheet A Date/Time Prepared: 11/29/2017 2:47 pm
---	-----------------------	---	--

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
194.13	07957 MEDICAL OFFICE BUILDING 1750	0	284,314	194.13
194.15	07959 MT. ZION CLINIC	0	13,255	194.15
194.16	07960 CERRO GORDO	0	27,272	194.16
194.24	07964 FIELDS WRIGHT MEDICAL PRACTICE	0	117,464	194.24
194.36	07967 LAKE SHORE MEDICAL OFFICE BUILD	0	445,901	194.36
194.38	07969 SCHOOL HEALTH SERVICES	0	13,339	194.38
194.40	07977 PRAIRIE CARDIOVASCULAR	0	0	194.40
194.48	07972 MRI BUILDING	0	0	194.48
200.00	TOTAL (SUM OF LINES 118-199)	-17,634,467	123,054,467	200.00

RECLASSIFICATIONS

Provider CCN: 14-0166

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

Worksheet A-6

Date/Time Prepared:  
11/29/2017 2:47 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - DEPRECIATION EXPENSE</b>					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	6,458,859	1.00
	O		0	6,458,859	
<b>B - CAFETERIA RECLASS</b>					
1.00	CAFETERIA	11.00	831,962	313,877	1.00
	O		831,962	313,877	
<b>D - LEASE EXPENSE</b>					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	457,433	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
6.00		0.00	0	0	6.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
	O		0	457,433	
<b>F - CHARGEABLE DRUGS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	5,063,143	1.00
	O		0	5,063,143	
<b>G - INTEREST EXPENSE</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	893,100	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	63,639	2.00
	O		0	956,739	
<b>H - MEDICAL SUPPLIES</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	5,590,282	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	6,033	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
	O		0	5,596,315	
<b>I - IMPLANT SUPPLIES</b>					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	4,465,760	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
	O		0	4,465,760	

RECLASSIFICATIONS

Provider CCN: 14-0166

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

Worksheet A-6

Date/Time Prepared:  
11/29/2017 2:47 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	J - PROPERTY INSURANCE				
1.00	OTHER CAP REL COSTS	3.00	0	107,173	1.00
	0		0	107,173	
500.00	Grand Total: Increases		831,962	23,419,299	500.00

RECLASSIFICATIONS

Provider CCN: 14-0166

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

Worksheet A-6  
Date/Time Prepared:  
11/29/2017 2:47 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.	
6.00	7.00	8.00	9.00	10.00		
<b>A - DEPRECIATION EXPENSE</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	6,458,859	9	1.00
	O		0	6,458,859		
<b>B - CAFETERIA RECLASS</b>						
1.00	DIETARY	10.00	831,962	313,877	0	1.00
	O		831,962	313,877		
<b>D - LEASE EXPENSE</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	254,084	9	1.00
2.00	OPERATION OF PLANT	7.00	0	750	0	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	42,715	0	3.00
4.00	ADULTS & PEDIATRICS	30.00	0	792	0	4.00
6.00	OPERATING ROOM	50.00	0	2,955	0	6.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	29,895	0	8.00
9.00	LABORATORY	60.00	0	64,871	0	9.00
10.00	RESPIRATORY THERAPY	65.00	0	551	0	10.00
11.00	PHYSICAL THERAPY	66.00	0	8,856	0	11.00
12.00	ELECTROCARDIOLOGY	69.00	0	49,427	0	12.00
14.00	CARDIAC REHABILITATION	76.97	0	68	0	14.00
15.00	RADIATION ONCOLOGY	90.13	0	69	0	15.00
16.00	EMERGENCY	91.00	0	2,400	0	16.00
	O		0	457,433		
<b>F - CHARGEABLE DRUGS</b>						
1.00	PHARMACY	15.00	0	5,063,143	0	1.00
	O		0	5,063,143		
<b>G - INTEREST EXPENSE</b>						
1.00	INTEREST EXPENSE	113.00	0	956,739	9	1.00
2.00		0.00	0	0	0	2.00
	O		0	956,739		
<b>H - MEDICAL SUPPLIES</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	9	0	1.00
2.00	OPERATION OF PLANT	7.00	0	78,411	0	2.00
3.00	NURSING ADMINISTRATION	13.00	0	1,804	0	3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,048	0	4.00
5.00	PHARMACY	15.00	0	36,504	0	5.00
6.00	ADULTS & PEDIATRICS	30.00	0	127,399	0	6.00
7.00	INTENSIVE CARE UNIT	31.00	0	40,093	0	7.00
8.00	SUBPROVIDER - IPF	40.00	0	25	0	8.00
9.00	SUBPROVIDER - IRF	41.00	0	5,188	0	9.00
10.00	NURSERY	43.00	0	96	0	10.00
11.00	OPERATING ROOM	50.00	0	2,171,907	0	11.00
12.00	ENDOSCOPY	50.02	0	96,907	0	12.00
13.00	RECOVERY ROOM	51.00	0	9,387	0	13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	65,857	0	14.00
15.00	ANESTHESIOLOGY	53.00	0	88,248	0	15.00
16.00	PAIN CENTER	53.01	0	52,394	0	16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	44,140	0	17.00
18.00	RADIOISOTOPE	56.00	0	215,886	0	18.00
19.00	CT SCAN	57.00	0	91,697	0	19.00
20.00	MRI	58.00	0	37,974	0	20.00
21.00	CARDIAC CATHETERIZATION	59.00	0	1,764,520	0	21.00
22.00	LABORATORY	60.00	0	106,864	0	22.00
23.00	WHOLE BLOOD & PACKED RED BLOOD	62.00	0	146	0	23.00
24.00	RESPIRATORY THERAPY	65.00	0	1,011	0	24.00
25.00	PHYSICAL THERAPY	66.00	0	14	0	25.00
26.00	ELECTROCARDIOLOGY	69.00	0	315,927	0	26.00
27.00	ASC (NON-DISTINCT PART)	75.00	0	8,344	0	27.00
28.00	CARDIAC REHABILITATION	76.97	0	169	0	28.00
29.00	WOUND CLINIC	90.03	0	1,830	0	29.00
30.00	CTPET	90.12	0	40,511	0	30.00
31.00	RADIATION ONCOLOGY	90.13	0	6,705	0	31.00
32.00	EMERGENCY	91.00	0	184,300	0	32.00
	O		0	5,596,315		
<b>I - IMPLANT SUPPLIES</b>						
1.00	ADULTS & PEDIATRICS	30.00	0	29,223	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	2,685	0	2.00
3.00	SUBPROVIDER - IRF	41.00	0	11,404	0	3.00
4.00	OPERATING ROOM	50.00	0	2,774,676	0	4.00
5.00	PAIN CENTER	53.01	0	568	0	5.00
6.00	CARDIAC CATHETERIZATION	59.00	0	1,647,204	0	6.00
	O		0	4,465,760		

RECLASSIFICATIONS

Provider CCN: 14-0166

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

Worksheet A-6

Date/Time Prepared:  
11/29/2017 2:47 pm

Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
J - PROPERTY INSURANCE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	107,173	12		1.00
	0		0	107,173			
500.00	Grand Total: Decreases		831,962	23,419,299			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0166

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
11/29/2017 2:47 pm

	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	3,295,160	0	0	0	1.00
2.00	Land Improvements	5,809,092	0	0	0	2.00
3.00	Buildings and Fixtures	92,476,374	42,404,621	0	42,404,621	3.00
4.00	Building Improvements	0	3,282	0	3,282	4.00
5.00	Fixed Equipment	41,233,946	0	0	0	5.00
6.00	Movable Equipment	61,896,243	2,596,127	0	2,596,127	6.00
7.00	HIT designated Assets	12,265,809	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	216,976,624	45,004,030	0	45,004,030	8.00
9.00	Reconciling Items	0	128,478	0	128,478	9.00
10.00	Total (line 8 minus line 9)	216,976,624	44,875,552	0	44,875,552	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	3,295,160	0			1.00
2.00	Land Improvements	5,809,092	0			2.00
3.00	Buildings and Fixtures	134,880,995	0			3.00
4.00	Building Improvements	3,282	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	64,492,370	0			6.00
7.00	HIT designated Assets	12,265,809	0			7.00
8.00	Subtotal (sum of lines 1-7)	220,746,708	0			8.00
9.00	Reconciling Items	128,478	0			9.00
10.00	Total (line 8 minus line 9)	220,618,230	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0166

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
11/29/2017 2:47 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	9,639,113	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	9,639,113	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	9,639,113				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	9,639,113				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0166

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
11/29/2017 2:47 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	143,988,529	0	143,988,529	0.653094	69,994	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	76,758,179	275,376	76,482,803	0.346906	37,179	2.00
3.00	Total (sum of lines 1-2)	220,746,708	275,376	220,471,332	1.000000	107,173	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col. 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	69,994	4,073,354	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	37,179	6,916,292	0	2.00
3.00	Total (sum of lines 1-2)	0	0	107,173	10,989,646	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. 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	-92,893	69,994	0	0	4,050,455	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	37,179	0	0	6,953,471	2.00
3.00	Total (sum of lines 1-2)	-92,893	107,173	0	0	11,003,926	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0166

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

Worksheet A-8

Date/Time Prepared:  
11/29/2017 2:47 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-92,893	CAP REL COSTS-BLDG & FIXT		1.00	11 1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP		2.00	0 2.00
3.00 Investment income - other (chapter 2)		0			0.00	0 3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0			0.00	0 4.00
5.00 Refunds and rebates of expenses (chapter 8)		0			0.00	0 5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00	0 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0			0.00	0 7.00
8.00 Television and radio service (chapter 21)		0			0.00	0 8.00
9.00 Parking lot (chapter 21)		0			0.00	0 9.00
10.00 Provider-based physician adjustment	A-8-2	-5,888,821				0 10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0			0.00	0 11.00
12.00 Related organization transactions (chapter 10)	A-8-1	2,790,378				0 12.00
13.00 Laundry and linen service	B	-8,237	LAUNDRY & LINEN SERVICE		8.00	0 13.00
14.00 Cafeteria-employees and guests		0			0.00	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	39	MEDICAL RECORDS & LIBRARY		16.00	0 18.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00	0 19.00
20.00 Vending machines		0			0.00	0 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY		65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY		66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***		114.00	25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT		1.00	0 26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP		2.00	0 27.00
28.00 Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS		19.00	28.00
29.00 Physicians' assistant		0			0.00	0 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***		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	*** Cost Center Deleted ***		68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	0 32.00
33.00 MEDICAID TAX	A	-5,872,720	ADMINISTRATIVE & GENERAL		5.00	0 33.00
33.01 ADVERTISING SPONSORSHIP COSTS	A	-423,821	ADMINISTRATIVE & GENERAL		5.00	0 33.01
33.02 ADVERTISING SPONSORSHIP COSTS	A	-409	CARDIAC REHABILITATION		76.97	0 33.02
33.03 PUBLIC RELATIONS	A	-173	RADIATION ONCOLOGY		90.13	0 33.03

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
33.04	PHYSICIAN RECRUITMENT	A	-272,937	ADMINISTRATIVE & GENERAL	5.00	0	33.04
33.05	LOBBYING COSTS	A	-26,566	ADMINISTRATIVE & GENERAL	5.00	0	33.05
33.06	SELF INSURED HEALTH PREMIUMS	A	-3,769,551	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.06
33.07	CRNA SALARIES	A	-2,012,589	ANESTHESIOLOGY	53.00	0	33.07
33.08	CRNA BENEFITS	A	-502,119	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.08
33.09	TRANSPORTATION	A	-150	ADULTS & PEDIATRICS	30.00	0	33.09
33.10	PURCHASED SERVICES HSHS MEDICAL	A	-11,547,100	ADMINISTRATIVE & GENERAL	5.00	0	33.10
33.11	PURCHASED SERVICES HSHS MEDICAL	A	-85,318	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.11
33.12	DEFINED PENSION	A	10,714,981	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.12
33.13	RENTAL REVENUE	B	-120	ADMINISTRATIVE & GENERAL	5.00	0	33.13
33.14	RENTAL REVENUE	B	-600	ADULTS & PEDIATRICS	30.00	0	33.14
33.15	RENTAL REVENUE	B	-783	WOUND CLINIC	90.03	0	33.15
33.16	MISC REVENUE	B	-224,589	ADMINISTRATIVE & GENERAL	5.00	0	33.16
33.17	MISC REVENUE	B	-50	HOUSEKEEPING	9.00	0	33.17
33.18	MISC REVENUE	B	-273	PHARMACY	15.00	0	33.18
33.19	MISC REVENUE	B	-60	ADULTS & PEDIATRICS	30.00	0	33.19
33.20	MISC REVENUE	B	-7,758	RADIOLOGY-DIAGNOSTIC	54.00	0	33.20
33.21	MISC REVENUE	B	-6,981	CARDIAC CATHETERIZATION	59.00	0	33.21
33.22	MISC REVENUE	B	-179,395	RESPIRATORY THERAPY	65.00	0	33.22
33.23	MISC REVENUE	B	-207,130	OUTPATIENT PSYCHIATRIC	90.02	0	33.23
33.24	MISC REVENUE	B	-8,722	WOUND CLINIC	90.03	0	33.24
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-17,634,467				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: 14-0166  
 Period: From 07/01/2016 To 06/30/2017  
 Worksheet A-8-1  
 Date/Time Prepared: 11/29/2017 2:47 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HEALTH & DENTAL PREMIUM	8,706,469	8,707,539 1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	CONTRACTED SERVICES - ISC	8,776,360	6,602,826 2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	CONTRACTED SERVICES - SSC	3,041,569	2,423,655 3.00
4.00	5.00	ADMINISTRATIVE & GENERAL	RELATED SERVICES	229,634	229,634 4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			20,754,032	17,963,654 5.00

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

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

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

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

6.00	B	ST. MARYS HOSPITAL	100.00	HSHS	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: 14-0166

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

Worksheet A-8-1

Date/Time Prepared:  
11/29/2017 2:47 pm

	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	-1,070	0		1.00
2.00	2,173,534	0		2.00
3.00	617,914	0		3.00
4.00	0	0		4.00
5.00	2,790,378			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>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 requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	HEALTH CARE		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: 14-0166

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

Worksheet A-8-2

Date/Time Prepared:  
11/29/2017 2:47 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	367,657	57,357	310,300	211,500	2,927	1.00
2.00	41.00	SUBPROVIDER - IRF	75,588	12,408	63,180	181,300	421	2.00
3.00	43.00	NURSERY	10,525	4,525	6,000	237,100	48	3.00
4.00	53.00	ANESTHESIOLOGY	1,088,442	1,088,442	0	0	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	29,585	29,585	0	271,900	0	5.00
6.00	57.00	CT SCAN	25,110	25,110	0	0	0	6.00
7.00	59.00	CARDIAC CATHETERIZATION	1,267,840	1,267,840	0	0	0	7.00
8.00	60.00	LABORATORY	149,862	5,962	143,900	260,300	1,345	8.00
9.00	69.00	ELECTROCARDIOLOGY	329,644	318,206	11,438	211,500	46	9.00
10.00	70.00	ELECTROENCEPHALOGRAPHY	529	529	0	211,500	0	10.00
11.00	90.03	WOUND CLINIC	51,133	51,133	0	211,500	0	11.00
12.00	91.00	EMERGENCY	2,981,276	2,981,276	0	0	0	12.00
200.00			6,377,191	5,842,373	534,818		4,787	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	30.00	ADULTS & PEDIATRICS	297,625	14,881	0	0	0	1.00
2.00	41.00	SUBPROVIDER - IRF	36,696	1,835	0	0	0	2.00
3.00	43.00	NURSERY	5,472	274	0	0	0	3.00
4.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	5.00
6.00	57.00	CT SCAN	0	0	0	0	0	6.00
7.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	7.00
8.00	60.00	LABORATORY	168,319	8,416	0	0	0	8.00
9.00	69.00	ELECTROCARDIOLOGY	4,677	234	0	0	0	9.00
10.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	10.00
11.00	90.03	WOUND CLINIC	0	0	0	0	0	11.00
12.00	91.00	EMERGENCY	0	0	0	0	0	12.00
200.00			512,789	25,640	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	30.00	ADULTS & PEDIATRICS	0	297,625	12,675	70,032	1.00
2.00	41.00	SUBPROVIDER - IRF	0	36,696	26,484	38,892	2.00
3.00	43.00	NURSERY	0	5,472	528	5,053	3.00
4.00	53.00	ANESTHESIOLOGY	0	0	0	1,088,442	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	29,585	5.00
6.00	57.00	CT SCAN	0	0	0	25,110	6.00
7.00	59.00	CARDIAC CATHETERIZATION	0	0	0	1,267,840	7.00
8.00	60.00	LABORATORY	0	168,319	0	5,962	8.00
9.00	69.00	ELECTROCARDIOLOGY	0	4,677	6,761	324,967	9.00
10.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	529	10.00
11.00	90.03	WOUND CLINIC	0	0	0	51,133	11.00
12.00	91.00	EMERGENCY	0	0	0	2,981,276	12.00
200.00			0	512,789	46,448	5,888,821	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0166

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/29/2017 2:47 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	4,050,455	4,050,455			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	6,953,471		6,953,471		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	15,202,314	15,416	26,466	15,244,196	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	26,041,856	522,893	897,657	2,058,779	29,521,185
6.00 00600	MAINTENANCE & REPAIRS	0	30,017	51,530	0	81,547
7.00 00700	OPERATION OF PLANT	3,680,710	340,301	584,200	451,281	5,056,492
8.00 00800	LAUNDRY & LINEN SERVICE	684,012	134,981	231,724	14,364	1,065,081
9.00 00900	HOUSEKEEPING	1,511,714	48,630	83,484	363,500	2,007,328
10.00 01000	DIETARY	228,550	137,634	236,278	87,074	689,536
11.00 01100	CAFETERIA	1,145,839	32,729	56,187	293,250	1,528,005
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	1,042,893	15,161	26,028	262,658	1,346,740
14.00 01400	CENTRAL SERVICES & SUPPLY	843,327	83,162	142,766	150,591	1,219,846
15.00 01500	PHARMACY	2,080,458	32,466	55,734	641,545	2,810,203
16.00 01600	MEDICAL RECORDS & LIBRARY	1,762,309	72,771	124,927	498,886	2,458,893
17.00 01700	SOCIAL SERVICE	0	0	0	0	0
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	7,551,021	697,441	1,197,303	2,304,550	11,750,315
31.00 03100	INTENSIVE CARE UNIT	1,201,510	50,467	86,637	373,856	1,712,470
40.00 04000	SUBPROVIDER - IPF	1,099,406	59,327	101,848	318,809	1,579,390
41.00 04100	SUBPROVIDER - IRF	962,988	97,745	167,801	302,736	1,531,270
43.00 04300	NURSERY	378,222	19,566	33,589	87,947	519,324
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	4,241,839	149,581	256,788	453,301	5,101,509
50.02 03330	ENDOSCOPY	482,175	28,222	48,450	124,409	683,256
51.00 05100	RECOVERY ROOM	497,476	19,268	33,078	157,443	707,265
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,320,301	80,441	138,094	391,260	1,930,096
53.00 05300	ANESTHESIOLOGY	566,170	2,679	4,598	822,052	1,395,499
53.01 05301	PAIN CENTER	456,417	29,821	51,194	136,073	673,505
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,571,562	122,167	209,725	594,551	3,498,005
56.00 05600	RADIOISOTOPE	159,796	5,638	9,678	37,869	212,981
57.00 05700	CT SCAN	844,496	4,745	8,146	153,505	1,010,892
58.00 05800	MRI	374,964	7,508	12,890	88,055	483,417
59.00 05900	CARDIAC CATHETERIZATION	2,322,842	42,406	72,799	386,212	2,824,259
60.00 06000	LABORATORY	4,738,963	301,833	518,160	803,714	6,362,670
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD	360,209	2,313	3,971	0	366,493
65.00 06500	RESPIRATORY THERAPY	1,881,932	6,437	11,050	239,181	2,138,600
66.00 06600	PHYSICAL THERAPY	1,863,884	116,852	200,602	647,090	2,828,428
69.00 06900	ELECTROCARDIOLOGY	1,047,249	32,134	55,165	233,934	1,368,482
70.00 07000	ELECTROENCEPHALOGRAPHY	245,579	22,398	38,450	80,480	386,907
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	5,590,282	0	0	0	5,590,282
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	4,465,760	0	0	0	4,465,760
73.00 07300	DRUGS CHARGED TO PATIENTS	5,063,143	0	0	0	5,063,143
75.00 07500	ASC (NON-DISTINCT PART)	787,652	0	0	252,013	1,039,665
76.00 03950	TREATMENT CENTER	0	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	141,531	0	0	48,017	189,548
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.02 09002	OUTPATIENT PSYCHIATRIC	-26,153	30,425	52,231	61,278	117,781
90.03 09003	WOUND CLINIC	229,598	0	0	64,718	294,316
90.12 09012	CTPET	168,541	0	0	12,449	180,990
90.13 09013	RADIATION ONCOLOGY	737,225	0	0	122,428	859,653
91.00 09100	EMERGENCY	3,032,610	319,196	547,969	957,525	4,857,300
92.00 09200	OBSERVATION BEDS (NON-DISTINCT)					0
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1-117)	120,587,098	3,714,771	6,377,197	15,077,383	119,508,327
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT FLOWER COFFEE SHOP & CAN	171,911	4,464	7,664	16,260	200,299
192.00 19200	PHYSICIANS PRIVATE OFFICES	724,789	0	0	564	725,353
194.00 07950	SENIOR SERVICES	133,286	0	0	13,667	146,953
194.01 07951	ADULT DAY CARE	171,940	0	0	51,992	223,932
194.02 07952	SPORTS MEDICINE REHAB	247,402	0	0	81,985	329,387
194.03 07954	OTHER NONREIMBURSABLE COST CENTERS	0	285,294	489,768	0	775,062

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0166

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/29/2017 2:47 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
194.04 07953 CANCER CARE	35,479	0	0	0	35,479	194.04
194.07 07976 BLUE MOUND	29,643	0	0	0	29,643	194.07
194.08 07955 ARTHUR CLINIC	50,590	0	0	0	50,590	194.08
194.11 07956 2981 NORTH MAIN	784	0	0	146	930	194.11
194.13 07957 MEDICAL OFFICE BUILDING 1750	284,314	0	0	0	284,314	194.13
194.15 07959 MT. ZION CLINIC	13,255	0	0	0	13,255	194.15
194.16 07960 CERRO GORDO	27,272	0	0	19	27,291	194.16
194.24 07964 FIELDS WRIGHT MEDICAL PRACTICE	117,464	0	0	1,662	119,126	194.24
194.36 07967 LAKE SHORE MEDICAL OFFICE BUILD	445,901	0	0	0	445,901	194.36
194.38 07969 SCHOOL HEALTH SERVICES	13,339	0	0	518	13,857	194.38
194.40 07977 PRAIRIE CARDIOVASCULAR	0	45,926	78,842	0	124,768	194.40
194.48 07972 MRI BUILDING	0	0	0	0	0	194.48
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 TOTAL (sum lines 118-201)	123,054,467	4,050,455	6,953,471	15,244,196	123,054,467	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0166

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/29/2017 2:47 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
<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	29,521,185					5.00
6.00	00600	MAINTENANCE & REPAIRS	25,742	107,289				6.00
7.00	00700	OPERATION OF PLANT	1,596,168	10,485	6,663,145			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	336,211	4,159	286,266	1,691,717		8.00
9.00	00900	HOUSEKEEPING	633,647	1,498	103,134	0	2,745,607	9.00
10.00	01000	DIETARY	217,664	4,241	291,893	0	127,742	10.00
11.00	01100	CAFETERIA	482,341	1,008	69,412	0	30,377	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	425,121	467	32,154	0	14,072	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	385,065	2,562	176,369	0	77,185	14.00
15.00	01500	PHARMACY	887,088	1,000	68,852	0	30,132	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	776,191	2,242	154,332	0	67,541	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIALTY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	3,709,186	21,490	1,479,121	1,208,550	647,315	30.00
31.00	03100	INTENSIVE CARE UNIT	540,570	1,555	107,030	96,512	46,840	31.00
40.00	04000	SUBPROVIDER - I/PF	498,561	1,828	125,821	206,004	55,064	40.00
41.00	04100	SUBPROVIDER - I/RF	483,371	3,012	207,297	180,651	90,720	41.00
43.00	04300	NURSERY	163,933	603	41,495	0	18,160	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,610,378	4,609	317,230	0	138,831	50.00
50.02	03330	ENDOSCOPY	215,681	870	59,854	0	26,194	50.02
51.00	05100	RECOVERY ROOM	223,260	594	40,864	0	17,884	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	609,268	2,478	170,598	0	74,660	52.00
53.00	05300	ANESTHESIOLOGY	440,513	83	5,681	0	2,486	53.00
53.01	05301	PAIN CENTER	212,603	919	63,244	0	27,678	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,104,205	3,764	259,089	0	113,386	54.00
56.00	05600	RADIOISOTOPE	67,231	174	11,956	0	5,232	56.00
57.00	05700	CT SCAN	319,105	146	10,063	0	4,404	57.00
58.00	05800	MRI	152,599	231	15,924	0	6,969	58.00
59.00	05900	CARDIAC CATHETERIZATION	891,525	1,307	89,934	0	39,358	59.00
60.00	06000	LABORATORY	2,008,485	9,300	640,122	0	280,140	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	115,690	71	4,905	0	2,147	62.00
65.00	06500	RESPIRATORY THERAPY	675,085	198	13,651	0	5,974	65.00
66.00	06600	PHYSICAL THERAPY	892,841	3,600	247,818	0	108,454	66.00
69.00	06900	ELECTROCARDIOLOGY	431,985	990	68,149	0	29,824	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	122,134	690	47,501	0	20,788	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	1,764,668	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,409,693	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,598,267	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	328,188	0	0	0	0	75.00
76.00	03950	TREATMENT CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	59,834	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.02	09002	OUTPATIENT PSYCHIATRIC	37,180	937	64,524	0	28,238	90.02
90.03	09003	WOUND CLINIC	92,906	0	0	0	0	90.03
90.12	09012	CTPET	57,133	0	0	0	0	90.12
90.13	09013	RADIATION ONCOLOGY	271,364	0	0	0	0	90.13
91.00	09100	EMERGENCY	1,533,289	9,835	676,947	0	296,255	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	28,405,969	96,946	5,951,230	1,691,717	2,434,050	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	63,228	138	9,468	0	4,143	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	228,970	0	0	0	0	192.00
194.00	07950	SENIOR SERVICES	46,388	0	0	0	0	194.00
194.01	07951	ADULT DAY CARE	70,688	0	0	0	0	194.01
194.02	07952	SPORTS MEDICINE REHAB	103,977	0	0	0	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	244,661	8,790	605,047	0	264,789	194.03
194.04	07953	CANCER CARE	11,200	0	0	0	0	194.04
194.07	07976	BLUE MOUND	9,357	0	0	0	0	194.07
194.08	07955	ARTHUR CLINIC	15,970	0	0	0	0	194.08
194.11	07956	2981 NORTH MAIN	294	0	0	0	0	194.11
194.13	07957	MEDICAL OFFICE BUILDING 1750	89,749	0	0	0	0	194.13

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0166

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/29/2017 2:47 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
194.15	07959 MT. ZION CLINIC	0	0	0	0	0	194.15
194.16	07960 CERRO GORDO	8,615	0	0	0	0	194.16
194.24	07964 FIELDS WRIGHT MEDICAL PRACTICE	37,604	0	0	0	0	194.24
194.36	07967 LAKE SHORE MEDICAL OFFICE BUILD	140,756	0	0	0	0	194.36
194.38	07969 SCHOOL HEALTH SERVICES	4,374	0	0	0	0	194.38
194.40	07977 PRAIRIE CARDIOVASCULAR	39,385	1,415	97,400	0	42,625	194.40
194.48	07972 MRI BUILDING	0	0	0	0	0	194.48
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	29,521,185	107,289	6,663,145	1,691,717	2,745,607	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0166

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/29/2017 2:47 pm

Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
<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	1,331,076					10.00
11.00	01100	0	2,111,143				11.00
12.00	01200	0	0	0			12.00
13.00	01300	0	46,302	0	1,864,856		13.00
14.00	01400	0	26,547	0	0	1,887,574	14.00
15.00	01500	0	113,093	0	0	0	15.00
16.00	01600	0	87,945	0	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	950,910	406,248	0	625,906	0	30.00
31.00	03100	75,938	65,904	0	101,535	0	31.00
40.00	04000	162,088	56,200	0	86,585	0	40.00
41.00	04100	142,140	53,367	0	82,220	0	41.00
43.00	04300	0	15,504	0	23,886	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	79,909	0	123,112	0	50.00
50.02	03330	0	21,931	0	33,788	0	50.02
51.00	05100	0	27,754	0	42,760	0	51.00
52.00	05200	0	68,972	0	106,262	0	52.00
53.00	05300	0	144,913	0	223,261	0	53.00
53.01	05301	0	23,987	0	36,956	0	53.01
54.00	05400	0	104,809	0	161,474	0	54.00
56.00	05600	0	6,676	0	0	0	56.00
57.00	05700	0	27,060	0	0	0	57.00
58.00	05800	0	15,523	0	0	0	58.00
59.00	05900	0	68,082	0	104,891	0	59.00
60.00	06000	0	141,681	0	0	0	60.00
62.00	06200	0	0	0	0	0	62.00
65.00	06500	0	42,163	0	64,959	0	65.00
66.00	06600	0	114,071	0	0	0	66.00
69.00	06900	0	41,238	0	0	0	69.00
70.00	07000	0	14,187	0	0	0	70.00
71.00	07100	0	0	0	0	1,049,329	71.00
72.00	07200	0	0	0	0	838,245	72.00
73.00	07300	0	0	0	0	0	73.00
75.00	07500	0	44,425	0	0	0	75.00
76.00	03950	0	0	0	0	0	76.00
76.97	07697	0	8,465	0	13,041	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.02	09002	0	10,802	0	16,643	0	90.02
90.03	09003	0	11,409	0	17,577	0	90.03
90.12	09012	0	2,194	0	0	0	90.12
90.13	09013	0	21,582	0	0	0	90.13
91.00	09100	0	168,795	0	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	0	0	0	0	0	113.00
118.00		1,331,076	2,081,738	0	1,864,856	1,887,574	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	2,866	0	0	0	190.00
192.00	19200	0	99	0	0	0	192.00
194.00	07950	0	2,409	0	0	0	194.00
194.01	07951	0	9,165	0	0	0	194.01
194.02	07952	0	14,453	0	0	0	194.02
194.03	07954	0	0	0	0	0	194.03
194.04	07953	0	0	0	0	0	194.04
194.07	07976	0	0	0	0	0	194.07
194.08	07955	0	0	0	0	0	194.08
194.11	07956	0	26	0	0	0	194.11

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0166

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/29/2017 2:47 pm

Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	10.00	11.00	12.00	13.00	14.00	
194.13 07957 MEDICAL OFFICE BUILDING 1750	0	0	0	0	0	0 194.13
194.15 07959 MT. ZION CLINIC	0	0	0	0	0	0 194.15
194.16 07960 CERRO GORDO	0	3	0	0	0	0 194.16
194.24 07964 FIELDS WRIGHT MEDICAL PRACTICE	0	293	0	0	0	0 194.24
194.36 07967 LAKE SHORE MEDICAL OFFICE BUILD	0	0	0	0	0	0 194.36
194.38 07969 SCHOOL HEALTH SERVICES	0	91	0	0	0	0 194.38
194.40 07977 PRAIRIE CARDIOVASCULAR	0	0	0	0	0	0 194.40
194.48 07972 MRI BUILDING	0	0	0	0	0	0 194.48
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	0 201.00
202.00 TOTAL (sum lines 118-201)	1,331,076	2,111,143	0	1,864,856	1,887,574	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0166

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/29/2017 2:47 pm

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
<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						10.00
11.00	01100						11.00
12.00	01200						12.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500						15.00
16.00	01600	3,910,368	3,547,144				16.00
17.00	01700	0	0	0			17.00
19.00	01900	0	0	0	0		19.00
20.00	02000	0	0	0		0	20.00
21.00	02100	0	0	0			21.00
22.00	02200	0	0	0			22.00
23.00	02300	0	0	0			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	0	160,287	0	0	0	30.00
31.00	03100	0	24,528	0	0	0	31.00
40.00	04000	0	23,456	0	0	0	40.00
41.00	04100	0	33,348	0	0	0	41.00
43.00	04300	0	7,882	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	247,546	0	0	0	50.00
50.02	03330	0	34,586	0	0	0	50.02
51.00	05100	0	41,648	0	0	0	51.00
52.00	05200	0	24,212	0	0	0	52.00
53.00	05300	0	38,881	0	0	0	53.00
53.01	05301	0	50,219	0	0	0	53.01
54.00	05400	0	183,259	0	0	0	54.00
56.00	05600	0	8,780	0	0	0	56.00
57.00	05700	0	391,007	0	0	0	57.00
58.00	05800	0	107,228	0	0	0	58.00
59.00	05900	0	194,380	0	0	0	59.00
60.00	06000	0	482,997	0	0	0	60.00
62.00	06200	0	14,302	0	0	0	62.00
65.00	06500	0	56,168	0	0	0	65.00
66.00	06600	0	138,973	0	0	0	66.00
69.00	06900	0	195,312	0	0	0	69.00
70.00	07000	0	30,306	0	0	0	70.00
71.00	07100	0	83,551	0	0	0	71.00
72.00	07200	0	152,035	0	0	0	72.00
73.00	07300	3,910,368	376,063	0	0	0	73.00
75.00	07500	0	11,327	0	0	0	75.00
76.00	03950	0	0	0	0	0	76.00
76.97	07697	0	4,180	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.02	09002	0	4,497	0	0	0	90.02
90.03	09003	0	7,809	0	0	0	90.03
90.12	09012	0	9,098	0	0	0	90.12
90.13	09013	0	52,483	0	0	0	90.13
91.00	09100	0	356,796	0	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	0	0	0	0	0	113.00
118.00		3,910,368	3,547,144	0	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02
194.03	07954	0	0	0	0	0	194.03
194.04	07953	0	0	0	0	0	194.04
194.07	07976	0	0	0	0	0	194.07
194.08	07955	0	0	0	0	0	194.08
194.11	07956	0	0	0	0	0	194.11

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0166

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/29/2017 2:47 pm

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
194.13	07957 MEDICAL OFFICE BUILDING 1750	0	0	0	0	0	0 194.13
194.15	07959 MT. ZION CLINIC	0	0	0	0	0	0 194.15
194.16	07960 CERRO GORDO	0	0	0	0	0	0 194.16
194.24	07964 FIELDS WRIGHT MEDICAL PRACTICE	0	0	0	0	0	0 194.24
194.36	07967 LAKE SHORE MEDICAL OFFICE BUILD	0	0	0	0	0	0 194.36
194.38	07969 SCHOOL HEALTH SERVICES	0	0	0	0	0	0 194.38
194.40	07977 PRAIRIE CARDIOVASCULAR	0	0	0	0	0	0 194.40
194.48	07972 MRI BUILDING	0	0	0	0	0	0 194.48
200.00	Cross Foot Adjustments						0 200.00
201.00	Negative Cost Centers	0	0	0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	3,910,368	3,547,144	0	0	0	0 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0166

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/29/2017 2:47 pm

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES A	SERVICES-OTHER PRGM COSTS A					
	21.00	22.00	23.00				
<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
12.00 01200	MAINTENANCE OF PERSONNEL						12.00
13.00 01300	NURSING ADMINISTRATION						13.00
14.00 01400	CENTRAL SERVICES & SUPPLY						14.00
15.00 01500	PHARMACY						15.00
16.00 01600	MEDICAL RECORDS & LIBRARY						16.00
17.00 01700	SOCIAL SERVICE						17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00 02000	NURSING SCHOOL						20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES A	0					21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A		0				22.00
23.00 02300	PARAMED PRGM-(SPECIFY)			0			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000	ADULTS & PEDIATRICS	0	0	0	20,959,328	0	30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	2,772,882	0	31.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	2,794,997	0	40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	2,807,396	0	41.00
43.00 04300	NURSERY	0	0	0	790,787	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000	OPERATING ROOM	0	0	0	7,623,124	0	50.00
50.02 03330	ENDOSCOPY	0	0	0	1,076,160	0	50.02
51.00 05100	RECOVERY ROOM	0	0	0	1,102,029	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,986,546	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	2,251,317	0	53.00
53.01 05301	PAIN CENTER	0	0	0	1,089,111	0	53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	5,427,991	0	54.00
56.00 05600	RADIOISOTOPE	0	0	0	313,030	0	56.00
57.00 05700	CT SCAN	0	0	0	1,762,677	0	57.00
58.00 05800	MRI	0	0	0	781,891	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	4,213,736	0	59.00
60.00 06000	LABORATORY	0	0	0	9,925,395	0	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	503,608	0	62.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	2,996,798	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	4,334,185	0	66.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	2,135,980	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	622,513	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	8,487,830	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,865,733	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	10,947,841	0	73.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	1,423,605	0	75.00
76.00 03950	TREATMENT CENTER	0	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	275,068	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.02 09002	OUTPATIENT PSYCHIATRIC	0	0	0	280,602	0	90.02
90.03 09003	WOUND CLINIC	0	0	0	424,017	0	90.03
90.12 09012	CTPET	0	0	0	249,415	0	90.12
90.13 09013	RADIATION ONCOLOGY	0	0	0	1,205,082	0	90.13
91.00 09100	EMERGENCY	0	0	0	7,899,217	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00 11300	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	117,329,891	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	280,142	0	190.00
192.00 19200	PHYSICIANS PRIVATE OFFICES	0	0	0	954,422	0	192.00
194.00 07950	SENIOR SERVICES	0	0	0	195,750	0	194.00
194.01 07951	ADULT DAY CARE	0	0	0	303,785	0	194.01
194.02 07952	SPORTS MEDICINE REHAB	0	0	0	447,817	0	194.02
194.03 07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	1,898,349	0	194.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0166

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/29/2017 2:47 pm

Cost Center Description	INTERNS & RESIDENTS			PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES A	SERVICES-OTHER PRGM COSTS A					
	21.00	22.00	23.00				
194.04 07953 CANCER CARE	0	0	0	46,679	0	194.04	
194.07 07976 BLUE MOUND	0	0	0	39,000	0	194.07	
194.08 07955 ARTHUR CLINIC	0	0	0	66,560	0	194.08	
194.11 07956 2981 NORTH MAIN	0	0	0	1,250	0	194.11	
194.13 07957 MEDICAL OFFICE BUILDING 1750	0	0	0	374,063	0	194.13	
194.15 07959 MT. ZION CLINIC	0	0	0	13,255	0	194.15	
194.16 07960 CERRO GORDO	0	0	0	35,909	0	194.16	
194.24 07964 FIELDS WRIGHT MEDICAL PRACTICE	0	0	0	157,023	0	194.24	
194.36 07967 LAKE SHORE MEDICAL OFFICE BUILD	0	0	0	586,657	0	194.36	
194.38 07969 SCHOOL HEALTH SERVICES	0	0	0	18,322	0	194.38	
194.40 07977 PRAIRIE CARDIOVASCULAR	0	0	0	305,593	0	194.40	
194.48 07972 MRI BUILDING	0	0	0	0	0	194.48	
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00	
201.00 Negative Cost Centers	0	0	0	0	0	201.00	
202.00 TOTAL (sum lines 118-201)	0	0	0	123,054,467	0	202.00	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0166

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/29/2017 2:47 pm

Cost Center Description		Total	
		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
12.00	01200	MAINTENANCE OF PERSONNEL	12.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
20.00	02000	NURSING SCHOOL	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
40.00	04000	SUBPROVIDER - IPF	40.00
41.00	04100	SUBPROVIDER - IRF	41.00
43.00	04300	NURSERY	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000	OPERATING ROOM	50.00
50.02	03330	ENDOSCOPY	50.02
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
53.01	05301	PAIN CENTER	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	62.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
75.00	07500	ASC (NON-DISTINCT PART)	75.00
76.00	03950	TREATMENT CENTER	76.00
76.97	07697	CARDIAC REHABILITATION	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.02	09002	OUTPATIENT PSYCHIATRIC	90.02
90.03	09003	WOUND CLINIC	90.03
90.12	09012	CTPET	90.12
90.13	09013	RADIATION ONCOLOGY	90.13
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>			
113.00	11300	INTEREST EXPENSE	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	192.00
194.00	07950	SENIOR SERVICES	194.00
194.01	07951	ADULT DAY CARE	194.01
194.02	07952	SPORTS MEDICINE REHAB	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	194.03
194.04	07953	CANCER CARE	194.04
194.07	07976	BLUE MOUND	194.07
194.08	07955	ARTHUR CLINIC	194.08
194.11	07956	2981 NORTH MAIN	194.11
194.13	07957	MEDICAL OFFICE BUILDING 1750	194.13
194.15	07959	MT. ZION CLINIC	194.15

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0166

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/29/2017 2:47 pm

Cost Center Description		Total	
		26.00	
194.16	07960 CERRO GORDO	35,909	194.16
194.24	07964 FIELDS WRIGHT MEDICAL PRACTICE	157,023	194.24
194.36	07967 LAKE SHORE MEDICAL OFFICE BUILD	586,657	194.36
194.38	07969 SCHOOL HEALTH SERVICES	18,322	194.38
194.40	07977 PRAIRIE CARDIOVASCULAR	305,593	194.40
194.48	07972 MRI BUILDING	0	194.48
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	123,054,467	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0166

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

Worksheet B  
Part II  
Date/Time Prepared:  
11/29/2017 2:47 pm

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	12,826	15,416	26,466	54,708	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	2,374,918	522,893	897,657	3,795,468	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	30,017	51,530	81,547	6.00
7.00 00700	OPERATION OF PLANT	613,105	340,301	584,200	1,537,606	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	134,981	231,724	366,705	8.00
9.00 00900	HOUSEKEEPING	0	48,630	83,484	132,114	9.00
10.00 01000	DIETARY	0	137,634	236,278	373,912	10.00
11.00 01100	CAFETERIA	0	32,729	56,187	88,916	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	152,076	15,161	26,028	193,265	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	83,162	142,766	225,928	14.00
15.00 01500	PHARMACY	0	32,466	55,734	88,200	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	72,771	124,927	197,698	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	22.00
23.00 02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	26,413	697,441	1,197,303	1,921,157	30.00
31.00 03100	INTENSIVE CARE UNIT	26,629	50,467	86,637	163,733	31.00
40.00 04000	SUBPROVIDER - I PF	0	59,327	101,848	161,175	40.00
41.00 04100	SUBPROVIDER - I RF	0	97,745	167,801	265,546	41.00
43.00 04300	NURSERY	2,387	19,566	33,589	55,542	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	1,459,583	149,581	256,788	1,865,952	50.00
50.02 03330	ENDOSCOPY	0	28,222	48,450	76,672	50.02
51.00 05100	RECOVERY ROOM	0	19,268	33,078	52,346	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	80,441	138,094	218,535	52.00
53.00 05300	ANESTHESIOLOGY	0	2,679	4,598	7,277	53.00
53.01 05301	PAIN CENTER	0	29,821	51,194	81,015	53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC	28,384	122,167	209,725	360,276	54.00
56.00 05600	RADIO SOTOPE	0	5,638	9,678	15,316	56.00
57.00 05700	CT SCAN	0	4,745	8,146	12,891	57.00
58.00 05800	MRI	0	7,508	12,890	20,398	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	42,406	72,799	115,205	59.00
60.00 06000	LABORATORY	72,579	301,833	518,160	892,572	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD	0	2,313	3,971	6,284	62.00
65.00 06500	RESPIRATORY THERAPY	0	6,437	11,050	17,487	65.00
66.00 06600	PHYSICAL THERAPY	6,081	116,852	200,602	323,535	66.00
69.00 06900	ELECTROCARDIOLOGY	0	32,134	55,165	87,299	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	22,398	38,450	60,848	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00 03950	TREATMENT CENTER	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.02 09002	OUTPATIENT PSYCHIATRIC	0	30,425	52,231	82,656	90.02
90.03 09003	WOUND CLINIC	0	0	0	0	90.03
90.12 09012	CTPET	0	0	0	0	90.12
90.13 09013	RADIATION ONCOLOGY	3,225	0	0	3,225	90.13
91.00 09100	EMERGENCY	4,251	319,196	547,969	871,416	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	4,782,457	3,714,771	6,377,197	14,874,425	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT FLOWER COFFEE SHOP & CAN	0	4,464	7,664	12,128	190.00
192.00 19200	PHYSICIANS PRIVATE OFFICES	48,096	0	0	48,096	192.00
194.00 07950	SENIOR SERVICES	0	0	0	0	194.00
194.01 07951	ADULT DAY CARE	0	0	0	0	194.01
194.02 07952	SPORTS MEDICINE REHAB	0	0	0	0	194.02
194.03 07954	OTHER NONREIMBURSABLE COST CENTERS	0	285,294	489,768	775,062	194.03
194.04 07953	CANCER CARE	0	0	0	0	194.04

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0166

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

Worksheet B  
Part II  
Date/Time Prepared:  
11/29/2017 2:47 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
	0	1.00	2.00	2A	4.00	
194.07 07976 BLUE MOUND	2,395	0	0	2,395	0	194.07
194.08 07955 ARTHUR CLINIC	0	0	0	0	0	194.08
194.11 07956 2981 NORTH MAIN	0	0	0	0	1	194.11
194.13 07957 MEDICAL OFFICE BUILDING 1750	0	0	0	0	0	194.13
194.15 07959 MT. ZION CLINIC	0	0	0	0	0	194.15
194.16 07960 CERRO GORDO	0	0	0	0	0	194.16
194.24 07964 FIELDS WRIGHT MEDICAL PRACTICE	0	0	0	0	6	194.24
194.36 07967 LAKE SHORE MEDICAL OFFICE BUILD	0	0	0	0	0	194.36
194.38 07969 SCHOOL HEALTH SERVICES	0	0	0	0	2	194.38
194.40 07977 PRAIRIE CARDIOVASCULAR	0	45,926	78,842	124,768	0	194.40
194.48 07972 MRI BUILDING	0	0	0	0	0	194.48
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers				0		201.00
202.00 TOTAL (sum lines 118-201)	4,832,948	4,050,455	6,953,471	15,836,874	54,708	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0166	Period: From 07/01/2016 To 06/30/2017	Worksheet B Part II Date/Time Prepared: 11/29/2017 2:47 pm		
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
			5.00	6.00	7.00	8.00	9.00
<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	3,802,857				5.00
6.00	00600	MAINTENANCE & REPAIRS	3,316	84,863			6.00
7.00	00700	OPERATION OF PLANT	205,617	8,294	1,753,137		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	43,310	3,290	75,319	488,676	8.00
9.00	00900	HOUSEKEEPING	81,626	1,185	27,136	0	243,366
10.00	01000	DIETARY	28,039	3,354	76,800	0	11,323
11.00	01100	CAFETERIA	62,135	798	18,263	0	2,693
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	54,764	369	8,460	0	1,247
14.00	01400	CENTRAL SERVICES & SUPPLY	49,604	2,027	46,404	0	6,842
15.00	01500	PHARMACY	114,274	791	18,116	0	2,671
16.00	01600	MEDICAL RECORDS & LIBRARY	99,988	1,774	40,606	0	5,987
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIALTY)	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	477,773	16,998	389,168	349,106	57,374
31.00	03100	INTENSIVE CARE UNIT	69,636	1,230	28,161	27,879	4,152
40.00	04000	SUBPROVIDER - I/PF	64,224	1,446	33,105	59,507	4,881
41.00	04100	SUBPROVIDER - I/RF	62,268	2,382	54,542	52,184	8,041
43.00	04300	NURSERY	21,118	477	10,918	0	1,610
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	207,448	3,645	83,466	0	12,306
50.02	03330	ENDOSCOPY	27,784	688	15,748	0	2,322
51.00	05100	RECOVERY ROOM	28,760	470	10,752	0	1,585
52.00	05200	DELIVERY ROOM & LABOR ROOM	78,485	1,960	44,886	0	6,618
53.00	05300	ANESTHESIOLOGY	56,747	65	1,495	0	220
53.01	05301	PAIN CENTER	27,387	727	16,640	0	2,453
54.00	05400	RADIOLOGY-DIAGNOSTIC	142,243	2,977	68,169	0	10,050
56.00	05600	RADIOISOTOPE	8,661	137	3,146	0	464
57.00	05700	CT SCAN	41,107	116	2,648	0	390
58.00	05800	MRI	19,658	183	4,190	0	618
59.00	05900	CARDIAC CATHETERIZATION	114,846	1,033	23,662	0	3,489
60.00	06000	LABORATORY	258,732	7,356	168,422	0	24,831
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	14,903	56	1,291	0	190
65.00	06500	RESPIRATORY THERAPY	86,964	157	3,592	0	530
66.00	06600	PHYSICAL THERAPY	115,015	2,848	65,203	0	9,613
69.00	06900	ELECTROCARDIOLOGY	55,648	783	17,931	0	2,644
70.00	07000	ELECTROENCEPHALOGRAPHY	15,733	546	12,498	0	1,843
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	227,323	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	181,596	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	205,888	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	42,277	0	0	0	0
76.00	03950	TREATMENT CENTER	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	7,708	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.02	09002	OUTPATIENT PSYCHIATRIC	4,789	741	16,977	0	2,503
90.03	09003	WOUND CLINIC	11,968	0	0	0	0
90.12	09012	CTPET	7,360	0	0	0	0
90.13	09013	RADIATION ONCOLOGY	34,957	0	0	0	0
91.00	09100	EMERGENCY	197,517	7,779	178,111	0	26,260
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)					
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,659,196	76,682	1,565,825	488,676	215,750
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	8,145	109	2,491	0	367
192.00	19200	PHYSICIANS PRIVATE OFFICES	29,496	0	0	0	0
194.00	07950	SENIOR SERVICES	5,976	0	0	0	0
194.01	07951	ADULT DAY CARE	9,106	0	0	0	0
194.02	07952	SPORTS MEDICINE REHAB	13,394	0	0	0	0
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	31,517	6,953	159,194	0	23,471
194.04	07953	CANCER CARE	1,443	0	0	0	0
194.07	07976	BLUE MOUND	1,205	0	0	0	0
194.08	07955	ARTHUR CLINIC	2,057	0	0	0	0
194.11	07956	2981 NORTH MAIN	38	0	0	0	0
194.13	07957	MEDICAL OFFICE BUILDING 1750	11,561	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0166			Period: From 07/01/2016 To 06/30/2017		Worksheet B Part II Date/Time Prepared: 11/29/2017 2:47 pm	
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.00	6.00	7.00	8.00	9.00		
194.15	07959 MT. ZION CLINIC	0	0	0	0	0	0	194.15
194.16	07960 CERRO GORDO	1,110	0	0	0	0	0	194.16
194.24	07964 FIELDS WRIGHT MEDICAL PRACTICE	4,844	0	0	0	0	0	194.24
194.36	07967 LAKE SHORE MEDICAL OFFICE BUILD	18,132	0	0	0	0	0	194.36
194.38	07969 SCHOOL HEALTH SERVICES	563	0	0	0	0	0	194.38
194.40	07977 PRAIRIE CARDIOVASCULAR	5,074	1,119	25,627	0	3,778	0	194.40
194.48	07972 MRI BUILDING	0	0	0	0	0	0	194.48
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	3,802,857	84,863	1,753,137	488,676	243,366	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0166		Period: From 07/01/2016 To 06/30/2017		Worksheet B Part II Date/Time Prepared: 11/29/2017 2:47 pm	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
<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	493,740					10.00
11.00	01100	CAFETERIA	0	173,857				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	3,813	0	262,861		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,186	0	0	333,531	14.00
15.00	01500	PHARMACY	0	9,313	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	7,242	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	352,724	33,456	0	88,219	0	30.00
31.00	03100	INTENSIVE CARE UNIT	28,168	5,427	0	14,312	0	31.00
40.00	04000	SUBPROVIDER - I/PF	60,124	4,628	0	12,205	0	40.00
41.00	04100	SUBPROVIDER - I/RF	52,724	4,395	0	11,590	0	41.00
43.00	04300	NURSERY	0	1,277	0	3,367	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	6,581	0	17,354	0	50.00
50.02	03330	ENDOSCOPY	0	1,806	0	4,763	0	50.02
51.00	05100	RECOVERY ROOM	0	2,286	0	6,027	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,680	0	14,979	0	52.00
53.00	05300	ANESTHESIOLOGY	0	11,934	0	31,471	0	53.00
53.01	05301	PAIN CENTER	0	1,975	0	5,209	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	8,631	0	22,761	0	54.00
56.00	05600	RADIO SOTOPE	0	550	0	0	0	56.00
57.00	05700	CT SCAN	0	2,228	0	0	0	57.00
58.00	05800	MRI	0	1,278	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	5,607	0	14,785	0	59.00
60.00	06000	LABORATORY	0	11,668	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	3,472	0	9,157	0	65.00
66.00	06600	PHYSICAL THERAPY	0	9,394	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	3,396	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,168	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	185,415	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	148,116	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	3,659	0	0	0	75.00
76.00	03950	TREATMENT CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	697	0	1,838	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.02	09002	OUTPATIENT PSYCHIATRIC	0	890	0	2,346	0	90.02
90.03	09003	WOUND CLINIC	0	940	0	2,478	0	90.03
90.12	09012	CTPET	0	181	0	0	0	90.12
90.13	09013	RADIATION ONCOLOGY	0	1,777	0	0	0	90.13
91.00	09100	EMERGENCY	0	13,901	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	493,740	171,436	0	262,861	333,531	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	236	0	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	8	0	0	0	192.00
194.00	07950	SENIOR SERVICES	0	198	0	0	0	194.00
194.01	07951	ADULT DAY CARE	0	755	0	0	0	194.01
194.02	07952	SPORTS MEDICINE REHAB	0	1,190	0	0	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
194.04	07953	CANCER CARE	0	0	0	0	0	194.04
194.07	07976	BLUE MOUND	0	0	0	0	0	194.07
194.08	07955	ARTHUR CLINIC	0	0	0	0	0	194.08
194.11	07956	2981 NORTH MAIN	0	2	0	0	0	194.11

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0166

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

Worksheet B  
Part II  
Date/Time Prepared:  
11/29/2017 2:47 pm

Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	10.00	11.00	12.00	13.00	14.00	
194.13 07957 MEDICAL OFFICE BUILDING 1750	0	0	0	0	0	0 194.13
194.15 07959 MT. ZION CLINIC	0	0	0	0	0	0 194.15
194.16 07960 CERRO GORDO	0	0	0	0	0	0 194.16
194.24 07964 FIELDS WRIGHT MEDICAL PRACTICE	0	24	0	0	0	0 194.24
194.36 07967 LAKE SHORE MEDICAL OFFICE BUILD	0	0	0	0	0	0 194.36
194.38 07969 SCHOOL HEALTH SERVICES	0	8	0	0	0	0 194.38
194.40 07977 PRAIRIE CARDIOVASCULAR	0	0	0	0	0	0 194.40
194.48 07972 MRI BUILDING	0	0	0	0	0	0 194.48
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	0 201.00
202.00 TOTAL (sum lines 118-201)	493,740	173,857	0	262,861	333,531	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0166	Period: From 07/01/2016 To 06/30/2017	Worksheet B Part II Date/Time Prepared: 11/29/2017 2:47 pm	
Cost Center	Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL
		15.00	16.00	17.00	19.00	20.00
<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					10.00
11.00	01100					11.00
12.00	01200					12.00
13.00	01300					13.00
14.00	01400					14.00
15.00	01500	235,667				15.00
16.00	01600	0	355,085			16.00
17.00	01700	0	0	0		17.00
19.00	01900	0	0	0	0	19.00
20.00	02000	0	0	0	0	20.00
21.00	02100	0	0	0	0	21.00
22.00	02200	0	0	0	0	22.00
23.00	02300	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	0	16,051	0		30.00
31.00	03100	0	2,456	0		31.00
40.00	04000	0	2,349	0		40.00
41.00	04100	0	3,339	0		41.00
43.00	04300	0	789	0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	0	24,789	0		50.00
50.02	03330	0	3,463	0		50.02
51.00	05100	0	4,171	0		51.00
52.00	05200	0	2,425	0		52.00
53.00	05300	0	3,893	0		53.00
53.01	05301	0	5,029	0		53.01
54.00	05400	0	18,351	0		54.00
56.00	05600	0	879	0		56.00
57.00	05700	0	39,154	0		57.00
58.00	05800	0	10,738	0		58.00
59.00	05900	0	19,465	0		59.00
60.00	06000	0	48,248	0		60.00
62.00	06200	0	1,432	0		62.00
65.00	06500	0	5,625	0		65.00
66.00	06600	0	13,916	0		66.00
69.00	06900	0	19,558	0		69.00
70.00	07000	0	3,035	0		70.00
71.00	07100	0	8,367	0		71.00
72.00	07200	0	15,224	0		72.00
73.00	07300	235,667	37,658	0		73.00
75.00	07500	0	1,134	0		75.00
76.00	03950	0	0	0		76.00
76.97	07697	0	419	0		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.02	09002	0	450	0		90.02
90.03	09003	0	782	0		90.03
90.12	09012	0	911	0		90.12
90.13	09013	0	5,256	0		90.13
91.00	09100	0	35,729	0		91.00
92.00	09200	0	0	0		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300	0	0	0		113.00
118.00		235,667	355,085	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	0	0	0		190.00
192.00	19200	0	0	0		192.00
194.00	07950	0	0	0		194.00
194.01	07951	0	0	0		194.01
194.02	07952	0	0	0		194.02
194.03	07954	0	0	0		194.03
194.04	07953	0	0	0		194.04
194.07	07976	0	0	0		194.07
194.08	07955	0	0	0		194.08
194.11	07956	0	0	0		194.11

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0166

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

Worksheet B  
Part II  
Date/Time Prepared:  
11/29/2017 2:47 pm

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
194.13	07957 MEDICAL OFFICE BUILDING 1750	0	0	0			194.13
194.15	07959 MT. ZION CLINIC	0	0	0			194.15
194.16	07960 CERRO GORDO	0	0	0			194.16
194.24	07964 FIELDS WRIGHT MEDICAL PRACTICE	0	0	0			194.24
194.36	07967 LAKE SHORE MEDICAL OFFICE BUILD	0	0	0			194.36
194.38	07969 SCHOOL HEALTH SERVICES	0	0	0			194.38
194.40	07977 PRAIRIE CARDIOVASCULAR	0	0	0			194.40
194.48	07972 MRI BUILDING	0	0	0			194.48
200.00	Cross Foot Adjustments				0		0 200.00
201.00	Negative Cost Centers	0	0	0	0		0 201.00
202.00	TOTAL (sum lines 118-201)	235,667	355,085	0	0		0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0166

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

Worksheet B  
Part II  
Date/Time Prepared:  
11/29/2017 2:47 pm

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES A	SERVICES-OTHER PRGM COSTS A					
	21.00	22.00	23.00				
<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
12.00 01200	MAINTENANCE OF PERSONNEL						12.00
13.00 01300	NURSING ADMINISTRATION						13.00
14.00 01400	CENTRAL SERVICES & SUPPLY						14.00
15.00 01500	PHARMACY						15.00
16.00 01600	MEDICAL RECORDS & LIBRARY						16.00
17.00 01700	SOCIAL SERVICE						17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00 02000	NURSING SCHOOL						20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES A	0					21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A		0				22.00
23.00 02300	PARAMED PRGM-(SPECIFY)			0			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000	ADULTS & PEDIATRICS				3,710,298	0	30.00
31.00 03100	INTENSIVE CARE UNIT				346,496	0	31.00
40.00 04000	SUBPROVIDER - IPF				404,788	0	40.00
41.00 04100	SUBPROVIDER - IRF				518,097	0	41.00
43.00 04300	NURSERY				95,414	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000	OPERATING ROOM				2,223,168	0	50.00
50.02 03330	ENDOSCOPY				133,692	0	50.02
51.00 05100	RECOVERY ROOM				106,962	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM				374,972	0	52.00
53.00 05300	ANESTHESIOLOGY				116,052	0	53.00
53.01 05301	PAIN CENTER				140,923	0	53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC				635,592	0	54.00
56.00 05600	RADIOISOTOPE				29,289	0	56.00
57.00 05700	CT SCAN				99,085	0	57.00
58.00 05800	MRI				57,379	0	58.00
59.00 05900	CARDIAC CATHETERIZATION				299,478	0	59.00
60.00 06000	LABORATORY				1,414,713	0	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD				24,156	0	62.00
65.00 06500	RESPIRATORY THERAPY				127,842	0	65.00
66.00 06600	PHYSICAL THERAPY				541,846	0	66.00
69.00 06900	ELECTROCARDIOLOGY				188,099	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY				95,960	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT				421,105	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS				344,936	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS				479,213	0	73.00
75.00 07500	ASC (NON-DISTINCT PART)				47,974	0	75.00
76.00 03950	TREATMENT CENTER				0	0	76.00
76.97 07697	CARDIAC REHABILITATION				10,834	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.02 09002	OUTPATIENT PSYCHIATRIC				111,572	0	90.02
90.03 09003	WOUND CLINIC				16,400	0	90.03
90.12 09012	CTPET				8,497	0	90.12
90.13 09013	RADIATION ONCOLOGY				45,654	0	90.13
91.00 09100	EMERGENCY				1,334,149	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT)					0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00 11300	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	14,504,635	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000	GIFT FLOWER COFFEE SHOP & CAN				23,534	0	190.00
192.00 19200	PHYSICIANS PRIVATE OFFICES				77,602	0	192.00
194.00 07950	SENIOR SERVICES				6,223	0	194.00
194.01 07951	ADULT DAY CARE				10,048	0	194.01
194.02 07952	SPORTS MEDICINE REHAB				14,878	0	194.02
194.03 07954	OTHER NONREIMBURSABLE COST CENTERS				996,197	0	194.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0166

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

Worksheet B  
Part II  
Date/Time Prepared:  
11/29/2017 2:47 pm

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES A	SERVICES-OTHER PRGM COSTS A					
	21.00	22.00	23.00				
194.04 07953 CANCER CARE					1,443	0	194.04
194.07 07976 BLUE MOUND					3,600	0	194.07
194.08 07955 ARTHUR CLINIC					2,057	0	194.08
194.11 07956 2981 NORTH MAIN					41	0	194.11
194.13 07957 MEDICAL OFFICE BUILDING 1750					11,561	0	194.13
194.15 07959 MT. ZION CLINIC					0	0	194.15
194.16 07960 CERRO GORDO					1,110	0	194.16
194.24 07964 FIELDS WRIGHT MEDICAL PRACTICE					4,874	0	194.24
194.36 07967 LAKE SHORE MEDICAL OFFICE BUILD					18,132	0	194.36
194.38 07969 SCHOOL HEALTH SERVICES					573	0	194.38
194.40 07977 PRAIRIE CARDIOVASCULAR					160,366	0	194.40
194.48 07972 MRI BUILDING					0	0	194.48
200.00 Cross Foot Adjustments	0	0		0	0	0	200.00
201.00 Negative Cost Centers	0	0		0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	0		0	15,836,874	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0166	Period: From 07/01/2016 To 06/30/2017	Worksheet B Part II Date/Time Prepared: 11/29/2017 2:47 pm
-------------------------------------	--	-----------------------	---	---

Cost Center Description		Total	
		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
12.00	01200	MAINTENANCE OF PERSONNEL	12.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
20.00	02000	NURSING SCHOOL	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
40.00	04000	SUBPROVIDER - IPF	40.00
41.00	04100	SUBPROVIDER - IRF	41.00
43.00	04300	NURSERY	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000	OPERATING ROOM	50.00
50.02	03330	ENDOSCOPY	50.02
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
53.01	05301	PAIN CENTER	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	62.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
75.00	07500	ASC (NON-DISTINCT PART)	75.00
76.00	03950	TREATMENT CENTER	76.00
76.97	07697	CARDIAC REHABILITATION	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.02	09002	OUTPATIENT PSYCHIATRIC	90.02
90.03	09003	WOUND CLINIC	90.03
90.12	09012	CTPET	90.12
90.13	09013	RADIATION ONCOLOGY	90.13
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>			
113.00	11300	INTEREST EXPENSE	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	192.00
194.00	07950	SENIOR SERVICES	194.00
194.01	07951	ADULT DAY CARE	194.01
194.02	07952	SPORTS MEDICINE REHAB	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	194.03
194.04	07953	CANCER CARE	194.04
194.07	07976	BLUE MOUND	194.07
194.08	07955	ARTHUR CLINIC	194.08
194.11	07956	2981 NORTH MAIN	194.11
194.13	07957	MEDICAL OFFICE BUILDING 1750	194.13
194.15	07959	MT. ZION CLINIC	194.15

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0166	Period: From 07/01/2016 To 06/30/2017	Worksheet B Part II Date/Time Prepared: 11/29/2017 2:47 pm
-------------------------------------	--	-----------------------	---	---

Cost Center Description		Total	
		26.00	
194.16	07960 CERRO GORDO	1,110	194.16
194.24	07964 FIELDS WRIGHT MEDICAL PRACTICE	4,874	194.24
194.36	07967 LAKE SHORE MEDICAL OFFICE BUILD	18,132	194.36
194.38	07969 SCHOOL HEALTH SERVICES	573	194.38
194.40	07977 PRAIRIE CARDIOVASCULAR	160,366	194.40
194.48	07972 MRI BUILDING	0	194.48
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	15,836,874	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0166

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

Worksheet B-1  
Date/Time Prepared:  
11/29/2017 2:47 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	476,340				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		476,340			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	1,813	1,813	43,248,452		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	61,493	61,493	5,840,838	-29,521,185	93,520,027
6.00 00600	MAINTENANCE & REPAIRS	3,530	3,530	0	0	81,547
7.00 00700	OPERATION OF PLANT	40,020	40,020	1,280,302	0	5,056,492
8.00 00800	LAUNDRY & LINEN SERVICE	15,874	15,874	40,750	0	1,065,081
9.00 00900	HOUSEKEEPING	5,719	5,719	1,031,265	0	2,007,328
10.00 01000	DIETARY	16,186	16,186	247,032	0	689,536
11.00 01100	CAFETERIA	3,849	3,849	831,962	0	1,528,005
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	1,783	1,783	745,170	0	1,346,740
14.00 01400	CENTRAL SERVICES & SUPPLY	9,780	9,780	427,234	0	1,219,846
15.00 01500	PHARMACY	3,818	3,818	1,820,088	0	2,810,203
16.00 01600	MEDICAL RECORDS & LIBRARY	8,558	8,558	1,415,361	0	2,458,893
17.00 01700	SOCIAL SERVICE	0	0	0	0	0
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	82,020	82,020	6,538,158	0	11,750,315
31.00 03100	INTENSIVE CARE UNIT	5,935	5,935	1,060,644	0	1,712,470
40.00 04000	SUBPROVIDER - IPF	6,977	6,977	904,474	0	1,579,390
41.00 04100	SUBPROVIDER - IRF	11,495	11,495	858,875	0	1,531,270
43.00 04300	NURSERY	2,301	2,301	249,510	0	519,324
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	17,591	17,591	1,286,032	0	5,101,509
50.02 03330	ENDOSCOPY	3,319	3,319	352,952	0	683,256
51.00 05100	RECOVERY ROOM	2,266	2,266	446,673	0	707,265
52.00 05200	DELIVERY ROOM & LABOR ROOM	9,460	9,460	1,110,020	0	1,930,096
53.00 05300	ANESTHESIOLOGY	315	315	2,332,194	0	1,395,499
53.01 05301	PAIN CENTER	3,507	3,507	386,046	0	673,505
54.00 05400	RADIOLOGY-DIAGNOSTIC	14,367	14,367	1,686,765	0	3,498,005
56.00 05600	RADIOISOTOPE	663	663	107,436	0	212,981
57.00 05700	CT SCAN	558	558	435,499	0	1,010,892
58.00 05800	MRI	883	883	249,816	0	483,417
59.00 05900	CARDIAC CATHETERIZATION	4,987	4,987	1,095,699	0	2,824,259
60.00 06000	LABORATORY	35,496	35,496	2,280,168	0	6,362,670
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD	272	272	0	0	366,493
65.00 06500	RESPIRATORY THERAPY	757	757	678,567	0	2,138,600
66.00 06600	PHYSICAL THERAPY	13,742	13,742	1,835,820	0	2,828,428
69.00 06900	ELECTROCARDIOLOGY	3,779	3,779	663,679	0	1,368,482
70.00 07000	ELECTROENCEPHALOGRAPHY	2,634	2,634	228,326	0	386,907
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	5,590,282
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	4,465,760
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	5,063,143
75.00 07500	ASC (NON-DISTINCT PART)	0	0	714,971	0	1,039,665
76.00 03950	TREATMENT CENTER	0	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	0	0	136,226	0	189,548
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.02 09002	OUTPATIENT PSYCHIATRIC	3,578	3,578	173,849	0	117,781
90.03 09003	WOUND CLINIC	0	0	183,607	0	294,316
90.12 09012	CTPET	0	0	35,317	0	180,990
90.13 09013	RADIATION ONCOLOGY	0	0	347,334	0	859,653
91.00 09100	EMERGENCY	37,538	37,538	2,716,538	0	4,857,300
92.00 09200	OBSERVATION BEDS (NON-DISTINCT)					
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1-117)	436,863	436,863	42,775,197	-29,521,185	89,987,142
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT FLOWER COFFEE SHOP & CAN	525	525	46,131	0	200,299
192.00 19200	PHYSICIANS PRIVATE OFFICES	0	0	1,601	0	725,353
194.00 07950	SENIOR SERVICES	0	0	38,773	0	146,953
194.01 07951	ADULT DAY CARE	0	0	147,504	0	223,932
194.02 07952	SPORTS MEDICINE REHAB	0	0	232,595	0	329,387
194.03 07954	OTHER NONREIMBURSABLE COST CENTERS	33,551	33,551	0	0	775,062

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0166

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

Worksheet B-1

Date/Time Prepared:  
11/29/2017 2: 47 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
194.04 07953 CANCER CARE	0	0	0	0	35,479	194.04
194.07 07976 BLUE MOUND	0	0	0	0	29,643	194.07
194.08 07955 ARTHUR CLINIC	0	0	0	0	50,590	194.08
194.11 07956 2981 NORTH MAIN	0	0	414	0	930	194.11
194.13 07957 MEDICAL OFFICE BUILDING 1750	0	0	0	0	284,314	194.13
194.15 07959 MT. ZION CLINIC	0	0	0	-13,255	0	194.15
194.16 07960 CERRO GORDO	0	0	53	0	27,291	194.16
194.24 07964 FIELDS WRIGHT MEDICAL PRACTICE	0	0	4,715	0	119,126	194.24
194.36 07967 LAKE SHORE MEDICAL OFFICE BUILD	0	0	0	0	445,901	194.36
194.38 07969 SCHOOL HEALTH SERVICES	0	0	1,469	0	13,857	194.38
194.40 07977 PRAIRIE CARDIOVASCULAR	5,401	5,401	0	0	124,768	194.40
194.48 07972 MRI BUILDING	0	0	0	0	0	194.48
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)	4,050,455	6,953,471	15,244,196		29,521,185	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	8.503285	14.597705	0.352480		0.315667	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			54,708		3,802,857	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.001265		0.040664	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0166

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

Worksheet B-1

Date/Time Prepared:  
11/29/2017 2:47 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	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						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600	409,504					6.00
7.00	00700	40,020	369,484				7.00
8.00	00800	15,874	15,874	33,497			8.00
9.00	00900	5,719	5,719	0	347,891		9.00
10.00	01000	16,186	16,186	0	16,186	33,497	10.00
11.00	01100	3,849	3,849	0	3,849	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	1,783	1,783	0	1,783	0	13.00
14.00	01400	9,780	9,780	0	9,780	0	14.00
15.00	01500	3,818	3,818	0	3,818	0	15.00
16.00	01600	8,558	8,558	0	8,558	0	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	82,020	82,020	23,930	82,020	23,930	30.00
31.00	03100	5,935	5,935	1,911	5,935	1,911	31.00
40.00	04000	6,977	6,977	4,079	6,977	4,079	40.00
41.00	04100	11,495	11,495	3,577	11,495	3,577	41.00
43.00	04300	2,301	2,301	0	2,301	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	17,591	17,591	0	17,591	0	50.00
50.02	03330	3,319	3,319	0	3,319	0	50.02
51.00	05100	2,266	2,266	0	2,266	0	51.00
52.00	05200	9,460	9,460	0	9,460	0	52.00
53.00	05300	315	315	0	315	0	53.00
53.01	05301	3,507	3,507	0	3,507	0	53.01
54.00	05400	14,367	14,367	0	14,367	0	54.00
56.00	05600	663	663	0	663	0	56.00
57.00	05700	558	558	0	558	0	57.00
58.00	05800	883	883	0	883	0	58.00
59.00	05900	4,987	4,987	0	4,987	0	59.00
60.00	06000	35,496	35,496	0	35,496	0	60.00
62.00	06200	272	272	0	272	0	62.00
65.00	06500	757	757	0	757	0	65.00
66.00	06600	13,742	13,742	0	13,742	0	66.00
69.00	06900	3,779	3,779	0	3,779	0	69.00
70.00	07000	2,634	2,634	0	2,634	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
75.00	07500	0	0	0	0	0	75.00
76.00	03950	0	0	0	0	0	76.00
76.97	07697	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.02	09002	3,578	3,578	0	3,578	0	90.02
90.03	09003	0	0	0	0	0	90.03
90.12	09012	0	0	0	0	0	90.12
90.13	09013	0	0	0	0	0	90.13
91.00	09100	37,538	37,538	0	37,538	0	91.00
92.00	09200	0	0	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
118.00		370,027	330,007	33,497	308,414	33,497	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	525	525	0	525	0	190.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02
194.03	07954	33,551	33,551	0	33,551	0	194.03
194.04	07953	0	0	0	0	0	194.04
194.07	07976	0	0	0	0	0	194.07
194.08	07955	0	0	0	0	0	194.08

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0166

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

Worksheet B-1

Date/Time Prepared:  
11/29/2017 2:47 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
194.11	07956 2981 NORTH MAIN	0	0	0	0	0	194.11
194.13	07957 MEDICAL OFFICE BUILDING 1750	0	0	0	0	0	194.13
194.15	07959 MT. ZION CLINIC	0	0	0	0	0	194.15
194.16	07960 CERRO GORDO	0	0	0	0	0	194.16
194.24	07964 FIELDS WRIGHT MEDICAL PRACTICE	0	0	0	0	0	194.24
194.36	07967 LAKE SHORE MEDICAL OFFICE BUILD	0	0	0	0	0	194.36
194.38	07969 SCHOOL HEALTH SERVICES	0	0	0	0	0	194.38
194.40	07977 PRAIRIE CARDIOVASCULAR	5,401	5,401	0	5,401	0	194.40
194.48	07972 MRI BUILDING	0	0	0	0	0	194.48
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)	107,289	6,663,145	1,691,717	2,745,607	1,331,076	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.261997	18.033650	50.503538	7.892147	39.737170	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	84,863	1,753,137	488,676	243,366	493,740	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.207234	4.744825	14.588650	0.699547	14.739827	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0166

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

Worksheet B-1

Date/Time Prepared:  
11/29/2017 2:47 pm

Cost Center Description			CAFETERIA (GROSS SALARIES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (GROSS SALARIES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
<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	33,976,303					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	745,170	0	19,480,291			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	427,234	0	0	10,056,042		14.00
15.00	01500	PHARMACY	1,820,088	0	0	0	100,000	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,415,361	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	6,538,158	0	6,538,158	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,060,644	0	1,060,644	0	0	31.00
40.00	04000	SUBPROVIDER - I PF	904,474	0	904,474	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	858,875	0	858,875	0	0	41.00
43.00	04300	NURSERY	249,510	0	249,510	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,286,032	0	1,286,032	0	0	50.00
50.02	03330	ENDOSCOPY	352,952	0	352,952	0	0	50.02
51.00	05100	RECOVERY ROOM	446,673	0	446,673	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,110,020	0	1,110,020	0	0	52.00
53.00	05300	ANESTHESIOLOGY	2,332,194	0	2,332,194	0	0	53.00
53.01	05301	PAIN CENTER	386,046	0	386,046	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,686,765	0	1,686,765	0	0	54.00
56.00	05600	RADIOISOTOPE	107,436	0	0	0	0	56.00
57.00	05700	CT SCAN	435,499	0	0	0	0	57.00
58.00	05800	MRI	249,816	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,095,699	0	1,095,699	0	0	59.00
60.00	06000	LABORATORY	2,280,168	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	678,567	0	678,567	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,835,820	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	663,679	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	228,326	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	5,590,282	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	4,465,760	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	100,000	73.00
75.00	07500	ASC (NON-DISTINCT PART)	714,971	0	0	0	0	75.00
76.00	03950	TREATMENT CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	136,226	0	136,226	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.02	09002	OUTPATIENT PSYCHIATRIC	173,849	0	173,849	0	0	90.02
90.03	09003	WOUND CLINIC	183,607	0	183,607	0	0	90.03
90.12	09012	CTPET	35,317	0	0	0	0	90.12
90.13	09013	RADIATION ONCOLOGY	347,334	0	0	0	0	90.13
91.00	09100	EMERGENCY	2,716,538	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	33,503,048	0	19,480,291	10,056,042	100,000	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	46,131	0	0	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	1,601	0	0	0	0	192.00
194.00	07950	SENIOR SERVICES	38,773	0	0	0	0	194.00
194.01	07951	ADULT DAY CARE	147,504	0	0	0	0	194.01
194.02	07952	SPORTS MEDICINE REHAB	232,595	0	0	0	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
194.04	07953	CANCER CARE	0	0	0	0	0	194.04
194.07	07976	BLUE MOUND	0	0	0	0	0	194.07

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0166

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

Worksheet B-1

Date/Time Prepared:  
11/29/2017 2:47 pm

Cost Center Description			CAFETERIA (GROSS SALARIES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (GROSS SALARIES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
194.08	07955	ARTHUR CLINIC	0	0	0	0	0	194.08
194.11	07956	2981 NORTH MAIN	414	0	0	0	0	194.11
194.13	07957	MEDICAL OFFICE BUILDING 1750	0	0	0	0	0	194.13
194.15	07959	MT. ZION CLINIC	0	0	0	0	0	194.15
194.16	07960	CERRO GORDO	53	0	0	0	0	194.16
194.24	07964	FIELDS WRIGHT MEDICAL PRACTICE	4,715	0	0	0	0	194.24
194.36	07967	LAKE SHORE MEDICAL OFFICE BUILD	0	0	0	0	0	194.36
194.38	07969	SCHOOL HEALTH SERVICES	1,469	0	0	0	0	194.38
194.40	07977	PRAIRIE CARDIOVASCULAR	0	0	0	0	0	194.40
194.48	07972	MRI BUILDING	0	0	0	0	0	194.48
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,111,143	0	1,864,856	1,887,574	3,910,368	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.062136	0.000000	0.095730	0.187705	39.103680	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	173,857	0	262,861	333,531	235,667	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.005117	0.000000	0.013494	0.033167	2.356670	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0166

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

Worksheet B-1  
Date/Time Prepared:  
11/29/2017 2:47 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES A (ASSIGNED TIME)	
	16.00	17.00	19.00	20.00	21.00	
<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
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	541,462,680					16.00
17.00 01700 SOCIAL SERVICE	0	0				17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00 02000 NURSING SCHOOL	0	0		0		20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES A	0	0			0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS A	0	0				22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0				23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	24,467,519	0	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	3,744,125	0	0	0	0	31.00
40.00 04000 SUBPROVIDER - IPF	3,580,457	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	5,090,534	0	0	0	0	41.00
43.00 04300 NURSERY	1,203,160	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	37,787,559	0	0	0	0	50.00
50.02 03330 ENDOSCOPY	5,279,573	0	0	0	0	50.02
51.00 05100 RECOVERY ROOM	6,357,507	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	3,695,887	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	5,935,141	0	0	0	0	53.00
53.01 05301 PAIN CENTER	7,665,862	0	0	0	0	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	27,974,261	0	0	0	0	54.00
56.00 05600 RADIOISOTOPE	1,340,267	0	0	0	0	56.00
57.00 05700 CT SCAN	59,686,556	0	0	0	0	57.00
58.00 05800 MRI	16,368,176	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	29,671,791	0	0	0	0	59.00
60.00 06000 LABORATORY	73,725,373	0	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD	2,183,130	0	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	8,573,949	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	21,213,969	0	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	29,814,104	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	4,626,236	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	12,753,898	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	23,207,983	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	57,405,489	0	0	0	0	73.00
75.00 07500 ASC (NON-DISTINCT PART)	1,729,057	0	0	0	0	75.00
76.00 03950 TREATMENT CENTER	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	638,064	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.02 09002 OUTPATIENT PSYCHIATRIC	686,462	0	0	0	0	90.02
90.03 09003 WOUND CLINIC	1,191,971	0	0	0	0	90.03
90.12 09012 CTPET	1,388,748	0	0	0	0	90.12
90.13 09013 RADIATION ONCOLOGY	8,011,480	0	0	0	0	90.13
91.00 09100 EMERGENCY	54,464,392	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	541,462,680	0	0	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
192.00 19200 PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 07950 SENIOR SERVICES	0	0	0	0	0	194.00
194.01 07951 ADULT DAY CARE	0	0	0	0	0	194.01
194.02 07952 SPORTS MEDICINE REHAB	0	0	0	0	0	194.02
194.03 07954 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0166

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

Worksheet B-1

Date/Time Prepared:  
11/29/2017 2:47 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES A (ASSIGNED TIME)	
	16.00	17.00	19.00	20.00	21.00	
194.04 07953 CANCER CARE	0	0	0	0	0	194.04
194.07 07976 BLUE MOUND	0	0	0	0	0	194.07
194.08 07955 ARTHUR CLINIC	0	0	0	0	0	194.08
194.11 07956 2981 NORTH MAIN	0	0	0	0	0	194.11
194.13 07957 MEDICAL OFFICE BUILDING 1750	0	0	0	0	0	194.13
194.15 07959 MT. ZION CLINIC	0	0	0	0	0	194.15
194.16 07960 CERRO GORDO	0	0	0	0	0	194.16
194.24 07964 FIELDS WRIGHT MEDICAL PRACTICE	0	0	0	0	0	194.24
194.36 07967 LAKE SHORE MEDICAL OFFICE BUILD	0	0	0	0	0	194.36
194.38 07969 SCHOOL HEALTH SERVICES	0	0	0	0	0	194.38
194.40 07977 PRAIRIE CARDIOVASCULAR	0	0	0	0	0	194.40
194.48 07972 MRI BUILDING	0	0	0	0	0	194.48
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	3,547,144	0	0	0	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.006551	0.000000	0.000000	0.000000	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	355,085	0	0	0	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000656	0.000000	0.000000	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0166

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

Worksheet B-1  
Date/Time Prepared:  
11/29/2017 2:47 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)	PRGM COSTS A (ASSIGNED TIME)	
	SERVICES-OTHER			
	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			11.00
12.00 01200	MAINTENANCE OF PERSONNEL			12.00
13.00 01300	NURSING ADMINISTRATION			13.00
14.00 01400	CENTRAL SERVICES & SUPPLY			14.00
15.00 01500	PHARMACY			15.00
16.00 01600	MEDICAL RECORDS & LIBRARY			16.00
17.00 01700	SOCIAL SERVICE			17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS			19.00
20.00 02000	NURSING SCHOOL			20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES A			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A	100		22.00
23.00 02300	PARAMED PRGM-(SPECIFY)		0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00 03000	ADULTS & PEDIATRICS	100	0	30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	31.00
40.00 04000	SUBPROVIDER - I PF	0	0	40.00
41.00 04100	SUBPROVIDER - I RF	0	0	41.00
43.00 04300	NURSERY	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000	OPERATING ROOM	0	0	50.00
50.02 03330	ENDOSCOPY	0	0	50.02
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
53.01 05301	PAIN CENTER	0	0	53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
56.00 05600	RADIOISOTOPE	0	0	56.00
57.00 05700	CT SCAN	0	0	57.00
58.00 05800	MRI	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000	LABORATORY	0	0	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	62.00
65.00 06500	RESPIRATORY THERAPY	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	66.00
69.00 06900	ELECTROCARDIOLOGY	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00 03950	TREATMENT CENTER	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.02 09002	OUTPATIENT PSYCHIATRIC	0	0	90.02
90.03 09003	WOUND CLINIC	0	0	90.03
90.12 09012	CTPET	0	0	90.12
90.13 09013	RADIATION ONCOLOGY	0	0	90.13
91.00 09100	EMERGENCY	0	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00 11300	INTEREST EXPENSE			113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	100	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00 19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	190.00
192.00 19200	PHYSICIANS PRIVATE OFFICES	0	0	192.00
194.00 07950	SENIOR SERVICES	0	0	194.00
194.01 07951	ADULT DAY CARE	0	0	194.01
194.02 07952	SPORTS MEDICINE REHAB	0	0	194.02
194.03 07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.03
194.04 07953	CANCER CARE	0	0	194.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0166

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

Worksheet B-1  
Date/Time Prepared:  
11/29/2017 2:47 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)	22.00	23.00	
	SERVICES-OTHER PRGM COSTS A (ASSIGNED TIME)				
194.07 07976 BLUE MOUND	0	0			194.07
194.08 07955 ARTHUR CLINIC	0	0			194.08
194.11 07956 2981 NORTH MAIN	0	0			194.11
194.13 07957 MEDICAL OFFICE BUILDING 1750	0	0			194.13
194.15 07959 MT. ZION CLINIC	0	0			194.15
194.16 07960 CERRO GORDO	0	0			194.16
194.24 07964 FIELDS WRIGHT MEDICAL PRACTICE	0	0			194.24
194.36 07967 LAKE SHORE MEDICAL OFFICE BUILD	0	0			194.36
194.38 07969 SCHOOL HEALTH SERVICES	0	0			194.38
194.40 07977 PRAIRIE CARDIOVASCULAR	0	0			194.40
194.48 07972 MRI BUILDING	0	0			194.48
200.00 Cross Foot Adjustments					200.00
201.00 Negative Cost Centers					201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	0	0			202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000			203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	0			204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000			205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0166

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

Worksheet C  
Part I  
Date/Time Prepared:  
11/29/2017 2:47 pm

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Hospital				
				Title XVIII				
				Total Costs	RCE Dissallowance	Total Costs		
		1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	20,959,328		20,959,328	12,675	20,972,003	30.00
31.00	03100	INTENSIVE CARE UNIT	2,772,882		2,772,882	0	2,772,882	31.00
40.00	04000	SUBPROVIDER - I/PF	2,794,997		2,794,997	0	2,794,997	40.00
41.00	04100	SUBPROVIDER - I/RF	2,807,396		2,807,396	26,484	2,833,880	41.00
43.00	04300	NURSERY	790,787		790,787	528	791,315	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	7,623,124		7,623,124	0	7,623,124	50.00
50.02	03330	ENDOSCOPY	1,076,160		1,076,160	0	1,076,160	50.02
51.00	05100	RECOVERY ROOM	1,102,029		1,102,029	0	1,102,029	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,986,546		2,986,546	0	2,986,546	52.00
53.00	05300	ANESTHESIOLOGY	2,251,317		2,251,317	0	2,251,317	53.00
53.01	05301	PAIN CENTER	1,089,111		1,089,111	0	1,089,111	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,427,991		5,427,991	0	5,427,991	54.00
56.00	05600	RADIOISOTOPE	313,030		313,030	0	313,030	56.00
57.00	05700	CT SCAN	1,762,677		1,762,677	0	1,762,677	57.00
58.00	05800	MRI	781,891		781,891	0	781,891	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,213,736		4,213,736	0	4,213,736	59.00
60.00	06000	LABORATORY	9,925,395		9,925,395	0	9,925,395	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	503,608		503,608	0	503,608	62.00
65.00	06500	RESPIRATORY THERAPY	2,996,798	0	2,996,798	0	2,996,798	65.00
66.00	06600	PHYSICAL THERAPY	4,334,185	0	4,334,185	0	4,334,185	66.00
69.00	06900	ELECTROCARDIOLOGY	2,135,980		2,135,980	6,761	2,142,741	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	622,513		622,513	0	622,513	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	8,487,830		8,487,830	0	8,487,830	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,865,733		6,865,733	0	6,865,733	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	10,947,841		10,947,841	0	10,947,841	73.00
75.00	07500	ASC (NON-DISTINCT PART)	1,423,605		1,423,605	0	1,423,605	75.00
76.00	03950	TREATMENT CENTER	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	275,068		275,068	0	275,068	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.02	09002	OUTPATIENT PSYCHIATRIC	280,602		280,602	0	280,602	90.02
90.03	09003	WOUND CLINIC	424,017		424,017	0	424,017	90.03
90.12	09012	CTPET	249,415		249,415	0	249,415	90.12
90.13	09013	RADIATION ONCOLOGY	1,205,082		1,205,082	0	1,205,082	90.13
91.00	09100	EMERGENCY	7,899,217		7,899,217	0	7,899,217	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	1,134,860		1,134,860	0	1,134,860	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	118,464,751	0	118,464,751	46,448	118,511,199	200.00
201.00		Less Observation Beds	1,134,860		1,134,860		1,134,860	201.00
202.00		Total (see instructions)	117,329,891	0	117,329,891	46,448	117,376,339	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0166

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

Worksheet C  
Part I  
Date/Time Prepared:  
11/29/2017 2:47 pm

		Title XVIII			Hospital	PPS
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	23,292,386		23,292,386	30.00
31.00	03100	INTENSIVE CARE UNIT	3,564,301		3,564,301	31.00
40.00	04000	SUBPROVIDER - IPF	3,408,494		3,408,494	40.00
41.00	04100	SUBPROVIDER - IRF	4,846,044		4,846,044	41.00
43.00	04300	NURSERY	1,145,374		1,145,374	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	19,988,283	17,799,276	37,787,559	50.00
50.02	03330	ENDOSCOPY	565,930	4,713,643	5,279,573	50.02
51.00	05100	RECOVERY ROOM	1,824,684	4,532,823	6,357,507	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,766,696	929,191	3,695,887	52.00
53.00	05300	ANESTHESIOLOGY	2,983,023	2,952,118	5,935,141	53.00
53.01	05301	PAIN CENTER	72,691	7,593,171	7,665,862	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,050,106	21,924,155	27,974,261	54.00
56.00	05600	RADIOISOTOPE	407,009	933,258	1,340,267	56.00
57.00	05700	CT SCAN	14,748,077	44,938,479	59,686,556	57.00
58.00	05800	MRI	3,537,853	12,830,323	16,368,176	58.00
59.00	05900	CARDIAC CATHETERIZATION	10,599,717	19,072,074	29,671,791	59.00
60.00	06000	LABORATORY	28,797,346	44,928,027	73,725,373	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	1,451,756	731,374	2,183,130	62.00
65.00	06500	RESPIRATORY THERAPY	6,549,472	2,024,477	8,573,949	65.00
66.00	06600	PHYSICAL THERAPY	11,814,467	9,399,502	21,213,969	66.00
69.00	06900	ELECTROCARDIOLOGY	5,900,745	23,913,359	29,814,104	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	110,340	4,515,896	4,626,236	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	7,710,565	5,043,333	12,753,898	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,212,945	8,995,038	23,207,983	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	33,753,681	23,651,808	57,405,489	73.00
75.00	07500	ASC (NON-DISTINCT PART)	38,675	1,690,382	1,729,057	75.00
76.00	03950	TREATMENT CENTER	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	638,064	638,064	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.02	09002	OUTPATIENT PSYCHIATRIC	2,992	683,470	686,462	90.02
90.03	09003	WOUND CLINIC	423,705	768,266	1,191,971	90.03
90.12	09012	CTPET	6,990	1,381,758	1,388,748	90.12
90.13	09013	RADIATION ONCOLOGY	100,359	7,911,121	8,011,480	90.13
91.00	09100	EMERGENCY	12,350,844	42,113,548	54,464,392	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	387,807	1,441,389	1,829,196	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)	223,413,357	318,049,323	541,462,680	200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)	223,413,357	318,049,323	541,462,680	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0166	Period: From 07/01/2016 To 06/30/2017	Worksheet C Part I Date/Time Prepared: 11/29/2017 2:47 pm
Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital
			11.00		PPS
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.201736		50.00
50.02	03330	ENDOSCOPY	0.203835		50.02
51.00	05100	RECOVERY ROOM	0.173343		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.808073		52.00
53.00	05300	ANESTHESIOLOGY	0.379320		53.00
53.01	05301	PAIN CENTER	0.142073		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.194035		54.00
56.00	05600	RADIOISOTOPE	0.233558		56.00
57.00	05700	CT SCAN	0.029532		57.00
58.00	05800	MRI	0.047769		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.142012		59.00
60.00	06000	LABORATORY	0.134627		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0.230682		62.00
65.00	06500	RESPIRATORY THERAPY	0.349524		65.00
66.00	06600	PHYSICAL THERAPY	0.204308		66.00
69.00	06900	ELECTROCARDIOLOGY	0.071870		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.134561		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.665509		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.295835		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.190711		73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.823342		75.00
76.00	03950	TREATMENT CENTER	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.431098		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.02	09002	OUTPATIENT PSYCHIATRIC	0.408766		90.02
90.03	09003	WOUND CLINIC	0.355728		90.03
90.12	09012	CTPET	0.179597		90.12
90.13	09013	RADIATION ONCOLOGY	0.150419		90.13
91.00	09100	EMERGENCY	0.145035		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0.620415		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0166

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

Worksheet C  
Part I  
Date/Time Prepared:  
11/29/2017 2:47 pm

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
				Total Costs	Hospital			
					RCE Dissallowance	Total Costs		
		1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	20,959,328		20,959,328	12,675	20,972,003	30.00
31.00	03100	INTENSIVE CARE UNIT	2,772,882		2,772,882	0	2,772,882	31.00
40.00	04000	SUBPROVIDER - I/PF	2,794,997		2,794,997	0	2,794,997	40.00
41.00	04100	SUBPROVIDER - I/RF	2,807,396		2,807,396	26,484	2,833,880	41.00
43.00	04300	NURSERY	790,787		790,787	528	791,315	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	7,623,124		7,623,124	0	7,623,124	50.00
50.02	03330	ENDOSCOPY	1,076,160		1,076,160	0	1,076,160	50.02
51.00	05100	RECOVERY ROOM	1,102,029		1,102,029	0	1,102,029	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,986,546		2,986,546	0	2,986,546	52.00
53.00	05300	ANESTHESIOLOGY	2,251,317		2,251,317	0	2,251,317	53.00
53.01	05301	PAIN CENTER	1,089,111		1,089,111	0	1,089,111	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,427,991		5,427,991	0	5,427,991	54.00
56.00	05600	RADIOISOTOPE	313,030		313,030	0	313,030	56.00
57.00	05700	CT SCAN	1,762,677		1,762,677	0	1,762,677	57.00
58.00	05800	MRI	781,891		781,891	0	781,891	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,213,736		4,213,736	0	4,213,736	59.00
60.00	06000	LABORATORY	9,925,395		9,925,395	0	9,925,395	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	503,608		503,608	0	503,608	62.00
65.00	06500	RESPIRATORY THERAPY	2,996,798	0	2,996,798	0	2,996,798	65.00
66.00	06600	PHYSICAL THERAPY	4,334,185	0	4,334,185	0	4,334,185	66.00
69.00	06900	ELECTROCARDIOLOGY	2,135,980		2,135,980	6,761	2,142,741	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	622,513		622,513	0	622,513	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	8,487,830		8,487,830	0	8,487,830	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,865,733		6,865,733	0	6,865,733	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	10,947,841		10,947,841	0	10,947,841	73.00
75.00	07500	ASC (NON-DISTINCT PART)	1,423,605		1,423,605	0	1,423,605	75.00
76.00	03950	TREATMENT CENTER	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	275,068		275,068	0	275,068	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.02	09002	OUTPATIENT PSYCHIATRIC	280,602		280,602	0	280,602	90.02
90.03	09003	WOUND CLINIC	424,017		424,017	0	424,017	90.03
90.12	09012	CTPET	249,415		249,415	0	249,415	90.12
90.13	09013	RADIATION ONCOLOGY	1,205,082		1,205,082	0	1,205,082	90.13
91.00	09100	EMERGENCY	7,899,217		7,899,217	0	7,899,217	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	1,134,860		1,134,860	0	1,134,860	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	118,464,751	0	118,464,751	46,448	118,511,199	200.00
201.00		Less Observation Beds	1,134,860		1,134,860		1,134,860	201.00
202.00		Total (see instructions)	117,329,891	0	117,329,891	46,448	117,376,339	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0166

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

Worksheet C  
Part I  
Date/Time Prepared:  
11/29/2017 2:47 pm

		Title XIX			Hospital	Cost	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	23,292,386		23,292,386		30.00
31.00	03100	INTENSIVE CARE UNIT	3,564,301		3,564,301		31.00
40.00	04000	SUBPROVIDER - IPF	3,408,494		3,408,494		40.00
41.00	04100	SUBPROVIDER - IRF	4,846,044		4,846,044		41.00
43.00	04300	NURSERY	1,145,374		1,145,374		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	19,988,283	17,799,276	37,787,559	0.201736	50.00
50.02	03330	ENDOSCOPY	565,930	4,713,643	5,279,573	0.203835	50.02
51.00	05100	RECOVERY ROOM	1,824,684	4,532,823	6,357,507	0.173343	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,766,696	929,191	3,695,887	0.808073	52.00
53.00	05300	ANESTHESIOLOGY	2,983,023	2,952,118	5,935,141	0.379320	53.00
53.01	05301	PAIN CENTER	72,691	7,593,171	7,665,862	0.142073	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,050,106	21,924,155	27,974,261	0.194035	54.00
56.00	05600	RADIOISOTOPE	407,009	933,258	1,340,267	0.233558	56.00
57.00	05700	CT SCAN	14,748,077	44,938,479	59,686,556	0.029532	57.00
58.00	05800	MRI	3,537,853	12,830,323	16,368,176	0.047769	58.00
59.00	05900	CARDIAC CATHETERIZATION	10,599,717	19,072,074	29,671,791	0.142012	59.00
60.00	06000	LABORATORY	28,797,346	44,928,027	73,725,373	0.134627	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	1,451,756	731,374	2,183,130	0.230682	62.00
65.00	06500	RESPIRATORY THERAPY	6,549,472	2,024,477	8,573,949	0.349524	65.00
66.00	06600	PHYSICAL THERAPY	11,814,467	9,399,502	21,213,969	0.204308	66.00
69.00	06900	ELECTROCARDIOLOGY	5,900,745	23,913,359	29,814,104	0.071643	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	110,340	4,515,896	4,626,236	0.134561	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	7,710,565	5,043,333	12,753,898	0.665509	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,212,945	8,995,038	23,207,983	0.295835	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	33,753,681	23,651,808	57,405,489	0.190711	73.00
75.00	07500	ASC (NON-DISTINCT PART)	38,675	1,690,382	1,729,057	0.823342	75.00
76.00	03950	TREATMENT CENTER	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	638,064	638,064	0.431098	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.02	09002	OUTPATIENT PSYCHIATRIC	2,992	683,470	686,462	0.408766	90.02
90.03	09003	WOUND CLINIC	423,705	768,266	1,191,971	0.355728	90.03
90.12	09012	CTPET	6,990	1,381,758	1,388,748	0.179597	90.12
90.13	09013	RADIATION ONCOLOGY	100,359	7,911,121	8,011,480	0.150419	90.13
91.00	09100	EMERGENCY	12,350,844	42,113,548	54,464,392	0.145035	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	387,807	1,441,389	1,829,196	0.620415	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	223,413,357	318,049,323	541,462,680		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	223,413,357	318,049,323	541,462,680		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0166	Period: From 07/01/2016 To 06/30/2017	Worksheet C Part I Date/Time Prepared: 11/29/2017 2:47 pm
		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
31.00	03100 INTENSIVE CARE UNIT			31.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.000000		50.00
50.02	03330 ENDOSCOPY	0.000000		50.02
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
53.01	05301 PAIN CENTER	0.000000		53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0.000000		62.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	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
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03950 TREATMENT CENTER	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.02	09002 OUTPATIENT PSYCHIATRIC	0.000000		90.02
90.03	09003 WOUND CLINIC	0.000000		90.03
90.12	09012 CTPET	0.000000		90.12
90.13	09013 RADIATION ONCOLOGY	0.000000		90.13
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0.000000		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 14-0166	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part I Date/Time Prepared: 11/29/2017 2:47 pm
--	-----------------------	---	--

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
Title XVIII Hospital PPS								
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	3,710,298	0	3,710,298	25,299	146.66	30.00	
31.00	INTENSIVE CARE UNIT	346,496		346,496	1,911	181.32	31.00	
40.00	SUBPROVIDER - IPF	404,788	0	404,788	4,079	99.24	40.00	
41.00	SUBPROVIDER - IRF	518,097	0	518,097	3,577	144.84	41.00	
43.00	NURSERY	95,414		95,414	1,358	70.26	43.00	
200.00	Total (lines 30-199)	5,075,093		5,075,093	36,224		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	9,822	1,440,495					30.00
31.00	INTENSIVE CARE UNIT	1,117	202,534					31.00
40.00	SUBPROVIDER - IPF	3,178	315,385					40.00
41.00	SUBPROVIDER - IRF	2,461	356,451					41.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30-199)	16,578	2,314,865					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0166	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part II Date/Time Prepared: 11/29/2017 2:47 pm
--	--	-----------------------	---	---

Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,223,168	37,787,559	0.058833	11,146,709	655,794	50.00
50.02	03330	ENDOSCOPY	133,692	5,279,573	0.025323	356,744	9,034	50.02
51.00	05100	RECOVERY ROOM	106,962	6,357,507	0.016825	809,647	13,622	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	374,972	3,695,887	0.101457	157,958	16,026	52.00
53.00	05300	ANESTHESIOLOGY	116,052	5,935,141	0.019553	1,451,702	28,385	53.00
53.01	05301	PAIN CENTER	140,923	7,665,862	0.018383	35,284	649	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	635,592	27,974,261	0.022721	3,519,792	79,973	54.00
56.00	05600	RADIOISOTOPE	29,289	1,340,267	0.021853	231,784	5,065	56.00
57.00	05700	CT SCAN	99,085	59,686,556	0.001660	8,213,018	13,634	57.00
58.00	05800	MRI	57,379	16,368,176	0.003506	1,839,922	6,451	58.00
59.00	05900	CARDIAC CATHETERIZATION	299,478	29,671,791	0.010093	5,598,056	56,501	59.00
60.00	06000	LABORATORY	1,414,713	73,725,373	0.019189	13,951,079	267,707	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	24,156	2,183,130	0.011065	710,247	7,859	62.00
65.00	06500	RESPIRATORY THERAPY	127,842	8,573,949	0.014911	3,856,197	57,500	65.00
66.00	06600	PHYSICAL THERAPY	541,846	21,213,969	0.025542	2,333,251	59,596	66.00
69.00	06900	ELECTROCARDIOLOGY	188,099	29,814,104	0.006309	3,498,722	22,073	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	95,960	4,626,236	0.020743	52,184	1,082	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	421,105	12,753,898	0.033018	4,276,986	141,218	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	344,936	23,207,983	0.014863	8,605,967	127,910	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	479,213	57,405,489	0.008348	15,685,174	130,940	73.00
75.00	07500	ASC (NON-DISTINCT PART)	47,974	1,729,057	0.027746	17,724	492	75.00
76.00	03950	TREATMENT CENTER	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	10,834	638,064	0.016979	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.02	09002	OUTPATIENT PSYCHIATRIC	111,572	686,462	0.162532	2,992	486	90.02
90.03	09003	WOUND CLINIC	16,400	1,191,971	0.013759	196,021	2,697	90.03
90.12	09012	CTPET	8,497	1,388,748	0.006118	6,990	43	90.12
90.13	09013	RADIATION ONCOLOGY	45,654	8,011,480	0.005699	44,814	255	90.13
91.00	09100	EMERGENCY	1,334,149	54,464,392	0.024496	5,806,125	142,227	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	200,776	1,829,196	0.109762	202,278	22,202	92.00
200.00		Total (lines 50-199)	9,630,318	505,206,081		92,607,367	1,869,421	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0166		Period: From 07/01/2016 To 06/30/2017		Worksheet D Part III Date/Time Prepared: 11/29/2017 2:47 pm	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	25,299	0.00	9,822	0		30.00
31.00	03100	INTENSIVE CARE UNIT	1,911	0.00	1,117	0		31.00
40.00	04000	SUBPROVIDER - IPF	4,079	0.00	3,178	0		40.00
41.00	04100	SUBPROVIDER - IRF	3,577	0.00	2,461	0		41.00
43.00	04300	NURSERY	1,358	0.00	0	0		43.00
200.00		Total (lines 30-199)	36,224		16,578	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0166

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

Worksheet D  
Part IV  
Date/Time Prepared:  
11/29/2017 2:47 pm

Cost Center Description		Title XVIII			Hospital	PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.02	03330	ENDOSCOPY	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
53.01	05301	PAIN CENTER	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03950	TREATMENT CENTER	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.02	09002	OUTPATIENT PSYCHIATRIC	0	0	0	0	90.02
90.03	09003	WOUND CLINIC	0	0	0	0	90.03
90.12	09012	CTPET	0	0	0	0	90.12
90.13	09013	RADIATION ONCOLOGY	0	0	0	0	90.13
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0166	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/29/2017 2:47 pm
--	-----------------------	---------------------------------------	--

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	PPS
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	37,787,559	0.000000	0.000000	11,146,709	50.00
50.02	03330 ENDOSCOPY	0	5,279,573	0.000000	0.000000	356,744	50.02
51.00	05100 RECOVERY ROOM	0	6,357,507	0.000000	0.000000	809,647	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	3,695,887	0.000000	0.000000	157,958	52.00
53.00	05300 ANESTHESIOLOGY	0	5,935,141	0.000000	0.000000	1,451,702	53.00
53.01	05301 PAIN CENTER	0	7,665,862	0.000000	0.000000	35,284	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	27,974,261	0.000000	0.000000	3,519,792	54.00
56.00	05600 RADIOISOTOPE	0	1,340,267	0.000000	0.000000	231,784	56.00
57.00	05700 CT SCAN	0	59,686,556	0.000000	0.000000	8,213,018	57.00
58.00	05800 MRI	0	16,368,176	0.000000	0.000000	1,839,922	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	29,671,791	0.000000	0.000000	5,598,056	59.00
60.00	06000 LABORATORY	0	73,725,373	0.000000	0.000000	13,951,079	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0	2,183,130	0.000000	0.000000	710,247	62.00
65.00	06500 RESPIRATORY THERAPY	0	8,573,949	0.000000	0.000000	3,856,197	65.00
66.00	06600 PHYSICAL THERAPY	0	21,213,969	0.000000	0.000000	2,333,251	66.00
69.00	06900 ELECTROCARDIOLOGY	0	29,814,104	0.000000	0.000000	3,498,722	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	4,626,236	0.000000	0.000000	52,184	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	12,753,898	0.000000	0.000000	4,276,986	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	23,207,983	0.000000	0.000000	8,605,967	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	57,405,489	0.000000	0.000000	15,685,174	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	1,729,057	0.000000	0.000000	17,724	75.00
76.00	03950 TREATMENT CENTER	0	0	0.000000	0.000000	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	638,064	0.000000	0.000000	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.02	09002 OUTPATIENT PSYCHIATRIC	0	686,462	0.000000	0.000000	2,992	90.02
90.03	09003 WOUND CLINIC	0	1,191,971	0.000000	0.000000	196,021	90.03
90.12	09012 CTPET	0	1,388,748	0.000000	0.000000	6,990	90.12
90.13	09013 RADIATION ONCOLOGY	0	8,011,480	0.000000	0.000000	44,814	90.13
91.00	09100 EMERGENCY	0	54,464,392	0.000000	0.000000	5,806,125	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0	1,829,196	0.000000	0.000000	202,278	92.00
200.00	Total (lines 50-199)	0	505,206,081			92,607,367	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0166	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/29/2017 2:47 pm
--	-----------------------	---	---

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	6,486,634	0	50.00
50.02	03330 ENDOSCOPY	0	1,772,036	0	50.02
51.00	05100 RECOVERY ROOM	0	1,904,886	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	3,761	0	52.00
53.00	05300 ANESTHESIOLOGY	0	689,353	0	53.00
53.01	05301 PAIN CENTER	0	3,593,772	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	7,048,438	0	54.00
56.00	05600 RADIOISOTOPE	0	456,347	0	56.00
57.00	05700 CT SCAN	0	14,029,598	0	57.00
58.00	05800 MRI	0	4,862,377	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	8,670,005	0	59.00
60.00	06000 LABORATORY	0	6,969,534	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0	154,247	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	720,541	0	65.00
66.00	06600 PHYSICAL THERAPY	0	100,710	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	11,018,492	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,471,266	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	2,134,306	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	5,223,515	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	9,832,644	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	1,628,005	0	75.00
76.00	03950 TREATMENT CENTER	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	517,776	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.02	09002 OUTPATIENT PSYCHIATRIC	0	260,438	0	90.02
90.03	09003 WOUND CLINIC	0	360,328	0	90.03
90.12	09012 CTPET	0	733,555	0	90.12
90.13	09013 RADIATION ONCOLOGY	0	4,137,162	0	90.13
91.00	09100 EMERGENCY	0	7,754,112	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0	637,799	0	92.00
200.00	Total (lines 50-199)	0	103,171,637	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0166	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part V Date/Time Prepared: 11/29/2017 2:47 pm
--	-----------------------	---	--

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	0.201736	6,486,634	0	0	1,308,588	50.00
50.02	03330	ENDOSCOPY	0.203835	1,772,036	0	0	361,203	50.02
51.00	05100	RECOVERY ROOM	0.173343	1,904,886	0	0	330,199	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.808073	3,761	0	0	3,039	52.00
53.00	05300	ANESTHESIOLOGY	0.379320	689,353	0	0	261,485	53.00
53.01	05301	PAIN CENTER	0.142073	3,593,772	0	0	510,578	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.194035	7,048,438	0	0	1,367,644	54.00
56.00	05600	RADIO SOTOPE	0.233558	456,347	0	0	106,583	56.00
57.00	05700	CT SCAN	0.029532	14,029,598	0	0	414,322	57.00
58.00	05800	MRI	0.047769	4,862,377	0	0	232,271	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.142012	8,670,005	0	0	1,231,245	59.00
60.00	06000	LABORATORY	0.134627	6,969,534	0	0	938,287	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0.230682	154,247	0	0	35,582	62.00
65.00	06500	RESPIRATORY THERAPY	0.349524	720,541	0	0	251,846	65.00
66.00	06600	PHYSICAL THERAPY	0.204308	100,710	0	0	20,576	66.00
69.00	06900	ELECTROCARDIOLOGY	0.071643	11,018,492	0	0	789,398	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.134561	1,471,266	0	0	197,975	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.665509	2,134,306	0	0	1,420,400	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.295835	5,223,515	0	0	1,545,299	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.190711	9,832,644	250	104,958	1,875,193	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.823342	1,628,005	0	0	1,340,405	75.00
76.00	03950	TREATMENT CENTER	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.431098	517,776	0	0	223,212	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.02	09002	OUTPATIENT PSYCHIATRIC	0.408766	260,438	0	0	106,458	90.02
90.03	09003	WOUND CLINIC	0.355728	360,328	0	0	128,179	90.03
90.12	09012	CTPET	0.179597	733,555	0	0	131,744	90.12
90.13	09013	RADIATION ONCOLOGY	0.150419	4,137,162	0	0	622,308	90.13
91.00	09100	EMERGENCY	0.145035	7,754,112	0	0	1,124,618	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0.620415	637,799	0	0	395,700	92.00
200.00		Subtotal (see instructions)		103,171,637	250	104,958	17,274,337	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		103,171,637	250	104,958	17,274,337	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0166	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part V Date/Time Prepared: 11/29/2017 2:47 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
50.02 03330 ENDOSCOPY	0	0		50.02
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
53.01 05301 PAIN CENTER	0	0		53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
56.00 05600 RADIO SOTOP	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
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD	0	0		62.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	48	20,017		73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 03950 TREATMENT CENTER	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.02 09002 OUTPATIENT PSYCHIATRIC	0	0		90.02
90.03 09003 WOUND CLINIC	0	0		90.03
90.12 09012 CTPET	0	0		90.12
90.13 09013 RADIATION ONCOLOGY	0	0		90.13
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)	0	0		92.00
200.00 Subtotal (see instructions)	48	20,017		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	48	20,017		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 14-0166 Component CCN: 14-S166		Period: From 07/01/2016 To 06/30/2017		Worksheet D Part II Date/Time Prepared: 11/29/2017 2:47 pm	
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,223,168	37,787,559	0.058833	262	15	50.00
50.02	03330	ENDOSCOPY	133,692	5,279,573	0.025323	3,692	93	50.02
51.00	05100	RECOVERY ROOM	106,962	6,357,507	0.016825	33,432	562	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	374,972	3,695,887	0.101457	2,224	226	52.00
53.00	05300	ANESTHESIOLOGY	116,052	5,935,141	0.019553	21,275	416	53.00
53.01	05301	PAIN CENTER	140,923	7,665,862	0.018383	3,435	63	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	635,592	27,974,261	0.022721	92,846	2,110	54.00
56.00	05600	RADIOISOTOPE	29,289	1,340,267	0.021853	8,439	184	56.00
57.00	05700	CT SCAN	99,085	59,686,556	0.001660	255,564	424	57.00
58.00	05800	MRI	57,379	16,368,176	0.003506	35,480	124	58.00
59.00	05900	CARDIAC CATHETERIZATION	299,478	29,671,791	0.010093	15,037	152	59.00
60.00	06000	LABORATORY	1,414,713	73,725,373	0.019189	830,087	15,929	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	24,156	2,183,130	0.011065	16,299	180	62.00
65.00	06500	RESPIRATORY THERAPY	127,842	8,573,949	0.014911	99,907	1,490	65.00
66.00	06600	PHYSICAL THERAPY	541,846	21,213,969	0.025542	534,737	13,658	66.00
69.00	06900	ELECTROCARDIOLOGY	188,099	29,814,104	0.006309	98,390	621	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	95,960	4,626,236	0.020743	2,927	61	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	421,105	12,753,898	0.033018	58,872	1,944	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	344,936	23,207,983	0.014863	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	479,213	57,405,489	0.008348	1,278,761	10,675	73.00
75.00	07500	ASC (NON-DISTINCT PART)	47,974	1,729,057	0.027746	960	27	75.00
76.00	03950	TREATMENT CENTER	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	10,834	638,064	0.016979	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.02	09002	OUTPATIENT PSYCHIATRIC	111,572	686,462	0.162532	0	0	90.02
90.03	09003	WOUND CLINIC	16,400	1,191,971	0.013759	23,566	324	90.03
90.12	09012	CTPET	8,497	1,388,748	0.006118	0	0	90.12
90.13	09013	RADIATION ONCOLOGY	45,654	8,011,480	0.005699	2	0	90.13
91.00	09100	EMERGENCY	1,334,149	54,464,392	0.024496	205,543	5,035	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	1,829,196	0.000000	4,800	0	92.00
200.00		Total (lines 50-199)	9,429,542	505,206,081		3,626,537	54,313	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0166 Component CCN: 14-S166	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/29/2017 2:47 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
50.02 03330 ENDOSCOPY	0	0	0	0	0	50.02
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01 05301 PAIN CENTER	0	0	0	0	0	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
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 PAT	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
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03950 TREATMENT CENTER	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.02 09002 OUTPATIENT PSYCHIATRIC	0	0	0	0	0	90.02
90.03 09003 WOUND CLINIC	0	0	0	0	0	90.03
90.12 09012 CTPET	0	0	0	0	0	90.12
90.13 09013 RADIATION ONCOLOGY	0	0	0	0	0	90.13
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT	0	0	0	0	0	92.00
200.00 Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0166 Component CCN: 14-S166	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/29/2017 2:47 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	37,787,559	0.000000	0.000000	262	50.00
50.02 03330 ENDOSCOPY	0	5,279,573	0.000000	0.000000	3,692	50.02
51.00 05100 RECOVERY ROOM	0	6,357,507	0.000000	0.000000	33,432	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	3,695,887	0.000000	0.000000	2,224	52.00
53.00 05300 ANESTHESIOLOGY	0	5,935,141	0.000000	0.000000	21,275	53.00
53.01 05301 PAIN CENTER	0	7,665,862	0.000000	0.000000	3,435	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	27,974,261	0.000000	0.000000	92,846	54.00
56.00 05600 RADIOISOTOPE	0	1,340,267	0.000000	0.000000	8,439	56.00
57.00 05700 CT SCAN	0	59,686,556	0.000000	0.000000	255,564	57.00
58.00 05800 MRI	0	16,368,176	0.000000	0.000000	35,480	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	29,671,791	0.000000	0.000000	15,037	59.00
60.00 06000 LABORATORY	0	73,725,373	0.000000	0.000000	830,087	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD	0	2,183,130	0.000000	0.000000	16,299	62.00
65.00 06500 RESPIRATORY THERAPY	0	8,573,949	0.000000	0.000000	99,907	65.00
66.00 06600 PHYSICAL THERAPY	0	21,213,969	0.000000	0.000000	534,737	66.00
69.00 06900 ELECTROCARDIOLOGY	0	29,814,104	0.000000	0.000000	98,390	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	4,626,236	0.000000	0.000000	2,927	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0	12,753,898	0.000000	0.000000	58,872	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	23,207,983	0.000000	0.000000	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	57,405,489	0.000000	0.000000	1,278,761	73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	1,729,057	0.000000	0.000000	960	75.00
76.00 03950 TREATMENT CENTER	0	0	0.000000	0.000000	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	638,064	0.000000	0.000000	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.02 09002 OUTPATIENT PSYCHIATRIC	0	686,462	0.000000	0.000000	0	90.02
90.03 09003 WOUND CLINIC	0	1,191,971	0.000000	0.000000	23,566	90.03
90.12 09012 CTPET	0	1,388,748	0.000000	0.000000	0	90.12
90.13 09013 RADIATION ONCOLOGY	0	8,011,480	0.000000	0.000000	2	90.13
91.00 09100 EMERGENCY	0	54,464,392	0.000000	0.000000	205,543	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)	0	1,829,196	0.000000	0.000000	4,800	92.00
200.00 Total (lines 50-199)	0	505,206,081			3,626,537	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0166 Component CCN: 14-S166	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/29/2017 2:47 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.02	03330 ENDOSCOPY	0	0	0	50.02
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
53.01	05301 PAIN CENTER	0	14	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	2,163	0	54.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	0	2,646	0	57.00
58.00	05800 MRI	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	28	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	365	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	404	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	1	0	75.00
76.00	03950 TREATMENT CENTER	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.02	09002 OUTPATIENT PSYCHIATRIC	0	0	0	90.02
90.03	09003 WOUND CLINIC	0	0	0	90.03
90.12	09012 CTPET	0	0	0	90.12
90.13	09013 RADIATION ONCOLOGY	0	0	0	90.13
91.00	09100 EMERGENCY	0	35	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0	0	0	92.00
200.00	Total (lines 50-199)	0	5,656	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0166 Component CCN: 14-S166	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part V Date/Time Prepared: 11/29/2017 2:47 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	Costs (see inst.)	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)			
	1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	0.201736	0	0	0	0	0	50.00
50.02 03330 ENDOSCOPY	0.203835	0	0	0	0	0	50.02
51.00 05100 RECOVERY ROOM	0.173343	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.808073	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.379320	0	0	0	0	0	53.00
53.01 05301 PAIN CENTER	0.142073	14	0	0	2	53.01	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.194035	2,163	0	0	420	54.00	
56.00 05600 RADIO SOTOPE	0.233558	0	0	0	0	56.00	
57.00 05700 CT SCAN	0.029532	2,646	0	0	78	57.00	
58.00 05800 MRI	0.047769	0	0	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0.142012	28	0	0	4	59.00	
60.00 06000 LABORATORY	0.134627	0	0	0	0	60.00	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD	0.230682	0	0	0	0	62.00	
65.00 06500 RESPIRATORY THERAPY	0.349524	0	0	0	0	65.00	
66.00 06600 PHYSICAL THERAPY	0.204308	0	0	0	0	66.00	
69.00 06900 ELECTROCARDIOLOGY	0.071643	365	0	0	26	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0.134561	0	0	0	0	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0.665509	0	0	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.295835	0	0	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0.190711	404	0	0	77	73.00	
75.00 07500 ASC (NON-DISTINCT PART)	0.823342	1	0	0	1	75.00	
76.00 03950 TREATMENT CENTER	0.000000	0	0	0	0	76.00	
76.97 07697 CARDIAC REHABILITATION	0.431098	0	0	0	0	76.97	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.02 09002 OUTPATIENT PSYCHIATRIC	0.408766	0	0	0	0	90.02	
90.03 09003 WOUND CLINIC	0.355728	0	0	0	0	90.03	
90.12 09012 CTPET	0.179597	0	0	0	0	90.12	
90.13 09013 RADIATION ONCOLOGY	0.150419	0	0	0	0	90.13	
91.00 09100 EMERGENCY	0.145035	35	0	0	5	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)	0.620415	0	0	0	0	92.00	
200.00	Subtotal (see instructions)		5,656	0	613	200.00	
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00	
202.00	Net Charges (line 200 +/- line 201)		5,656	0	613	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0166 Component CCN: 14-S166	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part V Date/Time Prepared: 11/29/2017 2:47 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00 05000 OPERATING ROOM	0	0	50.00
50.02 03330 ENDOSCOPY	0	0	50.02
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
53.01 05301 PAIN CENTER	0	0	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
56.00 05600 RADIOISOTOPE	0	0	56.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MRI	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00 03950 TREATMENT CENTER	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.02 09002 OUTPATIENT PSYCHIATRIC	0	0	90.02
90.03 09003 WOUND CLINIC	0	0	90.03
90.12 09012 CTPET	0	0	90.12
90.13 09013 RADIATION ONCOLOGY	0	0	90.13
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)	0	0	92.00
200.00 Subtotal (see instructions)	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00 Net Charges (line 200 +/- line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0166 Component CCN: 14-T166	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part II Date/Time Prepared: 11/29/2017 2:47 pm		
				Title XVIII	Subprovider - IRF	PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	2,223,168	37,787,559	0.058833	18,112	1,066	50.00
50.02	03330	ENDOSCOPY	133,692	5,279,573	0.025323	787	20	50.02
51.00	05100	RECOVERY ROOM	106,962	6,357,507	0.016825	2,531	43	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	374,972	3,695,887	0.101457	1,437	146	52.00
53.00	05300	ANESTHESIOLOGY	116,052	5,935,141	0.019553	4,019	79	53.00
53.01	05301	PAIN CENTER	140,923	7,665,862	0.018383	2,569	47	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	635,592	27,974,261	0.022721	81,954	1,862	54.00
56.00	05600	RADIOISOTOPE	29,289	1,340,267	0.021853	2,601	57	56.00
57.00	05700	CT SCAN	99,085	59,686,556	0.001660	91,767	152	57.00
58.00	05800	MRI	57,379	16,368,176	0.003506	47,047	165	58.00
59.00	05900	CARDIAC CATHETERIZATION	299,478	29,671,791	0.010093	26,322	266	59.00
60.00	06000	LABORATORY	1,414,713	73,725,373	0.019189	667,083	12,801	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	24,156	2,183,130	0.011065	8,219	91	62.00
65.00	06500	RESPIRATORY THERAPY	127,842	8,573,949	0.014911	279,927	4,174	65.00
66.00	06600	PHYSICAL THERAPY	541,846	21,213,969	0.025542	5,333,219	136,221	66.00
69.00	06900	ELECTROCARDIOLOGY	188,099	29,814,104	0.006309	43,838	277	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	95,960	4,626,236	0.020743	3,902	81	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	421,105	12,753,898	0.033018	78,005	2,576	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	344,936	23,207,983	0.014863	525	8	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	479,213	57,405,489	0.008348	1,145,601	9,563	73.00
75.00	07500	ASC (NON-DISTINCT PART)	47,974	1,729,057	0.027746	8,112	225	75.00
76.00	03950	TREATMENT CENTER	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	10,834	638,064	0.016979	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.02	09002	OUTPATIENT PSYCHIATRIC	111,572	686,462	0.162532	0	0	90.02
90.03	09003	WOUND CLINIC	16,400	1,191,971	0.013759	15,551	214	90.03
90.12	09012	CTPET	8,497	1,388,748	0.006118	0	0	90.12
90.13	09013	RADIATION ONCOLOGY	45,654	8,011,480	0.005699	2	0	90.13
91.00	09100	EMERGENCY	1,334,149	54,464,392	0.024496	7,823	192	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	1,829,196	0.000000	3,600	0	92.00
200.00		Total (lines 50-199)	9,429,542	505,206,081		7,874,553	170,326	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0166 Component CCN: 14-T166	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/29/2017 2:47 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
50.02 03330 ENDOSCOPY	0	0	0	0	0	50.02
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01 05301 PAIN CENTER	0	0	0	0	0	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
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 PAT	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
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03950 TREATMENT CENTER	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.02 09002 OUTPATIENT PSYCHIATRIC	0	0	0	0	0	90.02
90.03 09003 WOUND CLINIC	0	0	0	0	0	90.03
90.12 09012 CTPET	0	0	0	0	0	90.12
90.13 09013 RADIATION ONCOLOGY	0	0	0	0	0	90.13
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT	0	0	0	0	0	92.00
200.00 Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0166 Component CCN: 14-T166	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/29/2017 2:47 pm
--	---	---	---

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	37,787,559	0.000000	0.000000	18,112	50.00
50.02	03330 ENDOSCOPY	0	5,279,573	0.000000	0.000000	787	50.02
51.00	05100 RECOVERY ROOM	0	6,357,507	0.000000	0.000000	2,531	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	3,695,887	0.000000	0.000000	1,437	52.00
53.00	05300 ANESTHESIOLOGY	0	5,935,141	0.000000	0.000000	4,019	53.00
53.01	05301 PAIN CENTER	0	7,665,862	0.000000	0.000000	2,569	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	27,974,261	0.000000	0.000000	81,954	54.00
56.00	05600 RADIOISOTOPE	0	1,340,267	0.000000	0.000000	2,601	56.00
57.00	05700 CT SCAN	0	59,686,556	0.000000	0.000000	91,767	57.00
58.00	05800 MRI	0	16,368,176	0.000000	0.000000	47,047	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	29,671,791	0.000000	0.000000	26,322	59.00
60.00	06000 LABORATORY	0	73,725,373	0.000000	0.000000	667,083	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0	2,183,130	0.000000	0.000000	8,219	62.00
65.00	06500 RESPIRATORY THERAPY	0	8,573,949	0.000000	0.000000	279,927	65.00
66.00	06600 PHYSICAL THERAPY	0	21,213,969	0.000000	0.000000	5,333,219	66.00
69.00	06900 ELECTROCARDIOLOGY	0	29,814,104	0.000000	0.000000	43,838	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	4,626,236	0.000000	0.000000	3,902	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	12,753,898	0.000000	0.000000	78,005	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	23,207,983	0.000000	0.000000	525	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	57,405,489	0.000000	0.000000	1,145,601	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	1,729,057	0.000000	0.000000	8,112	75.00
76.00	03950 TREATMENT CENTER	0	0	0.000000	0.000000	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	638,064	0.000000	0.000000	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.02	09002 OUTPATIENT PSYCHIATRIC	0	686,462	0.000000	0.000000	0	90.02
90.03	09003 WOUND CLINIC	0	1,191,971	0.000000	0.000000	15,551	90.03
90.12	09012 CTPET	0	1,388,748	0.000000	0.000000	0	90.12
90.13	09013 RADIATION ONCOLOGY	0	8,011,480	0.000000	0.000000	2	90.13
91.00	09100 EMERGENCY	0	54,464,392	0.000000	0.000000	7,823	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0	1,829,196	0.000000	0.000000	3,600	92.00
200.00	Total (lines 50-199)	0	505,206,081			7,874,553	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0166 Component CCN: 14-T166	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/29/2017 2:47 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.02	03330 ENDOSCOPY	0	0	0	50.02
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	2	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
53.01	05301 PAIN CENTER	0	15	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	1,412	0	54.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	0	2,646	0	57.00
58.00	05800 MRI	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	10	0	59.00
60.00	06000 LABORATORY	0	1,148	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	3	0	65.00
66.00	06600 PHYSICAL THERAPY	0	559	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	361	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	273	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	4,253	0	75.00
76.00	03950 TREATMENT CENTER	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.02	09002 OUTPATIENT PSYCHIATRIC	0	0	0	90.02
90.03	09003 WOUND CLINIC	0	8	0	90.03
90.12	09012 CTPET	0	0	0	90.12
90.13	09013 RADIATION ONCOLOGY	0	0	0	90.13
91.00	09100 EMERGENCY	0	2,057	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0	3,250	0	92.00
200.00	Total (lines 50-199)	0	15,997	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0166 Component CCN: 14-T166	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part V Date/Time Prepared: 11/29/2017 2:47 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	Costs (see inst.)	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)			
	1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	0.201736	0	0	0	0	0	50.00
50.02 03330 ENDOSCOPY	0.203835	0	0	0	0	0	50.02
51.00 05100 RECOVERY ROOM	0.173343	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.808073	2	0	0	2	2	52.00
53.00 05300 ANESTHESIOLOGY	0.379320	0	0	0	0	0	53.00
53.01 05301 PAIN CENTER	0.142073	15	0	0	2	2	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.194035	1,412	0	0	274	274	54.00
56.00 05600 RADIO SOTOPE	0.233558	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0.029532	2,646	0	0	78	78	57.00
58.00 05800 MRI	0.047769	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.142012	10	0	0	1	1	59.00
60.00 06000 LABORATORY	0.134627	1,148	0	0	155	155	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD	0.230682	0	0	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0.349524	3	0	0	1	1	65.00
66.00 06600 PHYSICAL THERAPY	0.204308	559	0	0	114	114	66.00
69.00 06900 ELECTROCARDIOLOGY	0.071643	361	0	0	26	26	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.134561	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0.665509	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.295835	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.190711	273	0	0	52	52	73.00
75.00 07500 ASC (NON-DISTINCT PART)	0.823342	4,253	0	0	3,502	3,502	75.00
76.00 03950 TREATMENT CENTER	0.000000	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0.431098	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.02 09002 OUTPATIENT PSYCHIATRIC	0.408766	0	0	0	0	0	90.02
90.03 09003 WOUND CLINIC	0.355728	8	0	0	3	3	90.03
90.12 09012 CTPET	0.179597	0	0	0	0	0	90.12
90.13 09013 RADIATION ONCOLOGY	0.150419	0	0	0	0	0	90.13
91.00 09100 EMERGENCY	0.145035	2,057	0	0	298	298	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)	0.620415	3,250	0	0	2,016	2,016	92.00
200.00	Subtotal (see instructions)	15,997	0	0	6,524	6,524	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		15,997	0	6,524	6,524	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0166 Component CCN: 14-T166	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part V Date/Time Prepared: 11/29/2017 2:47 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00 05000 OPERATING ROOM	0	0	50.00
50.02 03330 ENDOSCOPY	0	0	50.02
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
53.01 05301 PAIN CENTER	0	0	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
56.00 05600 RADIOISOTOPE	0	0	56.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MRI	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00 03950 TREATMENT CENTER	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.02 09002 OUTPATIENT PSYCHIATRIC	0	0	90.02
90.03 09003 WOUND CLINIC	0	0	90.03
90.12 09012 CTPET	0	0	90.12
90.13 09013 RADIATION ONCOLOGY	0	0	90.13
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)	0	0	92.00
200.00 Subtotal (see instructions)	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00 Net Charges (line 200 +/- line 201)	0	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0166	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/29/2017 2:47 pm
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)		25,299	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		25,299	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)		23,930	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)		9,822	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)		20,972,003	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)		20,972,003	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)		20,972,003	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)		828.97	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		8,142,143	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)		8,142,143	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0166		Period: From 07/01/2016 To 06/30/2017		Worksheet D-1	
Date/Time Prepared: 11/29/2017 2:47 pm		Title XVIII		Hospital		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
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	2,772,882	1,911	1,451.01	1,117	1,620,778		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)					18,577,424		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					28,340,345		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,643,029		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,869,421		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					3,512,450		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					24,827,895		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					1,369		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					828.97		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					1,134,860		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0166		Period: From 07/01/2016 To 06/30/2017		Worksheet D-1 Date/Time Prepared: 11/29/2017 2:47 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,710,298	20,972,003	0.176917	1,134,860	200,776	90.00
91.00	Nursing School cost	0	20,972,003	0.000000	1,134,860	0	91.00
92.00	Allied health cost	0	20,972,003	0.000000	1,134,860	0	92.00
93.00	All other Medical Education	0	20,972,003	0.000000	1,134,860	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0166 Component CCN: 14-S166	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/29/2017 2:47 pm
		Title XVIII	Subprovider - IPF	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)			4,079 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			4,079 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			4,079 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			3,178 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)			2,794,997 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)			2,794,997 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)			2,794,997 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)			685.22 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			2,177,629 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			2,177,629 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0166 Component CCN: 14-S166	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/29/2017 2:47 pm			
Cost Center Description				Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
				1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)			0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units									
43.00	INTENSIVE CARE UNIT			0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT								44.00
45.00	BURN INTENSIVE CARE UNIT								45.00
46.00	SURGICAL INTENSIVE CARE UNIT								46.00
47.00	OTHER SPECIAL CARE (SPECIFY)								47.00
Cost Center Description								1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)							640,483	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)							2,818,112	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)							315,385	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)							54,313	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)							369,698	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)							2,448,414	53.00
TARGET AMOUNT AND LIMIT COMPUTATION									
54.00	Program discharges							0	54.00
55.00	Target amount per discharge							0.00	55.00
56.00	Target amount (line 54 x line 55)							0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)							0	57.00
58.00	Bonus payment (see instructions)							0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket							0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket							0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)							0	61.00
62.00	Relief payment (see instructions)							0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)							0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST									
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)							0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)							0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)							0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)							0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)							0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)							0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY									
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)								70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)								71.00
72.00	Program routine service cost (line 9 x line 71)								72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)								73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)								74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)								75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)								76.00
77.00	Program capital-related costs (line 9 x line 76)								77.00
78.00	Inpatient routine service cost (line 74 minus line 77)								78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)								79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)								80.00
81.00	Inpatient routine service cost per diem limitation								81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)								82.00
83.00	Reasonable inpatient routine service costs (see instructions)								83.00
84.00	Program inpatient ancillary services (see instructions)								84.00
85.00	Utilization review - physician compensation (see instructions)								85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)								86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST									
87.00	Total observation bed days (see instructions)							0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)							0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)							0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0166 Component CCN: 14-S166		Period: From 07/01/2016 To 06/30/2017		Worksheet D-1 Date/Time Prepared: 11/29/2017 2:47 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	404,788	2,794,997	0.144826	0	0	90.00
91.00	Nursing School cost	0	2,794,997	0.000000	0	0	91.00
92.00	Allied health cost	0	2,794,997	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,794,997	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0166 Component CCN: 14-T166	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/29/2017 2:47 pm
		Title XVIII	Subprovider - IRF	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)			3,577 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			3,577 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)			3,577 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)			2,461 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)			2,833,880 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)			2,833,880 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)			2,833,880 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)			792.25 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			1,949,727 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			1,949,727 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0166 Component CCN: 14-T166		Period: From 07/01/2016 To 06/30/2017		Worksheet D-1 Date/Time Prepared: 11/29/2017 2:47 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)		
	Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)				
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				1,601,472		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				3,551,199		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)				356,451		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				170,326		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				526,777		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				3,024,422		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges				0		54.00
55.00	Target amount per discharge				0.00		55.00
56.00	Target amount (line 54 x line 55)				0		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				0		57.00
58.00	Bonus payment (see instructions)				0		58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				0.00		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				0.00		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)				0		61.00
62.00	Relief payment (see instructions)				0		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				0		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				0		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				0		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				0		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				0		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)				0		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				0.00		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0166 Component CCN: 14-T166		Period: From 07/01/2016 To 06/30/2017		Worksheet D-1 Date/Time Prepared: 11/29/2017 2:47 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	518,097	2,833,880	0.182822	0	0	90.00
91.00	Nursing School cost	0	2,833,880	0.000000	0	0	91.00
92.00	Allied health cost	0	2,833,880	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,833,880	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0166	Period: From 07/01/2016 To 06/30/2017	Worksheet D-3 Date/Time Prepared: 11/29/2017 2: 47 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		8,185,676	30.00
31.00	03100	INTENSIVE CARE UNIT		1,900,065	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.201736	11,146,709	50.00
50.02	03330	ENDOSCOPY	0.203835	356,744	50.02
51.00	05100	RECOVERY ROOM	0.173343	809,647	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.808073	157,958	52.00
53.00	05300	ANESTHESIOLOGY	0.379320	1,451,702	53.00
53.01	05301	PAIN CENTER	0.142073	35,284	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.194035	3,519,792	54.00
56.00	05600	RADIOISOTOPE	0.233558	231,784	56.00
57.00	05700	CT SCAN	0.029532	8,213,018	57.00
58.00	05800	MRI	0.047769	1,839,922	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.142012	5,598,056	59.00
60.00	06000	LABORATORY	0.134627	13,951,079	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0.230682	710,247	62.00
65.00	06500	RESPIRATORY THERAPY	0.349524	3,856,197	65.00
66.00	06600	PHYSICAL THERAPY	0.204308	2,333,251	66.00
69.00	06900	ELECTROCARDIOLOGY	0.071870	3,498,722	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.134561	52,184	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.665509	4,276,986	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.295835	8,605,967	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.190711	15,685,174	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.823342	17,724	75.00
76.00	03950	TREATMENT CENTER	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.431098	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.02	09002	OUTPATIENT PSYCHIATRIC	0.408766	2,992	90.02
90.03	09003	WOUND CLINIC	0.355728	196,021	90.03
90.12	09012	CTPET	0.179597	6,990	90.12
90.13	09013	RADIATION ONCOLOGY	0.150419	44,814	90.13
91.00	09100	EMERGENCY	0.145035	5,806,125	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0.620415	202,278	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		92,607,367	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)		92,607,367	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0166 Component CCN: 14-S166	Period: From 07/01/2016 To 06/30/2017	Worksheet D-3 Date/Time Prepared: 11/29/2017 2:47 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
40.00	04000 SUBPROVIDER - IPF		2,659,746	40.00
41.00	04100 SUBPROVIDER - IRF		0	41.00
43.00	04300 NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.201736	262	53 50.00
50.02	03330 ENDOSCOPY	0.203835	3,692	753 50.02
51.00	05100 RECOVERY ROOM	0.173343	33,432	5,795 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.808073	2,224	1,797 52.00
53.00	05300 ANESTHESIOLOGY	0.379320	21,275	8,070 53.00
53.01	05301 PAIN CENTER	0.142073	3,435	488 53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.194035	92,846	18,015 54.00
56.00	05600 RADIOISOTOPE	0.233558	8,439	1,971 56.00
57.00	05700 CT SCAN	0.029532	255,564	7,547 57.00
58.00	05800 MRI	0.047769	35,480	1,695 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.142012	15,037	2,135 59.00
60.00	06000 LABORATORY	0.134627	830,087	111,752 60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0.230682	16,299	3,760 62.00
65.00	06500 RESPIRATORY THERAPY	0.349524	99,907	34,920 65.00
66.00	06600 PHYSICAL THERAPY	0.204308	534,737	109,251 66.00
69.00	06900 ELECTROCARDIOLOGY	0.071870	98,390	7,071 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.134561	2,927	394 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.665509	58,872	39,180 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.295835	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.190711	1,278,761	243,874 73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.823342	960	790 75.00
76.00	03950 TREATMENT CENTER	0.000000	0	0 76.00
76.97	07697 CARDIAC REHABILITATION	0.431098	0	0 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.02	09002 OUTPATIENT PSYCHIATRIC	0.408766	0	0 90.02
90.03	09003 WOUND CLINIC	0.355728	23,566	8,383 90.03
90.12	09012 CTPET	0.179597	0	0 90.12
90.13	09013 RADIATION ONCOLOGY	0.150419	2	0 90.13
91.00	09100 EMERGENCY	0.145035	205,543	29,811 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0.620415	4,800	2,978 92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		3,626,537	640,483 200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00	Net charges (line 200 minus line 201)		3,626,537	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0166 Component CCN: 14-T166	Period: From 07/01/2016 To 06/30/2017	Worksheet D-3 Date/Time Prepared: 11/29/2017 2: 47 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
40.00	04000 SUBPROVIDER - IPF		0	40.00
41.00	04100 SUBPROVIDER - IRF		3,368,690	41.00
43.00	04300 NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.201736	18,112	3,654 50.00
50.02	03330 ENDOSCOPY	0.203835	787	160 50.02
51.00	05100 RECOVERY ROOM	0.173343	2,531	439 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.808073	1,437	1,161 52.00
53.00	05300 ANESTHESIOLOGY	0.379320	4,019	1,524 53.00
53.01	05301 PAIN CENTER	0.142073	2,569	365 53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.194035	81,954	15,902 54.00
56.00	05600 RADIOISOTOPE	0.233558	2,601	607 56.00
57.00	05700 CT SCAN	0.029532	91,767	2,710 57.00
58.00	05800 MRI	0.047769	47,047	2,247 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.142012	26,322	3,738 59.00
60.00	06000 LABORATORY	0.134627	667,083	89,807 60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0.230682	8,219	1,896 62.00
65.00	06500 RESPIRATORY THERAPY	0.349524	279,927	97,841 65.00
66.00	06600 PHYSICAL THERAPY	0.204308	5,333,219	1,089,619 66.00
69.00	06900 ELECTROCARDIOLOGY	0.071870	43,838	3,151 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.134561	3,902	525 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.665509	78,005	51,913 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.295835	525	155 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.190711	1,145,601	218,479 73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.823342	8,112	6,679 75.00
76.00	03950 TREATMENT CENTER	0.000000	0	0 76.00
76.97	07697 CARDIAC REHABILITATION	0.431098	0	0 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.02	09002 OUTPATIENT PSYCHIATRIC	0.408766	0	0 90.02
90.03	09003 WOUND CLINIC	0.355728	15,551	5,532 90.03
90.12	09012 CTPET	0.179597	0	0 90.12
90.13	09013 RADIATION ONCOLOGY	0.150419	2	0 90.13
91.00	09100 EMERGENCY	0.145035	7,823	1,135 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0.620415	3,600	2,233 92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		7,874,553	1,601,472 200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00	Net charges (line 200 minus line 201)		7,874,553	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0166	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Date/Time Prepared: 11/29/2017 2: 47 pm
		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)	5,422,306		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	16,266,917		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)	147,772		2.00
2.01	Outlier reconciliation amount	0		2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)	0		2.02
3.00	Managed Care Simulated Payments	3,033,075		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	127.25		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)		4.38	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)		3.20	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		1.18	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.26	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)		0.26	12.00
13.00	Total allowable FTE count for the prior year.		0.34	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.		0.86	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.49	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		0.49	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.003851	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.004132	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.003851	21.00
22.00	IME payment adjustment (see instructions)		45,612	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		6,379	22.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		-0.92	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)		45,612	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		6,379	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		7.47	30.00
31.00	Percentage of Medicaid patient days (see instructions)		33.12	31.00
32.00	Sum of lines 30 and 31		40.59	32.00
33.00	Allowable disproportionate share percentage (see instructions)		22.70	33.00
34.00	Disproportionate share adjustment (see instructions)		1,230,864	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0166	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Date/Time Prepared: 11/29/2017 2:47 pm
		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)	6,406,145,534	5,977,483,147	35.00
35.01	Factor 3 (see instructions)	0.000313202	0.000309796	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	2,006,418	1,851,800	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	504,345	1,385,045	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,889,390		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)	25,002,861		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>		
		1.00		
49.00	Total payment for inpatient operating costs (see instructions)		25,009,240	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,938,061	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).		14,744	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		26,962,045	59.00
60.00	Primary payer payments		20,197	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		26,941,848	61.00
62.00	Deductibles billed to program beneficiaries		2,487,184	62.00
63.00	Coinurance billed to program beneficiaries		48,559	63.00
64.00	Allowable bad debts (see instructions)		419,060	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		272,389	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		419,060	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		24,678,494	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	RURAL DEMONSTRATION PROJECT		0	70.50
70.88	SCH or MDH volume decrease adjustment		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		40,957	70.93
70.94	HRR adjustment amount (see instructions)		-227,204	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0166	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Date/Time Prepared: 11/29/2017 2:47 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			265,845	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			24,226,402	71.00
71.01	Sequestration adjustment (see instructions)			484,528	71.01
72.00	Interim payments			23,485,285	72.00
73.00	Tentative settlement (for contractor use only)			0	73.00
74.00	Balance due provider (Program) (line 71 minus lines 71.01, 72, and 73)			256,589	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			440,369	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	100.00
<b>HVBP Adjustment for HSP Bonus Payment</b>					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
<b>HRR Adjustment for HSP Bonus Payment</b>					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0166	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part B Date/Time Prepared: 11/29/2017 2:47 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		20,065	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		17,274,337	2.00
3.00	PPS payments		16,104,135	3.00
4.00	Outlier payment (see instructions)		15,725	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		20,065	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		105,208	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)		105,208	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)		105,208	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		85,143	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		20,065	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		16,119,860	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		3,063,439	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)		13,076,486	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		7,354	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)		13,083,840	30.00
31.00	Primary payer payments		50	31.00
32.00	Subtotal (line 30 minus line 31)		13,083,790	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)		294,083	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		191,154	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		294,083	36.00
37.00	Subtotal (see instructions)		13,274,944	37.00
38.00	MSP-LCC reconciliation amount from PS&R		1,376	38.00
39.00	OTHER ADJUSTMENTS		-27	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		13,273,541	40.00
40.01	Sequestration adjustment (see instructions)		265,471	40.01
41.00	Interim payments		13,031,218	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-23,148	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0166 Component CCN: 14-S166	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part B Date/Time Prepared: 11/29/2017 2:47 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		613	2.00
3.00	PPS payments		501	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
<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)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		501	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		100	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)		401	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)		401	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		401	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)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		401	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		401	40.00
40.01	Sequestration adjustment (see instructions)		8	40.01
41.00	Interim payments		393	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0166 Component CCN: 14-T166	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part B Date/Time Prepared: 11/29/2017 2:47 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)			0 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			6,524 2.00
3.00	PPS payments			1,965 3.00
4.00	Outlier payment (see instructions)			0 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000 5.00
6.00	Line 2 times line 5			0 6.00
7.00	Sum of line 3 plus line 4 divided by line 6			0.00 7.00
8.00	Transitional corridor payment (see instructions)			0 8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200			0 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			0 11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges			0 12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)			0 13.00
14.00	Total reasonable charges (sum of lines 12 and 13)			0 14.00
<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)			0 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			0 19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			0 20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)			0 21.00
22.00	Interns and residents (see instructions)			0 22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)			0 23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)			1,965 24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)			0 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			393 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)			1,572 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)			1,572 30.00
31.00	Primary payer payments			0 31.00
32.00	Subtotal (line 30 minus line 31)			1,572 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)			0 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			0 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 36.00
37.00	Subtotal (see instructions)			1,572 37.00
38.00	MSP-LCC reconciliation amount from PS&R			0 38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)			0 39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0 39.99
40.00	Subtotal (see instructions)			1,572 40.00
40.01	Sequestration adjustment (see instructions)			31 40.01
41.00	Interim payments			1,540 41.00
42.00	Tentative settlement (for contractors use only)			0 42.00
43.00	Balance due provider/program (see instructions)			1 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: 14-0166

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
11/29/2017 2:47 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		23,605,991		13,042,132	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	02/14/2017	84,904	06/29/2017	10,914	3.50	
3.51		06/29/2017	35,802		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)		-120,706		-10,914	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)		23,485,285		13,031,218	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		256,589		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		23,148	6.02	
7.00	Total Medicare program liability (see instructions)		23,741,874		13,008,070	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: 14-0166  
Component CCN: 14-S166

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
11/29/2017 2:47 pm

Title XVIII

Subprovider -  
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		2,407,259		393	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)		0		0	3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		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)		2,407,259		393	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		5		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,407,264		393	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: 14-0166  
Component CCN: 14-T166

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
11/29/2017 2:47 pm

Title XVIII

Subprovider -  
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		3,381,722		1,540	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,381,722		1,540	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		9,408		1	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,391,130		1,541	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: 14-0166	Period: From 07/01/2016 To 06/30/2017	Worksheet E-1 Part II Date/Time Prepared: 11/29/2017 2:47 pm
		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			6,316 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			10,939 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			1,584 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			25,841 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			541,462,680 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			9,690,362 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			0 8.00
9.00	Sequestration adjustment amount (see instructions)			0 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			0 10.00
<b>INPATIENT HOSPITAL SERVICES UNDER THE IPPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)			0 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			0 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0166 Component CCN: 14-S166	Period: From 07/01/2016 To 06/30/2017	Worksheet E-3 Part II Date/Time Prepared: 11/29/2017 2:47 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
<b>PART II - MEDICARE PART A SERVICES - IPF PPS</b>				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			2,608,571 1.00
2.00	Net IPF PPS Outlier Payments			66 2.00
3.00	Net IPF PPS ECT Payments			4,814 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			11.175342 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$ .			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			2,613,451 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			2,613,451 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			2,613,451 18.00
19.00	Deductibles			130,144 19.00
20.00	Subtotal (line 18 minus line 19)			2,483,307 20.00
21.00	Coinsurance			26,915 21.00
22.00	Subtotal (line 20 minus line 21)			2,456,392 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			0 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 25.00
26.00	Subtotal (sum of lines 22 and 24)			2,456,392 26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			0 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Recovery of Accelerated Depreciation			0 30.99
31.00	Total amount payable to the provider (see instructions)			2,456,392 31.00
31.01	Sequestration adjustment (see instructions)			49,128 31.01
32.00	Interim payments			2,407,259 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)			5 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			66 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0166 Component CCN: 14-T166	Period: From 07/01/2016 To 06/30/2017	Worksheet E-3 Part III Date/Time Prepared: 11/29/2017 2:47 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>				
1.00	Net Federal PPS Payment (see instructions)			3,288,417 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0115 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			83,855 3.00
4.00	Outlier Payments			130,331 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			9.800000 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			3,502,603 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			3,502,603 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			3,502,603 19.00
20.00	Deductibles			40,292 20.00
21.00	Subtotal (line 19 minus line 20)			3,462,311 21.00
22.00	Coinsurance			1,974 22.00
23.00	Subtotal (line 21 minus line 22)			3,460,337 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			3,460,337 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			3,460,337 32.00
32.01	Sequestration adjustment (see instructions)			69,207 32.01
33.00	Interim payments			3,381,722 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 33, and 34)			9,408 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			130,331 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0166	Period: From 07/01/2016 To 06/30/2017	Worksheet E-4 Date/Time Prepared: 11/29/2017 2:47 pm	
		Title XVIII	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			6.19	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			4.17	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			2.02	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			0.26	6.00
7.00	Enter the lesser of line 5 or line 6			0.26	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.26	0.00	0.26	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.26	0.00	0.26	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	0.26	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.34	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.86	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.49	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	0.49	0.00		17.00
18.00	Per resident amount	83,805.60	83,805.60		18.00
19.00	Approved amount for resident costs	41,065	0	41,065	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			41,065	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days (see instructions)	16,578	1,785		26.00
27.00	Total Inpatient Days (see instructions)	33,655	33,655		27.00
28.00	Ratio of inpatient days to total inpatient days	0.492587	0.053038		28.00
29.00	Program direct GME amount	20,228	2,178		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		308		30.00
31.00	Net Program direct GME amount			22,098	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0166	Period: From 07/01/2016 To 06/30/2017	Worksheet E-4 Date/Time Prepared: 11/29/2017 2:47 pm
		Title XVIII	Hospital	PPS
				1.00
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)		34,709,656	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		20,197	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		34,689,459	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		17,301,539	42.00
43.00	Primary payer payments (see instructions)		50	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		17,301,489	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		51,990,948	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.667221	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.332779	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		22,098	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		14,744	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		7,354	50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) Provider CCN: 14-0166 Period: From 07/01/2016 To 06/30/2017 Worksheet G Date/Time Prepared: 11/29/2017 2:47 pm

		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	1,854,205	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	119,575,433	0	0	0	4.00
5.00	Other receivable	-480,648	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-82,456,041	0	0	0	6.00
7.00	Inventory	2,536,452	0	0	0	7.00
8.00	Prepaid expenses	2,040,379	0	0	0	8.00
9.00	Other current assets	373,823	0	0	0	9.00
10.00	Due from other funds	3,701,429	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	47,145,032	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	3,295,160	0	0	0	12.00
13.00	Land improvements	5,809,092	0	0	0	13.00
14.00	Accumulated depreciation	-4,212,760	0	0	0	14.00
15.00	Buildings	93,054,214	0	0	0	15.00
16.00	Accumulated depreciation	-42,641,172	0	0	0	16.00
17.00	Leasehold improvements	278,658	0	0	0	17.00
18.00	Accumulated depreciation	-206,705	0	0	0	18.00
19.00	Fixed equipment	41,826,781	0	0	0	19.00
20.00	Accumulated depreciation	-27,549,362	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	76,629,701	0	0	0	23.00
24.00	Accumulated depreciation	-61,178,033	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	128,478	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	85,234,052	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	8,808,546	0	0	0	33.00
34.00	Other assets	142,596	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	8,951,142	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	141,330,226	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	3,187,770	0	0	0	37.00
38.00	Salaries, wages, and fees payable	5,184,460	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	9,172,766	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	66,815	0	0	0	43.00
44.00	Other current liabilities	8,598,543	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	26,210,354	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	70,197,576	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	70,197,576	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	96,407,930	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	44,922,296	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)	44,922,296	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	141,330,226	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0166

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

Worksheet G-1

Date/Time Prepared:  
11/29/2017 2:47 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		48,063,645		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		5,199,350			2.00
3.00	Total (sum of line 1 and line 2)		53,262,995		0	3.00
4.00	UNRESTRICTED FUNDS-TRANSFERS-HCTF	590,073		0		4.00
5.00	ROUNDING	141,890		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)		731,963		0	10.00
11.00	Subtotal (line 3 plus line 10)		53,994,958		0	11.00
12.00	NI ROUNDING	2		0		12.00
13.00	UNRESTRICTED FUNDS-PERMANENT REST NE	1,201,068		0		13.00
14.00	UNRESTRICTED FUNDS-TEMPORARILY RESTR	7,871,592		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)		9,072,662		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		44,922,296		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	UNRESTRICTED FUNDS-TRANSFERS-HCTF		0			4.00
5.00	ROUNDING		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	NI ROUNDING		0			12.00
13.00	UNRESTRICTED FUNDS-PERMANENT REST NE		0			13.00
14.00	UNRESTRICTED FUNDS-TEMPORARILY RESTR		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: 14-0166

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
11/29/2017 2:47 pm

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	24,677,442		24,677,442	1.00
2.00	SUBPROVIDER - IPF	3,408,494		3,408,494	2.00
3.00	SUBPROVIDER - IRF	4,901,763		4,901,763	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	32,987,699		32,987,699	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	3,583,078		3,583,078	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)	3,583,078		3,583,078	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	36,570,777		36,570,777	17.00
18.00	Ancillary services	176,259,036	273,213,808	449,472,844	18.00
19.00	Outpatient services	13,367,874	55,248,488	68,616,362	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	PRO FEES	6,560,312	7,048,799	13,609,111	27.00
27.01	ADULT DAY CARE & SPORT MED REHAB REV	0	249,462	249,462	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	232,757,999	335,760,557	568,518,556	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		140,688,934		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)		140,688,934		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0166

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

Worksheet G-3

Date/Time Prepared:  
11/29/2017 2:47 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	568,518,556	1.00
2.00	Less contractual allowances and discounts on patients' accounts	424,828,346	2.00
3.00	Net patient revenues (line 1 minus line 2)	143,690,210	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	140,688,934	4.00
5.00	Net income from service to patients (line 3 minus line 4)	3,001,276	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	8,237	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	-39	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	150,052	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	1,184,518	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISC REVENUE	806,850	24.00
24.01	INVESTMENT INCOME NON-OP	101,116	24.01
24.02	SWAP PYMTS	25,256	24.02
25.00	Total other income (sum of lines 6-24)	2,275,990	25.00
26.00	Total (line 5 plus line 25)	5,277,266	26.00
27.00	GAIN/LOSS DISPOSAL FIXED ASSETS	76,703	27.00
27.01	BANK CHARGES	1,213	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	77,916	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	5,199,350	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0166	Period: From 07/01/2016 To 06/30/2017	Worksheet L Parts I-III Date/Time Prepared: 11/29/2017 2:47 pm
		Title XVII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		1,737,186	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		48,697	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)		72.19	3.00
4.00	Number of interns & residents (see instructions)		0.49	4.00
5.00	Indirect medical education percentage (see instructions)		0.19	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)		3,301	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30)(see instructions)		7.47	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		33.12	8.00
9.00	Sum of lines 7 and 8		40.59	9.00
10.00	Allowable disproportionate share percentage (see instructions)		8.57	10.00
11.00	Disproportionate share adjustment (see instructions)		148,877	11.00
12.00	Total prospective capital payments (see instructions)		1,938,061	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