

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: 14-0202	Period: From 01/01/2017 To 12/31/2017	Worksheet S Parts I-III Date/Time Prepared: 5/29/2018 9:35 am
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PART I - COST REPORT STATUS

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

Contractor use only
 5. Cost Report Status
 (1) As Submitted
 (2) Settled without Audit
 (3) Settled with Audit
 (4) Reopened
 (5) Amended

6. Date Received:
 7. Contractor No.
 8. Initial Report for this Provider CCN
 9. Final Report for this Provider CCN

10. NPR Date:
 11. Contractor's Vendor Code: 4
 12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.

Date: 5/29/2018 Time: 9:35 am

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by CONDELL MEDICAL CENTER (14-0202) for the cost reporting period beginning 01/01/2017 and ending 12/31/2017 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

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

 Title

 Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-280,522	31,094	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
4.00 SUBPROVIDER I						4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00 Total	0	-280,522	31,094	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-MEDI CARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0202		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part I Date/Time Prepared: 5/29/2018 9:32 am				
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 900 GARFIELD AVE	PO Box:								1.00
2.00	City: LIBERTYVILLE	State: IL		Zip Code: 60648-		County: LAKE				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	CONDELL MEDICAL CENTER	140202	29404	1	01/01/1966	0	P	0	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
10.01	ICF/IID									10.01
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	CONDELL MEDICAL CENTER HHA	147247	29404		07/01/1996	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
17.20	Hospital-Based (OPT) I									17.20
17.30	Hospital-Based (OOT) I									17.30
17.40	Hospital-Based (OSP) I									17.40
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2017	12/31/2017		20.00	
21.00	Type of Control (see instructions)					1			21.00	
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.					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)					Y	Y		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3	N		23.00
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	2,478	4,092	1	59	4,912	394		24.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0202		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part I Date/Time Prepared: 5/29/2018 9:32 am			
		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		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0	0	25.00	
		Urban/Rural		S		Date of Geogr			
		1.00		2.00					
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
		Beginning:		Ending:					
		1.00		2.00					
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
		Y/N		Y/N					
		1.00		2.00					
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(i) or (ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i) or (ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00	
		V		XVII		XIX			
		1.00		2.00		3.00			
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR 412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.								57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00
		NAHE 413.85 Y/N		Worksheet A Line #		Pass-Through Qualification Criteria Code			
		1.00		2.00		3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)					Y			60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)						23.00	1	60.01
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)						23.01	1	60.02

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0202		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part I Date/Time Prepared: 5/29/2018 9:32 am	
		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)				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)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00		2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
						1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))	
				1.00	2.00	3.00	
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0202

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

Worksheet S-2
Part I
Date/Time Prepared:
5/29/2018 9:32 am

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0202		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part I Date/Time Prepared: 5/29/2018 9:32 am			
						1.00			
Long Term Care Hospital PPS									
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.					N		81.00	
TEFRA Providers									
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.							86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.					N		87.00	
						V	XIX		
						1.00	2.00		
Title V and XIX Services									
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.					Y	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.					N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.						N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.					N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.					N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.					0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.					N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.					0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					Y	Y	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					Y	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					Y	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					Y	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					Y	Y	98.06	
Rural Providers									
105.00	Does this hospital qualify as a CAH?					N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					N		106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.					N		107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.					N		108.00	
						Physical	Occupational	Speech	Respiratory
						1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					N	N	N	N
						1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.						N		110.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0202	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/29/2018 9:32 am	
		1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N			111.00
		1.00	2.00	3.00	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	1,643,788	2,604,608	1,120,089	118.01
		1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N			122.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		14H036	140.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0202		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part II Date/Time Prepared: 5/29/2018 9:32 am	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		03/09/2018		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	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					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.				Y		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				Y		15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/11/2018	Y	04/11/2018		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0202	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part II Date/Time Prepared: 5/29/2018 9:32 am	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
					Y/N
					Date
					1.00
					2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
					1.00
					2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ROBERT		LEPPERT	41.00
42.00	Enter the employer/company name of the cost report preparer.	ADVOCATE HEALTH CARE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	630.929.5768		ROBERT.LEPPERT@ADVOCATEHEALTH.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0202

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

Worksheet S-2
Part II
Date/Time Prepared:
5/29/2018 9:32 am

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SENIOR REIMBURSEMENT SPECIALIST	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: 14-0202

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2018 9:32 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	254	92,710	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)		254	92,710	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	17	6,205	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)		271	98,915	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
20.01 ICF/MR	45.01	0	0	0.00	0	20.01
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
25.20 CMHC - OPT	99.20				0	25.20
25.30 CMHC - OOT	99.30				0	25.30
25.40 CMHC - OSP	99.40				0	25.40
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		271				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0202

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2018 9:32 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	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)	27,489	6,021	60,623			1.00
2.00 HMO and other (see instructions)	5,956	4,912				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	27,489	6,021	60,623			7.00
8.00 INTENSIVE CARE UNIT	2,288	219	5,188			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		356	3,003			13.00
14.00 Total (see instructions)	29,777	6,596	68,814	0.00	1,443.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER		0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY		0	0	0.00	0.00	20.00
20.01 ICF/MR	0	0	0	0.00	0.00	20.01
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0	0	0	0.00	0.00	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
25.20 CMHC - OPT	0	0	0	0.00	0.00	25.20
25.30 CMHC - OOT	0	0	0	0.00	0.00	25.30
25.40 CMHC - OSP	0	0	0	0.00	0.00	25.40
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	1,443.00	27.00
28.00 Observation Bed Days		208	5,645			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	428	1,285			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00
33.01 LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0202

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2018 9:32 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	6,272	572	16,131	1.00
2.00 HMO and other (see instructions)				1,224	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	6,272	572		16,131	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	0	17.00
18.00 SUBPROVIDER	0.00	0			0	0	18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY	0.00						20.00
20.01 ICF/MR	0.00	0	0	0	0	0	20.01
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY	0.00						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE	0.00						24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
25.10 CMHC - CORF	0.00						25.10
25.20 CMHC - OPT	0.00						25.20
25.30 CMHC - OOT	0.00						25.30
25.40 CMHC - OSP	0.00						25.40
26.00 RURAL HEALTH CLINIC	0.00						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days				0			33.00
33.01 LTCH site neutral days and discharges				0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0202

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

Worksheet S-3
Part II
Date/Time Prepared:
5/29/2018 9:32 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	103,636,225	0	103,636,225	3,002,126.00	34.52
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		599,862	164,462	764,324	22,271.00	34.32
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		1,171,321	0	1,171,321	19,046.00	61.50
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		1,582,800	0	1,582,800	10,696.00	147.98
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		0	0	0	0.00	0.00
14.02	Related organization salaries		11,072,343	0	11,072,343	162,778.00	68.02
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
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		27,907,630	0	27,907,630		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		205,821	0	205,821		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		0	0	0		
25.51	Related organization wage-related (core)		1,937,245	0	1,937,245		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	1,585,496	-1,410,921	174,575	6,240.00	27.98
27.00	Administrative & General	5.00	11,761,691	517,281	12,278,972	295,968.98	41.49

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0202

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

Worksheet S-3
Part II
Date/Time Prepared:
5/29/2018 9:32 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)	0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00 2,215,586	26,807	2,242,393	72,800.00	30.80	29.00
30.00	Operation of Plant	7.00 0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00 70,305	1,326	71,631	4,160.00	17.22	31.00
32.00	Housekeeping	9.00 2,448,322	26,611	2,474,933	149,760.00	16.53	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00 1,888,619	-621,626	1,266,993	68,640.00	18.46	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00 0	642,439	642,439	41,600.00	15.44	36.00
37.00	Maintenance of Personnel	12.00 0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00 2,558,526	91,738	2,650,264	51,750.40	51.21	38.00
39.00	Central Services and Supply	14.00 740,098	6,677	746,775	33,280.00	22.44	39.00
40.00	Pharmacy	15.00 4,676,379	45,492	4,721,871	99,840.00	47.29	40.00
41.00	Medical Records & Medical Records Library	16.00 0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00 0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0202

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

Worksheet S-3
Part III
Date/Time Prepared:
5/29/2018 9:32 am

	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	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	103,636,225	0	103,636,225	3,002,126.00	34.52	1.00
2.00	Excluded area salaries (see instructions)	599,862	164,462	764,324	22,271.00	34.32	2.00
3.00	Subtotal salaries (line 1 minus line 2)	103,036,363	-164,462	102,871,901	2,979,855.00	34.52	3.00
4.00	Subtotal other wages & related costs (see inst.)	13,826,464	0	13,826,464	192,520.00	71.82	4.00
5.00	Subtotal wage-related costs (see inst.)	29,844,875	0	29,844,875	0.00	29.01	5.00
6.00	Total (sum of lines 3 thru 5)	146,707,702	-164,462	146,543,240	3,172,375.00	46.19	6.00
7.00	Total overhead cost (see instructions)	27,945,022	-674,176	27,270,846	824,039.38	33.09	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 14-0202	Period: From 01/01/2017 To 12/31/2017	Worksheet S-3 Part IV Date/Time Prepared: 5/29/2018 9:32 am
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			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		2,053,182	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)		4,186,758	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		103,246	6.00
7.00	Employee Managed Care Program Administration Fees		1,159,085	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		7,113,036	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		2,510,661	9.00
10.00	Dental, Hearing and Vision Plan		334,237	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		104,484	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)		731,681	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		1,192,302	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		7,409,740	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		31,595	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		227,705	21.00
22.00	Day Care Cost and Allowances		147,880	22.00
23.00	Tuition Reimbursement		602,040	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		27,907,632	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 14-0202	Period: From 01/01/2017 To 12/31/2017	Worksheet S-3 Part V Date/Time Prepared: 5/29/2018 9:32 am
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	1,171,321	27,907,632	1.00
2.00	Hospital	1,171,321	27,907,632	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF	0	0	9.00
9.01	Hospital-Based NF	0	0	9.01
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
16.20	Hospital-Based-CMHC 20	0	0	16.20
16.30	Hospital-Based-CMHC 30	0	0	16.30
16.40	Hospital-Based-CMHC 40	0	0	16.40
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-0202	Period: From 01/01/2017 To 12/31/2017	Worksheet S-10 Date/Time Prepared: 5/29/2018 9:32 am
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.182781	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		38,958,347	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?			3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		206,888,289	6.00	
7.00	Medicaid cost (line 1 times line 6)		37,815,248	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)		0	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)		0	19.00	
			Uninsured patients	Insured patients	Total (col. 1 + col. 2)
			1.00	2.00	3.00
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	31,770,002	2,253,121	34,023,123	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	5,806,953	2,253,121	8,060,074	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	5,806,953	2,253,121	8,060,074	23.00
			1.00		
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?				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)			25,406,558	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			1,364,694	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			2,099,530	27.01
28.00	Non-Medicare bad debt expense (see instructions)			23,307,028	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			4,994,918	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			13,054,992	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			13,054,992	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 14-0202		Period: From 01/01/2017 To 12/31/2017		Worksheet A	
Date/Time Prepared: 5/29/2018 9:32 am								
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		0	0	9,295,257	9,295,257	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	7,853,380	7,853,380	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,585,496	20,759,229	22,344,725	-1,419,203	20,925,522	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	11,761,691	77,822,981	89,584,672	-9,183,501	80,401,171	5.00
6.00	00600	MAINTENANCE & REPAIRS	2,215,586	8,990,821	11,206,407	-36,385	11,170,022	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	70,305	827,822	898,127	-12,527	885,600	8.00
9.00	00900	HOUSEKEEPING	2,448,322	1,049,419	3,497,741	15,019	3,512,760	9.00
10.00	01000	DIETARY	1,888,619	2,255,882	4,144,501	-1,433,171	2,711,330	10.00
11.00	01100	CAFETERIA	0	0	0	1,387,034	1,387,034	11.00
13.00	01300	NURSING ADMINISTRATION	2,558,526	1,188,191	3,746,717	-160,882	3,585,835	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	740,098	512,098	1,252,196	-336,815	915,381	14.00
15.00	01500	PHARMACY	4,676,379	17,617,232	22,293,611	-14,311,386	7,982,225	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	36,731	36,731	-11,174	25,557	16.00
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 APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02302	PARAMED EDUCATION EMS	276,770	486,103	762,873	-382,593	380,280	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0	0	293,922	293,922	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	31,523,798	8,095,579	39,619,377	-5,848,176	33,771,201	30.00
31.00	03100	INTENSIVE CARE UNIT	5,465,163	3,239,774	8,704,937	-867,142	7,837,795	31.00
41.00	04100	SUBPROVIDER - I&R	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,132,255	555,367	1,687,622	1,390,609	3,078,231	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,924,467	25,531,928	33,456,395	-22,089,298	11,367,097	50.00
51.00	05100	RECOVERY ROOM	1,104,645	137,663	1,242,308	-34,735	1,207,573	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,392,180	1,392,180	52.00
53.00	05300	ANESTHESIOLOGY	83,547	866,473	950,020	-497,996	452,024	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,231,333	2,281,166	5,512,499	-1,764,975	3,747,524	54.00
56.00	05600	RADIOISOTOPE	901,137	2,600,076	3,501,213	-1,708,855	1,792,358	56.00
56.01	05603	ULTRASOUND	1,265,963	450,331	1,716,294	-344,885	1,371,409	56.01
57.00	05700	CT SCAN	968,846	927,439	1,896,285	-676,690	1,219,595	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	624,653	1,069,627	1,694,280	-985,600	708,680	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,919,772	6,413,766	8,333,538	-5,714,911	2,618,627	59.00
60.00	06000	LABORATORY	0	8,748,609	8,748,609	0	8,748,609	60.00
60.01	06001	LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	911,853	911,853	-911,853	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,966,025	891,393	2,857,418	-396,089	2,461,329	65.00
65.01	06501	STRESS TEST	615,954	121,590	737,544	-67,039	670,505	65.01
66.00	06600	PHYSICAL THERAPY	4,068,516	938,976	5,007,492	-23,828	4,983,664	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	303,424	57,478	360,902	-18,525	342,377	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0	0	0	69.01
69.02	06902	CARDIOLOGY	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	41,362	20,809	62,171	-15,887	46,284	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	20,518,903	20,518,903	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	14,879,842	14,879,842	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	13,969,233	13,969,233	73.00
74.00	07400	RENAL DIALYSIS	0	1,031,142	1,031,142	-6,755	1,024,387	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0	0	0	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	495,231	89,602	584,833	-19,717	565,116	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	1,566,834	890,499	2,457,333	-615,171	1,842,162	90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	0	0	0	90.01
90.03	09002	LITHOTRIPSY	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	7,495,326	5,327,931	12,823,257	-947,513	11,875,744	91.00
91.20	09101	ACUTE CARE CENTER	2,393,090	1,506,489	3,899,579	-146,249	3,753,330	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	0	99.30

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0202

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

Worksheet A
Date/Time Prepared:
5/29/2018 9:32 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
99.40	09940	OSP	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	103,313,133	204,252,069	307,565,202	5,853	307,571,055	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	323,092	553,832	876,924	-5,853	871,071	190.00
194.00	07950	FUNDRAISING	0	0	0	0	0	194.00
194.01	07951	MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN SUPPORT SERVICES	0	0	0	0	0	194.02
194.03	07953	HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04	07954	HOME PHARMACY	0	0	0	0	0	194.04
194.05	07955	HOSPICE	0	0	0	0	0	194.05
194.06	07956	NEILMRI	0	0	0	0	0	194.06
200.00		TOTAL (SUM OF LINES 118 through 199)	103,636,225	204,805,901	308,442,126	0	308,442,126	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0202

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

Worksheet A
Date/Time Prepared:
5/29/2018 9:32 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	3,707,958	13,003,215	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-345,582	7,507,798	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,779,372	25,704,894	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-35,260,801	45,140,370	5.00
6.00	00600	MAINTENANCE & REPAIRS	-825,559	10,344,463	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	-7,738	877,862	8.00
9.00	00900	HOUSEKEEPING	-18,085	3,494,675	9.00
10.00	01000	DIETARY	-3,482	2,707,848	10.00
11.00	01100	CAFETERIA	-441,689	945,345	11.00
13.00	01300	NURSING ADMINISTRATION	-17,089	3,568,746	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-898	914,483	14.00
15.00	01500	PHARMACY	-4,779	7,977,446	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	25,557	16.00
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 APPRVD	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	02302	PARAMED EDUCATION EMS	-150,529	229,751	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	293,922	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-946,067	32,825,134	30.00
31.00	03100	INTENSIVE CARE UNIT	-1,235,286	6,602,509	31.00
41.00	04100	SUBPROVIDER - I RF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	-325,108	2,753,123	43.00
45.00	04500	NURSING FACILITY	0	0	45.00
45.01	04510	ICF/MR	0	0	45.01
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-34,893	11,332,204	50.00
51.00	05100	RECOVERY ROOM	0	1,207,573	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,392,180	52.00
53.00	05300	ANESTHESIOLOGY	-191,320	260,704	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-4,624	3,742,900	54.00
56.00	05600	RADIOISOTOPE	-545	1,791,813	56.00
56.01	05603	ULTRASOUND	0	1,371,409	56.01
57.00	05700	CT SCAN	0	1,219,595	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	708,680	58.00
59.00	05900	CARDIAC CATHETERIZATION	-98,784	2,519,843	59.00
60.00	06000	LABORATORY	-309,155	8,439,454	60.00
60.01	06001	LABORATORY	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	-214	2,461,115	65.00
65.01	06501	STRESS TEST	-1,191	669,314	65.01
66.00	06600	PHYSICAL THERAPY	-6,520	4,977,144	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	342,377	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	69.01
69.02	06902	CARDIOLOGY	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	46,284	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	20,518,903	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	14,879,842	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	13,969,233	73.00
74.00	07400	RENAL DIALYSIS	-5,518	1,018,869	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	-2,653	562,463	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	-166	1,841,996	90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	90.01
90.03	09002	LITHOTRIpsy	0	0	90.03
91.00	09100	EMERGENCY	-2,283,030	9,592,714	91.00
91.20	09101	ACUTE CARE CENTER	-284,920	3,468,410	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
99.20	09920	OPT	0	0	99.20
99.30	09930	OOT	0	0	99.30
99.40	09940	OSP	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	101.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0202

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

Worksheet A
Date/Time Prepared:
5/29/2018 9:32 am

Cost Center Description		Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00		
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-34,318,895	273,252,160	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	-249	870,822	190.00
194.00	07950	FUNDRAISING	0	0	194.00
194.01	07951	MANAGED CARE ADMINISTRATION	0	0	194.01
194.02	07952	PHYSICIAN SUPPORT SERVICES	0	0	194.02
194.03	07953	HOME MEDICAL EQUIPMENT	0	0	194.03
194.04	07954	HOME PHARMACY	0	0	194.04
194.05	07955	HOSPICE	0	0	194.05
194.06	07956	NEIL MRI	0	0	194.06
200.00		TOTAL (SUM OF LINES 118 through 199)	-34,319,144	274,122,982	200.00

RECLASSIFICATIONS

Provider CCN: 14-0202

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

Worksheet A-6

Date/Time Prepared:
5/29/2018 9:32 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - CLINICAL PASTORAL EDUCATION					
1.00	CLINICAL PASTORAL EDUCATION	23.01	268,256	25,666	1.00
	O		268,256	25,666	
B - EMS RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	108,995	39,470	1.00
	O		108,995	39,470	
C - DEPRECIATION					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	9,295,257	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	7,853,380	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
	O		0	17,148,637	
D - DRUG RECLASS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	13,969,233	1.00
	O		0	13,969,233	
E - NURSERY AND LABOR/DELIVERY					
1.00	NURSERY	43.00	1,012,727	504,632	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	929,179	463,001	2.00
	O		1,941,906	967,633	
F - CAFE/DIETARY					
1.00	CAFETERIA	11.00	642,439	744,595	1.00
	O		642,439	744,595	
G - SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	35,398,745	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
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

RECLASSIFICATIONS

Provider CCN: 14-0202

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

Worksheet A-6

Date/Time Prepared:
5/29/2018 9:32 am

						Increases					
Cost Center		Line #	Salary	Other							
2.00		3.00	4.00	5.00							
21.00		0.00	0	0							21.00
22.00		0.00	0	0							22.00
23.00		0.00	0	0							23.00
24.00		0.00	0	0							24.00
25.00		0.00	0	0							25.00
26.00		0.00	0	0							26.00
27.00		0.00	0	0							27.00
28.00		0.00	0	0							28.00
29.00		0.00	0	0							29.00
30.00		0.00	0	0							30.00
31.00		0.00	0	0							31.00
32.00		0.00	0	0							32.00
33.00		0.00	0	0							33.00
				0		35,398,745					
H - IMPLANT											
1.00	IMPL. DEV. CHARGED TO	72.00	0	14,879,842							1.00
	PATIENT			0		14,879,842					
I - CARDIAC REHAB											
1.00	CARDIAC REHABILITATION	76.97	0	8,254							1.00
2.00		0.00	0	0							2.00
3.00		0.00	0	0							3.00
				0		8,254					
J - INCENTIVE PAYMENTS											
1.00	ADMINISTRATIVE & GENERAL	5.00	676,542	0							1.00
2.00	MAINTENANCE & REPAIRS	6.00	26,807	0							2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	1,326	0							3.00
4.00	HOUSEKEEPING	9.00	26,611	0							4.00
5.00	DIETARY	10.00	20,813	0							5.00
6.00	NURSING ADMINISTRATION	13.00	91,738	0							6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	6,677	0							7.00
8.00	PHARMACY	15.00	45,492	0							8.00
9.00	PARAMED EDUCATION EMS	23.00	1,620	0							9.00
10.00	ADULTS & PEDIATRICS	30.00	241,734	0							10.00
11.00	INTENSIVE CARE UNIT	31.00	33,601	0							11.00
12.00	NURSERY	43.00	7,361	0							12.00
13.00	OPERATING ROOM	50.00	50,591	0							13.00
14.00	RECOVERY ROOM	51.00	5,252	0							14.00
15.00	ANESTHESIOLOGY	53.00	884	0							15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	24,397	0							16.00
17.00	RADIOISOTOPE	56.00	4,270	0							17.00
18.00	ULTRASOUND	56.01	5,988	0							18.00
19.00	CT SCAN	57.00	4,812	0							19.00
20.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	2,848	0							20.00
21.00	CARDIAC CATHETERIZATION	59.00	21,624	0							21.00
22.00	RESPIRATORY THERAPY	65.00	10,113	0							22.00
23.00	STRESS TEST	65.01	3,484	0							23.00
24.00	PHYSICAL THERAPY	66.00	20,862	0							24.00
25.00	ELECTROCARDIOLOGY	69.00	3,288	0							25.00
26.00	CARDIAC REHABILITATION	76.97	2,600	0							26.00
27.00	CLINIC	90.00	7,804	0							27.00
28.00	EMERGENCY	91.00	44,892	0							28.00
29.00	ACUTE CARE CENTER	91.20	13,309	0							29.00
30.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	3,581	0							30.00
				0		1,410,921					
500.00	Grand Total: Increases		4,372,517	83,182,075							500.00

RECLASSIFICATIONS

Provider CCN: 14-0202

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

Worksheet A-6

Date/Time Prepared:
5/29/2018 9:32 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - CLINICAL PASTORAL EDUCATION							
1.00	ADMINISTRATIVE & GENERAL	5.00	268,256	25,666	0		1.00
	O		268,256	25,666			
B - EMS RECLASS							
1.00	PARAMED EDUCATION EMS	23.00	108,995	39,470	0		1.00
	O		108,995	39,470			
C - DEPRECIATION							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	8,282	9		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	9,714,360	9		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	61,207	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	518	0		4.00
5.00	HOUSEKEEPING	9.00	0	8,351	0		5.00
6.00	DIETARY	10.00	0	60,656	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	251,990	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	84,953	0		8.00
9.00	PHARMACY	15.00	0	208,631	0		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	11,174	0		10.00
11.00	PARAMED EDUCATION EMS	23.00	0	74,731	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	0	456,799	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	0	96,071	0		13.00
14.00	NURSERY	43.00	0	57,756	0		14.00
15.00	OPERATING ROOM	50.00	0	1,435,754	0		15.00
16.00	RECOVERY ROOM	51.00	0	6,358	0		16.00
17.00	ANESTHESIOLOGY	53.00	0	2,720	0		17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	880,588	0		18.00
19.00	RADIOISOTOPE	56.00	0	1,139,005	0		19.00
20.00	ULTRASOUND	56.01	0	204,756	0		20.00
21.00	CT SCAN	57.00	0	294,757	0		21.00
22.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	844,467	0		22.00
23.00	CARDIAC CATHETERIZATION	59.00	0	889,148	0		23.00
24.00	RESPIRATORY THERAPY	65.00	0	57,838	0		24.00
25.00	STRESS TEST	65.01	0	37,878	0		25.00
26.00	PHYSICAL THERAPY	66.00	0	14,754	0		26.00
27.00	ELECTROCARDIOLOGY	69.00	0	13,477	0		27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0	14,497	0		28.00
29.00	CARDIAC REHABILITATION	76.97	0	21,612	0		29.00
30.00	CLINIC	90.00	0	33,263	0		30.00
31.00	EMERGENCY	91.00	0	128,454	0		31.00
32.00	ACUTE CARE CENTER	91.20	0	24,715	0		32.00
33.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	9,117	0		33.00
	O		0	17,148,637			
D - DRUG RECLASS							
1.00	PHARMACY	15.00	0	13,969,233	0		1.00
	O		0	13,969,233			
E - NURSERY AND LABOR/DELIVERY							
1.00	ADULTS & PEDIATRICS	30.00	1,941,906	967,633	0		1.00
2.00		0.00	0	0	0		2.00
	O		1,941,906	967,633			
F - CAFE/DIETARY							
1.00	DIETARY	10.00	642,439	744,595	0		1.00
	O		642,439	744,595			
G - SUPPLIES							
1.00		0.00	0	0	0		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	1,985	0		2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	0	13,335	0		3.00
4.00	HOUSEKEEPING	9.00	0	3,241	0		4.00
5.00	DIETARY	10.00	0	6,294	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	630	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	258,539	0		7.00
8.00	PHARMACY	15.00	0	179,014	0		8.00
9.00	PARAMED EDUCATION EMS	23.00	0	161,017	0		9.00
10.00	ADULTS & PEDIATRICS	30.00	0	2,723,572	0		10.00
11.00	INTENSIVE CARE UNIT	31.00	0	804,672	0		11.00
12.00	NURSERY	43.00	0	76,355	0		12.00
13.00	OPERATING ROOM	50.00	0	20,704,135	0		13.00
14.00	RECOVERY ROOM	51.00	0	33,629	0		14.00
15.00	ANESTHESIOLOGY	53.00	0	496,160	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	908,784	0		16.00
17.00	RADIOISOTOPE	56.00	0	574,120	0		17.00
18.00	ULTRASOUND	56.01	0	146,117	0		18.00
19.00	CT SCAN	57.00	0	386,745	0		19.00

RECLASSIFICATIONS

Provider CCN: 14-0202

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

Worksheet A-6

Date/Time Prepared:
5/29/2018 9:32 am

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
20.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	143,981	0	20.00
21.00	CARDIAC CATHETERIZATION	59.00	0	4,847,002	0	21.00
22.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	911,853	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0	348,364	0	23.00
24.00	STRESS TEST	65.01	0	25,002	0	24.00
25.00	PHYSICAL THERAPY	66.00	0	29,936	0	25.00
26.00	ELECTROCARDIOLOGY	69.00	0	8,336	0	26.00
27.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,390	0	27.00
28.00	RENAL DIALYSIS	74.00	0	6,755	0	28.00
29.00	CARDIAC REHABILITATION	76.97	0	8,959	0	29.00
30.00	CLINIC	90.00	0	589,712	0	30.00
31.00	EMERGENCY	91.00	0	863,951	0	31.00
32.00	ACUTE CARE CENTER	91.20	0	134,843	0	32.00
33.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	317	0	33.00
	0		0	35,398,745		
H - IMPLANT						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	14,879,842	0	1.00
	0		0	14,879,842		
I - CARDIAC REHAB						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	226	0	1.00
2.00	CARDIAC CATHETERIZATION	59.00	0	385	0	2.00
3.00	STRESS TEST	65.01	0	7,643	0	3.00
	0		0	8,254		
J - INCENTIVE PAYMENTS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,410,921	0	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
15.00		0.00	0	0	0	15.00
16.00		0.00	0	0	0	16.00
17.00		0.00	0	0	0	17.00
18.00		0.00	0	0	0	18.00
19.00		0.00	0	0	0	19.00
20.00		0.00	0	0	0	20.00
21.00		0.00	0	0	0	21.00
22.00		0.00	0	0	0	22.00
23.00		0.00	0	0	0	23.00
24.00		0.00	0	0	0	24.00
25.00		0.00	0	0	0	25.00
26.00		0.00	0	0	0	26.00
27.00		0.00	0	0	0	27.00
28.00		0.00	0	0	0	28.00
29.00		0.00	0	0	0	29.00
30.00		0.00	0	0	0	30.00
	0		1,410,921	0		
500.00	Grand Total: Decreases		4,372,517	83,182,075		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0202

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

Worksheet A-7
Part I
Date/Time Prepared:
5/29/2018 9:32 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	49,200,000	0	0	85,920	1.00
2.00	Land Improvements	5,877,101	136,113	0	0	2.00
3.00	Buildings and Fixtures	228,103,181	1,022,803	0	0	3.00
4.00	Building Improvements	871,211	0	0	0	4.00
5.00	Fixed Equipment	73,213,603	9,820,834	0	1,073,942	5.00
6.00	Movable Equipment	29,000	51,004	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	357,294,096	11,030,754	0	1,159,862	8.00
9.00	Reconciling Items	4,515,192	-3,721,621	0	0	9.00
10.00	Total (line 8 minus line 9)	352,778,904	14,752,375	0	1,159,862	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	49,114,080	0			1.00
2.00	Land Improvements	6,013,214	3,725,988			2.00
3.00	Buildings and Fixtures	229,125,984	28,525,951			3.00
4.00	Building Improvements	871,211	188,554			4.00
5.00	Fixed Equipment	81,960,495	67,327,261			5.00
6.00	Movable Equipment	80,004	65,385			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	367,164,988	99,833,139			8.00
9.00	Reconciling Items	793,571	0			9.00
10.00	Total (line 8 minus line 9)	366,371,417	99,833,139			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0202

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

Worksheet A-7
Part II
Date/Time Prepared:
5/29/2018 9:32 am

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0202

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

Worksheet A-7
Part III
Date/Time Prepared:
5/29/2018 9:32 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1	0	1	1.000000	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	1	0	1	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	13,056,892	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	7,507,798	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	20,564,690	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	-53,677	0	0	0	13,003,215	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	7,507,798	2.00
3.00	Total (sum of lines 1-2)	-53,677	0	0	0	20,511,013	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0202

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

Worksheet A-8

Date/Time Prepared:
5/29/2018 9:32 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #	Wkst. A-7	Ref.
			1.00	2.00	3.00	4.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			0NEW CAP REL COSTS-BLDG & FIXT	1.00		0 1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP 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	-4,935,016				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	-6,090,458				0 12.00
13.00 Laundry and linen service			0	0.00		0 13.00
14.00 Cafeteria-employees and guests	B	-441,689	CAFETERIA	11.00		0 14.00
15.00 Rental of quarters to employee and others			0	0.00		0 15.00
16.00 Sale of medical and surgical supplies to other than patients			0	0.00		0 16.00
17.00 Sale of drugs to other than patients			0	0.00		0 17.00
18.00 Sale of medical records and abstracts			0	0.00		0 18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)			0	0.00		0 19.00
20.00 Vending machines			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		0RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT	A	3,151,083	NEW CAP REL COSTS-BLDG & FIXT	1.00		9 26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP	A	-1,988,415	CAP REL COSTS-MVBLE EQUIP	2.00		9 27.00
28.00 Non-physician Anesthetist			0NONPHYSICIAN 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		0OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0	0.00		0 32.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0202

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

Worksheet A-8

Date/Time Prepared:
5/29/2018 9:32 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.00	MI SC INCOME	B	-1,318,138	ADMINISTRATIVE & GENERAL	5.00	0 33.00
33.01	MI SC INCOME	B	-591,812	MAINTENANCE & REPAIRS	6.00	0 33.01
33.02	MI SC INCOME	B	-17,804	HOUSEKEEPING	9.00	0 33.02
34.00	MI SC INCOME		0		0.00	0 34.00
35.00	MI SC INCOME	B	-3,000	PHARMACY	15.00	0 35.00
36.00	MI SC INCOME	B	-139,400	PARAMED EDUCATION EMS	23.00	0 36.00
37.00	MI SC INCOME	B	-20,548	ADULTS & PEDIATRICS	30.00	0 37.00
37.01	MI SC INCOME	B	-447	OPERATING ROOM	50.00	0 37.01
37.02	MI SC INCOME	B	-1,455	RADIOLOGY-DIAGNOSTIC	54.00	0 37.02
37.03	MI SC INCOME	B	-545	RADIO SOTOPE	56.00	0 37.03
37.04	MI SC INCOME	B	-309,155	LABORATORY	60.00	0 37.04
37.05	MI SC INCOME	B	-30	RESPIRATORY THERAPY	65.00	0 37.05
37.06	MI SC INCOME	B	-230,275	EMERGENCY	91.00	0 37.06
37.07	MI SC INCOME	B	-166,775	ACUTE CARE CENTER	91.20	0 37.07
38.00	INTERCOMPANY INTEREST	A	-4,712,884	ADMINISTRATIVE & GENERAL	5.00	0 38.00
39.00	REMOVE ILLINOIS PROVIDER TAX	A	-15,428,328	ADMINISTRATIVE & GENERAL	5.00	0 39.00
40.00	TELEPHONE	A	-19,123	MAINTENANCE & REPAIRS	6.00	0 40.00
41.00	TV	A	-7,738	LAUNDRY & LINEN SERVICE	8.00	0 41.00
41.01	PHYSICIAN COST	A	-69,623	ADMINISTRATIVE & GENERAL	5.00	0 41.01
41.02	REAL ESTATE TAX	B	-51,939	ADMINISTRATIVE & GENERAL	5.00	0 41.02
42.00	ADJ USEFUL LIFE 1986 SURGERY AD	A	-53,677	NEW CAP REL COSTS-BLDG & FIXT	1.00	11 42.00
43.00	NONALLOWABLE CENTERS1099/90/92/91120	A	-319,083	ADMINISTRATIVE & GENERAL	5.00	0 43.00
44.00	NON ALLOWABLE	A	-1,050	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 44.00
45.00	NON ALLOWABLE	A	-236,541	ADMINISTRATIVE & GENERAL	5.00	0 45.00
45.01	NON ALLOWABLE	A	-214,624	MAINTENANCE & REPAIRS	6.00	0 45.01
45.02	NON ALLOWABLE	A	-281	HOUSEKEEPING	9.00	0 45.02
45.03	NON ALLOWABLE	A	-3,482	DIETARY	10.00	0 45.03
45.04	NON ALLOWABLE	A	-17,089	NURSING ADMINISTRATION	13.00	0 45.04
45.05	NON ALLOWABLE	A	-898	CENTRAL SERVICES & SUPPLY	14.00	0 45.05
45.06	NON ALLOWABLE	A	-1,779	PHARMACY	15.00	0 45.06
45.07	NON ALLOWABLE	A	-11,129	PARAMED EDUCATION EMS	23.00	0 45.07
45.08	NON ALLOWABLE	A	-21,289	ADULTS & PEDIATRICS	30.00	0 45.08
45.09	NON ALLOWABLE	A	-2,697	INTENSIVE CARE UNIT	31.00	0 45.09
45.10	NON ALLOWABLE	A	-112	NURSERY	43.00	0 45.10
45.11	NON ALLOWABLE	A	-10,296	OPERATING ROOM	50.00	0 45.11
45.12	NON ALLOWABLE	A	-3,169	RADIOLOGY-DIAGNOSTIC	54.00	0 45.12
45.13	NON ALLOWABLE	A	-1,784	CARDIAC CATHETERIZATION	59.00	0 45.13
45.14	NON ALLOWABLE	A	-184	RESPIRATORY THERAPY	65.00	0 45.14
45.15	NON ALLOWABLE	A	-1,191	STRESS TEST	65.01	0 45.15
45.16	NON ALLOWABLE	A	-6,520	PHYSICAL THERAPY	66.00	0 45.16
45.17	NON ALLOWABLE	A	-5,518	RENAL DIALYSIS	74.00	0 45.17
45.18	NON ALLOWABLE	A	-2,653	CARDIAC REHABILITATION	76.97	0 45.18
45.19	NON ALLOWABLE	A	-166	CLINIC	90.00	0 45.19
45.20	NON ALLOWABLE	A	-6,845	EMERGENCY	91.00	0 45.20
45.21	NON ALLOWABLE	A	-3,324	ACUTE CARE CENTER	91.20	0 45.21
45.22	NON ALLOWABLE	A	-249	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0 45.22
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-34,319,144			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: 14-0202

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

Worksheet A-8-1

Date/Time Prepared:
5/29/2018 9:32 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	BENEFITS	4,780,422	0 1.00
2.00	0.00			0	0 2.00
3.00	0.00			0	0 3.00
4.00	1.00	NEW CAP REL COSTS-BLDG & FIX	NEW CAPITAL BUILDING	610,552	0 4.00
4.01	2.00	CAP REL COSTS-MVBLE EQUIP	NEW CAPITAL EQUIPMENT	1,642,833	0 4.01
4.02	5.00	ADMINISTRATIVE & GENERAL	NON CAPITAL	11,691,132	24,815,397 4.02
5.00	0			18,724,939	24,815,397 5.00

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

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

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

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

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

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

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

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

Provider CCN: 14-0202

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

Worksheet A-8-1

Date/Time Prepared:
5/29/2018 9:32 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	4,780,422	0		1.00
2.00	0	0		2.00
3.00	0	0		3.00
4.00	610,552	9		4.00
4.01	1,642,833	9		4.01
4.02	-13,124,265	0		4.02
5.00	-6,090,458			5.00

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

	Related Organization(s) and/or Home Office		
	Type of Business		
	6.00		
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:			

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

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

6.00	HEALTH CARE		6.00
7.00	HEALTH CARE		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: 14-0202

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

Worksheet A-8-2

Date/Time Prepared:
5/29/2018 9:32 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	904,230	904,230	0	0	0	1.00
2.00	31.00	INTENSIVE CARE UNIT	1,203,438	1,203,438	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	57,600	0	57,600	154,100	384	3.00
4.00	43.00	NURSERY	324,996	324,996	0	0	0	4.00
5.00	50.00	OPERATING ROOM	24,150	24,150	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	191,320	191,320	0	0	0	6.00
7.00	59.00	CARDIAC CATHETERIZATION	97,000	97,000	0	0	0	7.00
8.00	91.00	EMERGENCY	107,178	107,178	0	0	0	8.00
9.00	91.00	EMERGENCY	1,582,800	0	1,582,800	171,400	8,760	9.00
10.00	91.00	EMERGENCY	809,072	0	809,072	171,400	1	10.00
11.00	91.00	EMERGENCY	268,800	268,800	0	0	0	11.00
12.00	91.20	ACUTE CARE CENTER	114,821	114,821	0	0	0	12.00
200.00			5,685,405	3,235,933	2,449,472		9,145	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	0	0	0	0	0	1.00
2.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	28,449	1,422	0	0	0	3.00
4.00	43.00	NURSERY	0	0	0	0	0	4.00
5.00	50.00	OPERATING ROOM	0	0	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	6.00
7.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	7.00
8.00	91.00	EMERGENCY	0	0	0	0	0	8.00
9.00	91.00	EMERGENCY	721,858	36,093	0	0	0	9.00
10.00	91.00	EMERGENCY	82	4	0	0	0	10.00
11.00	91.00	EMERGENCY	0	0	0	0	0	11.00
12.00	91.20	ACUTE CARE CENTER	0	0	0	0	0	12.00
200.00			750,389	37,519	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	0	0	904,230	1.00
2.00	31.00	INTENSIVE CARE UNIT	0	0	0	1,203,438	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	28,449	29,151	29,151	3.00
4.00	43.00	NURSERY	0	0	0	324,996	4.00
5.00	50.00	OPERATING ROOM	0	0	0	24,150	5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	191,320	6.00
7.00	59.00	CARDIAC CATHETERIZATION	0	0	0	97,000	7.00
8.00	91.00	EMERGENCY	0	0	0	107,178	8.00
9.00	91.00	EMERGENCY	0	721,858	860,942	860,942	9.00
10.00	91.00	EMERGENCY	0	82	808,990	808,990	10.00
11.00	91.00	EMERGENCY	0	0	0	268,800	11.00
12.00	91.20	ACUTE CARE CENTER	0	0	0	114,821	12.00
200.00			0	750,389	1,699,083	4,935,016	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0202

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2018 9:32 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		NEW BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	13,003,215	13,003,215				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP	7,507,798		7,507,798			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	25,704,894	49,193	28,403	25,782,490		4.00
5.00 00500 ADMINISTRATIVE & GENERAL	45,140,370	1,508,869	871,191	3,059,908	50,580,338	5.00
6.00 00600 MAINTENANCE & REPAIRS	10,344,463	4,177,300	2,411,895	558,802	17,492,460	6.00
8.00 00800 LAUNDRY & LINEN SERVICE	877,862	27,445	15,846	17,850	939,003	8.00
9.00 00900 HOUSEKEEPING	3,494,675	161,830	93,437	616,751	4,366,693	9.00
10.00 01000 DIETARY	2,707,848	203,103	117,267	315,733	3,343,951	10.00
11.00 01100 CAFETERIA	945,345	78,789	45,491	160,095	1,229,720	11.00
13.00 01300 NURSING ADMINISTRATION	3,568,746	114,454	66,083	660,443	4,409,726	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	914,483	121,791	70,320	186,096	1,292,690	14.00
15.00 01500 PHARMACY	7,977,446	92,000	53,119	1,176,686	9,299,251	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	25,557	35,946	20,755	0	82,258	16.00
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 APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02302 PARAMED EDUCATION EMS	229,751	16,897	9,756	42,213	298,617	23.00
23.01 02301 CLINICAL PASTORAL EDUCATION	293,922	0	0	66,849	360,771	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	32,825,134	2,817,775	1,626,927	7,431,968	44,701,804	30.00
31.00 03100 INTENSIVE CARE UNIT	6,602,509	222,258	128,327	1,370,286	8,323,380	31.00
41.00 04100 SUBPROVIDER - I&R	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	2,753,123	13,793	7,964	536,362	3,311,242	43.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
45.01 04510 ICF/MR	0	0	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	11,332,204	626,170	361,538	1,987,376	14,307,288	50.00
51.00 05100 RECOVERY ROOM	1,207,573	60,781	35,094	276,585	1,580,033	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,392,180	146,908	84,822	231,550	1,855,460	52.00
53.00 05300 ANESTHESIOLOGY	260,704	10,565	6,100	21,040	298,409	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	3,742,900	412,344	238,079	811,325	5,204,648	54.00
56.00 05600 RADIOLOGY	1,791,813	44,713	25,816	225,627	2,087,969	56.00
56.01 05603 ULTRASOUND	1,371,409	35,241	20,347	316,969	1,743,966	56.01
57.00 05700 CT SCAN	1,219,595	40,762	23,535	242,635	1,526,527	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	708,680	55,666	32,140	156,373	952,859	58.00
59.00 05900 CARDIAC CATHETERIZATION	2,519,843	199,169	114,996	483,794	3,317,802	59.00
60.00 06000 LABORATORY	8,439,454	149,483	86,308	0	8,675,245	60.00
60.01 06001 LABORATORY	0	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	23,917	13,809	0	37,726	63.00
65.00 06500 RESPIRATORY THERAPY	2,461,115	72,299	41,744	492,452	3,067,610	65.00
65.01 06501 STRESS TEST	669,314	4,321	2,495	154,363	830,493	65.01
66.00 06600 PHYSICAL THERAPY	4,977,144	203,650	117,583	1,019,069	6,317,446	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	342,377	5,380	3,106	76,432	427,295	69.00
69.01 06901 ECHOCARDIOGRAM	0	0	0	0	0	69.01
69.02 06902 CARDIOLOGY	0	0	0	0	0	69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	46,284	26,634	15,378	10,307	98,603	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	20,518,903	0	0	0	20,518,903	71.00
71.30 07101 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	14,879,842	0	0	0	14,879,842	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	13,969,233	0	0	0	13,969,233	73.00
74.00 07400 RENAL DIALYSIS	1,018,869	55,878	32,263	0	1,107,010	74.00
75.02 07501 OUTPATIENT SURGERY	0	0	0	0	0	75.02
76.00 03290 ELECTROMYOGRAPHY	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	562,463	211,781	122,278	124,059	1,020,581	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	1,841,996	164,352	94,893	392,398	2,493,639	90.00
90.01 09001 ADDICTION RECOVERY CLINIC	0	0	0	0	0	90.01
90.03 09002 LI THOTRI PSY	0	0	0	0	0	90.03
91.00 09100 EMERGENCY	9,592,714	758,509	437,948	1,879,015	12,668,186	91.00
91.20 09101 ACUTE CARE CENTER	3,468,410	0	0	599,672	4,068,082	91.20
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0202

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2018 9:32 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		NEW BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	0 99.10
99.20 09920	OPT	0	0	0	0	0 99.20
99.30 09930	OOT	0	0	0	0	0 99.30
99.40 09940	OSP	0	0	0	0	0 99.40
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0 101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0 111.00
116.00 11600	HOSPICE	0	0	0	0	0 116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	273,252,160	12,949,966	7,477,053	25,701,083	273,086,759 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	870,822	53,249	30,745	81,407	1,036,223 190.00
194.00 07950	FUNDRAISING	0	0	0	0	0 194.00
194.01 07951	MANAGED CARE ADMINISTRATION	0	0	0	0	0 194.01
194.02 07952	PHYSICIAN SUPPORT SERVICES	0	0	0	0	0 194.02
194.03 07953	HOME MEDICAL EQUIPMENT	0	0	0	0	0 194.03
194.04 07954	HOME PHARMACY	0	0	0	0	0 194.04
194.05 07955	HOSPICE	0	0	0	0	0 194.05
194.06 07956	NEIL MRI	0	0	0	0	0 194.06
200.00	Cross Foot Adjustments					0 200.00
201.00	Negative Cost Centers		0	0	0	0 201.00
202.00	TOTAL (sum lines 118 through 201)	274,122,982	13,003,215	7,507,798	25,782,490	274,122,982 202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0202		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part I Date/Time Prepared: 5/29/2018 9:32 am	
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	6.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW 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	50,580,338					5.00
6.00	00600	MAINTENANCE & REPAIRS	3,957,966	21,450,426				6.00
8.00	00800	LAUNDRY & LINEN SERVICE	212,465	81,001	1,232,469			8.00
9.00	00900	HOUSEKEEPING	988,039	477,626	0	5,832,358		9.00
10.00	01000	DIETARY	756,626	599,440	0	167,346	4,867,363	10.00
11.00	01100	CAFETERIA	278,245	232,540	0	64,918	0	11.00
13.00	01300	NURSING ADMINISTRATION	997,775	337,800	0	94,304	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	292,493	359,456	0	100,349	0	14.00
15.00	01500	PHARMACY	2,104,114	271,531	0	75,803	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	18,612	106,093	0	29,618	0	16.00
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 APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02302	PARAMED EDUCATION EMS	67,567	49,871	0	13,922	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	81,631	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	10,114,558	8,316,416	1,085,767	2,321,688	4,287,996	30.00
31.00	03100	INTENSIVE CARE UNIT	1,883,306	655,974	92,918	183,128	366,958	31.00
41.00	04100	SUBPROVIDER - I&R	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	749,225	40,709	53,784	11,365	212,409	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,237,267	1,848,087	0	515,930	0	50.00
51.00	05100	RECOVERY ROOM	357,509	179,390	0	50,080	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	419,829	433,585	0	121,044	0	52.00
53.00	05300	ANESTHESIOLOGY	67,520	31,182	0	8,705	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,177,640	1,216,996	0	339,748	0	54.00
56.00	05600	RADIOISOTOPE	472,438	131,965	0	36,841	0	56.00
56.01	05603	ULTRASOUND	394,602	104,011	0	29,037	0	56.01
57.00	05700	CT SCAN	345,403	120,304	0	33,585	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	215,601	164,293	0	45,866	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	750,709	587,831	0	164,105	0	59.00
60.00	06000	LABORATORY	1,962,922	441,186	0	123,166	0	60.00
60.01	06001	LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,536	70,590	0	19,707	0	63.00
65.00	06500	RESPIRATORY THERAPY	694,099	213,383	0	59,570	0	65.00
65.01	06501	STRESS TEST	187,913	12,754	0	3,561	0	65.01
66.00	06600	PHYSICAL THERAPY	1,429,430	601,054	0	167,796	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	96,683	15,877	0	4,433	0	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0	0	0	69.01
69.02	06902	CARDIOLOGY	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	22,311	78,607	0	21,945	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,642,751	0	0	0	0	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	3,366,817	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,160,776	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	250,480	164,918	0	46,040	0	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0	0	0	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	230,924	625,052	0	174,496	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	564,228	485,070	0	135,417	0	90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	0	0	0	90.01
90.03	09002	LITHOTRIpsy	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	2,866,392	2,238,673	0	624,970	0	91.00
91.20	09101	ACUTE CARE CENTER	920,473	0	0	0	0	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0202

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2018 9:32 am

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	6.00	8.00	9.00	10.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0 111.00
116.00	11600	HOSPICE	0	0	0	0	0 116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	50,345,875	21,293,265	1,232,469	5,788,483	4,867,363 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	234,463	157,161	0	43,875	0 190.00
194.00	07950	FUNDRAISING	0	0	0	0	0 194.00
194.01	07951	MANAGED CARE ADMINISTRATION	0	0	0	0	0 194.01
194.02	07952	PHYSICIAN SUPPORT SERVICES	0	0	0	0	0 194.02
194.03	07953	HOME MEDICAL EQUIPMENT	0	0	0	0	0 194.03
194.04	07954	HOME PHARMACY	0	0	0	0	0 194.04
194.05	07955	HOSPICE	0	0	0	0	0 194.05
194.06	07956	NEIL MRI	0	0	0	0	0 194.06
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118 through 201)	50,580,338	21,450,426	1,232,469	5,832,358	4,867,363 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0202

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2018 9:32 am

Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW 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
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	1,805,423					11.00
13.00	01300	NURSING ADMINISTRATION	56,636	5,896,241				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	15,959	0	2,060,947			14.00
15.00	01500	PHARMACY	100,906	0	10,421	11,862,026		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	236,581	16.00
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 APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02302	PARAMED EDUCATION EMS	3,620	6,276	9,374	27,514	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	5,733	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	637,323	3,281,430	131,902	283,466	36,365	30.00
31.00	03100	INTENSIVE CARE UNIT	117,509	571,211	46,845	62,586	4,587	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	45,996	167,470	4,445	1,428	2,318	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	170,427	543,113	1,205,330	173,613	28,397	50.00
51.00	05100	RECOVERY ROOM	23,718	112,653	1,958	8,341	3,707	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	19,857	0	28,293	0	778	52.00
53.00	05300	ANESTHESIOLOGY	1,804	0	28,884	114,989	3,232	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	69,575	42,128	52,906	13,902	7,289	54.00
56.00	05600	RADIO SOTOPE	19,349	642	33,423	2,385	6,037	56.00
56.01	05603	ULTRASOUND	27,182	0	8,506	714	4,213	56.01
57.00	05700	CT SCAN	20,807	0	22,515	24,820	18,254	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	13,410	0	8,382	6,909	5,427	58.00
59.00	05900	CARDIAC CATHETERIZATION	41,488	115,909	282,173	21,756	8,449	59.00
60.00	06000	LABORATORY	0	0	0	0	18,052	60.00
60.01	06001	LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	53,084	0	1,483	63.00
65.00	06500	RESPIRATORY THERAPY	42,230	0	20,280	15,796	6,261	65.00
65.01	06501	STRESS TEST	13,237	18,709	1,456	5,833	3,610	65.01
66.00	06600	PHYSICAL THERAPY	87,390	24	1,743	150	4,608	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	6,554	0	485	6	1,218	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0	0	0	69.01
69.02	06902	CARDIOLOGY	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	884	0	81	0	100	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	8,724	0	6,788	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	6,327	0	11,231	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	10,679,132	27,262	73.00
74.00	07400	RENAL DIALYSIS	0	0	393	2,545	903	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0	0	0	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	10,639	23,311	522	18	541	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	33,650	88,181	34,331	45,250	2,429	90.00
90.01	09001	ADDITIONAL RECOVERY CLINIC	0	0	0	0	0	90.01
90.03	09002	LITHOTRIPSY	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	161,134	741,508	50,296	331,477	20,997	91.00
91.20	09101	ACUTE CARE CENTER	51,425	183,676	7,850	39,396	2,045	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0202

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2018 9:32 am

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,798,442	5,896,241	2,060,929	11,862,026	236,581	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,981	0	18	0	0	190.00
194.00	07950 FUNDRAISING	0	0	0	0	0	194.00
194.01	07951 MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01
194.02	07952 PHYSICIAN SUPPORT SERVICES	0	0	0	0	0	194.02
194.03	07953 HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04	07954 HOME PHARMACY	0	0	0	0	0	194.04
194.05	07955 HOSPICE	0	0	0	0	0	194.05
194.06	07956 NEIL MRI	0	0	0	0	0	194.06
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	1,805,423	5,896,241	2,060,947	11,862,026	236,581	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0202

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2018 9:32 am

Cost Center Description	INTERNS & RESIDENTS					PARAMED EDUCATION EMS
	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS		
	19.00	20.00	21.00	22.00	23.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW 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
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0					19.00
20.00 02000 NURSING SCHOOL		0				20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD			0			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD				0		22.00
23.00 02302 PARAMED EDUCATION EMS					476,761	23.00
23.01 02301 CLINICAL PASTORAL EDUCATION						23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00 04100 SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	0	0	43.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
45.01 04510 ICF/MR	0	0	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01 05603 ULTRASOUND	0	0	0	0	0	56.01
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
60.01 06001 LABORATORY	0	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01 06501 STRESS TEST	0	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01 06901 ECHOCARDIOGRAM	0	0	0	0	0	69.01
69.02 06902 RADIOLOGY	0	0	0	0	0	69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
71.30 07101 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.02 07501 OUTPATIENT SURGERY	0	0	0	0	0	75.02
76.00 03290 ELECTROMYOGRAPHY	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 ADDICTION RECOVERY CLINIC	0	0	0	0	0	90.01
90.03 09002 LI THOTRI PSY	0	0	0	0	0	90.03
91.00 09100 EMERGENCY	0	0	0	0	476,761	91.00
91.20 09101 ACUTE CARE CENTER	0	0	0	0	0	91.20
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
99.20 09920 OPT	0	0	0	0	0	99.20
99.30 09930 OOT	0	0	0	0	0	99.30

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0202

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2018 9:32 am

Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED EDUCATION EMS	
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS		
			19.00	20.00		
99.40 09940 OSP	0	0	0	0	0	99.40
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	476,761	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00 07950 FUNDRAISING	0	0	0	0	0	194.00
194.01 07951 MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01
194.02 07952 PHYSICIAN SUPPORT SERVICES	0	0	0	0	0	194.02
194.03 07953 HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04 07954 HOME PHARMACY	0	0	0	0	0	194.04
194.05 07955 HOSPICE	0	0	0	0	0	194.05
194.06 07956 NEIL MRI	0	0	0	0	0	194.06
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	0	0	0	0	476,761	202.00

COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 14-0202	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part I Date/Time Prepared: 5/29/2018 9:32 am	
Cost Center Description			CLINICAL PASTORAL EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.01	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW 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
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD					22.00
23.00	02302	PARAMED EDUCATION EMS					23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	448,135				23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	398,841	75,597,556	0	75,597,556	30.00
31.00	03100	INTENSIVE CARE UNIT	31,369	12,339,771	0	12,339,771	31.00
41.00	04100	SUBPROVIDER - IIRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	17,925	4,618,316	0	4,618,316	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	22,029,452	0	22,029,452	50.00
51.00	05100	RECOVERY ROOM	0	2,317,389	0	2,317,389	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,878,846	0	2,878,846	52.00
53.00	05300	ANESTHESIOLOGY	0	554,725	0	554,725	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	8,124,832	0	8,124,832	54.00
56.00	05600	RADIOISOTOPE	0	2,791,049	0	2,791,049	56.00
56.01	05603	ULTRASOUND	0	2,312,231	0	2,312,231	56.01
57.00	05700	CT SCAN	0	2,112,215	0	2,112,215	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,412,747	0	1,412,747	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	5,290,222	0	5,290,222	59.00
60.00	06000	LABORATORY	0	11,220,571	0	11,220,571	60.00
60.01	06001	LABORATORY	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	191,126	0	191,126	63.00
65.00	06500	RESPIRATORY THERAPY	0	4,119,229	0	4,119,229	65.00
65.01	06501	STRESS TEST	0	1,077,566	0	1,077,566	65.01
66.00	06600	PHYSICAL THERAPY	0	8,609,641	0	8,609,641	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	552,551	0	552,551	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0	0	69.01
69.02	06902	CARDIOLOGY	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	222,531	0	222,531	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	25,177,166	0	25,177,166	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	18,264,217	0	18,264,217	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	27,836,403	0	27,836,403	73.00
74.00	07400	RENAL DIALYSIS	0	1,572,289	0	1,572,289	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0	0	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	2,086,084	0	2,086,084	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	3,882,195	0	3,882,195	90.00
90.01	09001	ADDITION RECOVERY CLINIC	0	0	0	0	90.01
90.03	09002	LITHOTRIPSY	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	20,180,394	0	20,180,394	91.00
91.20	09101	ACUTE CARE CENTER	0	5,272,947	0	5,272,947	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	99.20

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0202

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2018 9:32 am

Cost Center Description			CLINICAL PASTORAL EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.01	24.00	25.00	26.00		
99.30	09930	OOT	0	0	0	0		99.30
99.40	09940	OSP	0	0	0	0		99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0		111.00
116.00	11600	HOSPICE	0	0	0	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	448,135	272,644,261	0	272,644,261		118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,478,721	0	1,478,721		190.00
194.00	07950	FUNDRAISING	0	0	0	0		194.00
194.01	07951	MANAGED CARE ADMINISTRATION	0	0	0	0		194.01
194.02	07952	PHYSICIAN SUPPORT SERVICES	0	0	0	0		194.02
194.03	07953	HOME MEDICAL EQUIPMENT	0	0	0	0		194.03
194.04	07954	HOME PHARMACY	0	0	0	0		194.04
194.05	07955	HOSPICE	0	0	0	0		194.05
194.06	07956	NEIL MRI	0	0	0	0		194.06
200.00		Cross Foot Adjustments	0	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	448,135	274,122,982	0	274,122,982		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0202

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2018 9:32 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	49,193	28,403	77,596	77,596 4.00
5.00 00500	ADMINISTRATIVE & GENERAL	102,535	1,508,869	871,191	2,482,595	9,209 5.00
6.00 00600	MAINTENANCE & REPAIRS	0	4,177,300	2,411,895	6,589,195	1,682 6.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	27,445	15,846	43,291	54 8.00
9.00 00900	HOUSEKEEPING	400	161,830	93,437	255,667	1,856 9.00
10.00 01000	DIETARY	46,720	203,103	117,267	367,090	950 10.00
11.00 01100	CAFETERIA	0	78,789	45,491	124,280	482 11.00
13.00 01300	NURSING ADMINISTRATION	8,308	114,454	66,083	188,845	1,988 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	121,791	70,320	192,111	560 14.00
15.00 01500	PHARMACY	0	92,000	53,119	145,119	3,541 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	25,557	35,946	20,755	82,258	0 16.00
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 APPRVD	0	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0 22.00
23.00 02302	PARAMED EDUCATION EMS	0	16,897	9,756	26,653	127 23.00
23.01 02301	CLINICAL PASTORAL EDUCATION	0	0	0	0	201 23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	97,505	2,817,775	1,626,927	4,542,207	22,369 30.00
31.00 03100	INTENSIVE CARE UNIT	13,507	222,258	128,327	364,092	4,124 31.00
41.00 04100	SUBPROVIDER - I&R	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	0	13,793	7,964	21,757	1,614 43.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
45.01 04510	ICF/MR	0	0	0	0	0 45.01
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	48,455	626,170	361,538	1,036,163	5,981 50.00
51.00 05100	RECOVERY ROOM	0	60,781	35,094	95,875	832 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	146,908	84,822	231,730	697 52.00
53.00 05300	ANESTHESIOLOGY	0	10,565	6,100	16,665	63 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,616	412,344	238,079	653,039	2,442 54.00
56.00 05600	RADIOISOTOPE	34,426	44,713	25,816	104,955	679 56.00
56.01 05603	ULTRASOUND	0	35,241	20,347	55,588	954 56.01
57.00 05700	CT SCAN	1,000	40,762	23,535	65,297	730 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	55,666	32,140	87,806	471 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	199,169	114,996	314,165	1,456 59.00
60.00 06000	LABORATORY	0	149,483	86,308	235,791	0 60.00
60.01 06001	LABORATORY	0	0	0	0	0 60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	23,917	13,809	37,726	0 63.00
65.00 06500	RESPIRATORY THERAPY	33,831	72,299	41,744	147,874	1,482 65.00
65.01 06501	STRESS TEST	0	4,321	2,495	6,816	465 65.01
66.00 06600	PHYSICAL THERAPY	290,465	203,650	117,583	611,698	3,067 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00 06900	ELECTROCARDIOLOGY	0	5,380	3,106	8,486	230 69.00
69.01 06901	ECHOCARDIOGRAM	0	0	0	0	0 69.01
69.02 06902	CARDIOLOGY	0	0	0	0	0 69.02
70.00 07000	ELECTROENCEPHALOGRAPHY	0	26,634	15,378	42,012	31 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
71.30 07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 71.30
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	0	55,878	32,263	88,141	0 74.00
75.02 07501	OUTPATIENT SURGERY	0	0	0	0	0 75.02
76.00 03290	ELECTROMYOGRAPHY	0	0	0	0	0 76.00
76.97 07697	CARDIAC REHABILITATION	0	211,781	122,278	334,059	373 76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	276	164,352	94,893	259,521	1,181 90.00
90.01 09001	ADDICTION RECOVERY CLINIC	0	0	0	0	0 90.01
90.03 09002	LITHOTRIPSY	0	0	0	0	0 90.03
91.00 09100	EMERGENCY	0	758,509	437,948	1,196,457	5,655 91.00
91.20 09101	ACUTE CARE CENTER	586,743	0	0	586,743	1,805 91.20
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	0 99.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0202

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2018 9:32 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
99.20 09920 OPT	0	0	0	0	0	99.20
99.30 09930 OOT	0	0	0	0	0	99.30
99.40 09940 OSP	0	0	0	0	0	99.40
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	1,292,344	12,949,966	7,477,053	21,719,363	77,351	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	53,249	30,745	83,994	245	190.00
194.00 07950 FUNDRAISING	0	0	0	0	0	194.00
194.01 07951 MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01
194.02 07952 PHYSICIAN SUPPORT SERVICES	0	0	0	0	0	194.02
194.03 07953 HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04 07954 HOME PHARMACY	0	0	0	0	0	194.04
194.05 07955 HOSPICE	0	0	0	0	0	194.05
194.06 07956 NEIL MRI	0	0	0	0	0	194.06
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0		201.00
202.00 TOTAL (sum lines 118 through 201)	1,292,344	13,003,215	7,507,798	21,803,357	77,596	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0202	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/29/2018 9:32 am		
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			5.00	6.00	8.00	9.00	10.00
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW 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	2,491,804				5.00
6.00	00600	MAINTENANCE & REPAIRS	194,988	6,785,865			6.00
8.00	00800	LAUNDRY & LINEN SERVICE	10,467	25,625	79,437		8.00
9.00	00900	HOUSEKEEPING	48,676	151,097	0	457,296	9.00
10.00	01000	DIETARY	37,275	189,633	0	13,121	608,069
11.00	01100	CAFETERIA	13,708	73,564	0	5,090	0
13.00	01300	NURSING ADMINISTRATION	49,155	106,863	0	7,394	0
14.00	01400	CENTRAL SERVICES & SUPPLY	14,410	113,714	0	7,868	0
15.00	01500	PHARMACY	103,659	85,899	0	5,943	0
16.00	01600	MEDICAL RECORDS & LIBRARY	917	33,563	0	2,322	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 APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02302	PARAMED EDUCATION EMS	3,329	15,777	0	1,092	0
23.01	02301	CLINICAL PASTORAL EDUCATION	4,022	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	498,261	2,630,909	69,981	182,034	535,690
31.00	03100	INTENSIVE CARE UNIT	92,781	207,518	5,989	14,358	45,843
41.00	04100	SUBPROVIDER - I&R	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	36,910	12,878	3,467	891	26,536
45.00	04500	NURSING FACILITY	0	0	0	0	0
45.01	04510	ICF/MR	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	159,483	584,644	0	40,452	0
51.00	05100	RECOVERY ROOM	17,613	56,750	0	3,927	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,683	137,165	0	9,491	0
53.00	05300	ANESTHESIOLOGY	3,326	9,865	0	683	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	58,016	384,998	0	26,639	0
56.00	05600	RADIOISOTOPE	23,275	41,747	0	2,889	0
56.01	05603	ULTRASOUND	19,440	32,904	0	2,277	0
57.00	05700	CT SCAN	17,016	38,058	0	2,633	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	10,622	51,974	0	3,596	0
59.00	05900	CARDIAC CATHETERIZATION	36,984	185,961	0	12,867	0
60.00	06000	LABORATORY	96,703	139,570	0	9,657	0
60.01	06001	LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	421	22,331	0	1,545	0
65.00	06500	RESPIRATORY THERAPY	34,195	67,504	0	4,671	0
65.01	06501	STRESS TEST	9,258	4,035	0	279	0
66.00	06600	PHYSICAL THERAPY	70,421	190,144	0	13,156	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	4,763	5,023	0	348	0
69.01	06901	ECHOCARDIOGRAM	0	0	0	0	0
69.02	06902	CARDIOLOGY	0	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	1,099	24,867	0	1,721	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	228,724	0	0	0	0
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	165,866	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	155,715	0	0	0	0
74.00	07400	RENAL DIALYSIS	12,340	52,172	0	3,610	0
75.02	07501	OUTPATIENT SURGERY	0	0	0	0	0
76.00	03290	ELECTROMYOGRAPHY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	11,376	197,736	0	13,682	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	27,797	153,452	0	10,618	0
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	0	0	0
90.03	09002	LITHOTRIPSY	0	0	0	0	0
91.00	09100	EMERGENCY	141,212	708,207	0	49,002	0
91.20	09101	ACUTE CARE CENTER	45,347	0	0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
99.20	09920	OPT	0	0	0	0	0
99.30	09930	OOT	0	0	0	0	0
99.40	09940	OSP	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0202

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2018 9:32 am

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		5.00	6.00	8.00	9.00	10.00		
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,480,253	6,736,147	79,437	453,856	608,069	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	11,551	49,718	0	3,440	0	190.00
194.00	07950	FUNDRAISING	0	0	0	0	0	194.00
194.01	07951	MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN SUPPORT SERVICES	0	0	0	0	0	194.02
194.03	07953	HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04	07954	HOME PHARMACY	0	0	0	0	0	194.04
194.05	07955	HOSPICE	0	0	0	0	0	194.05
194.06	07956	NEIL MRI	0	0	0	0	0	194.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,491,804	6,785,865	79,437	457,296	608,069	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0202		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/29/2018 9:32 am	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW 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
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	217,124					11.00
13.00	01300	NURSING ADMINISTRATION	6,811	361,056				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,919	0	330,582			14.00
15.00	01500	PHARMACY	12,135	0	1,672	357,968		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	119,060	16.00
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 APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02302	PARAMED EDUCATION EMS	435	384	1,504	830	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	689	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	76,648	200,939	21,157	8,554	18,322	30.00
31.00	03100	INTENSIVE CARE UNIT	14,132	34,978	7,514	1,889	2,308	31.00
41.00	04100	SUBPROVIDER - I&R	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	5,532	10,255	713	43	1,166	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	20,496	33,258	193,340	5,239	14,288	50.00
51.00	05100	RECOVERY ROOM	2,852	6,898	314	252	1,865	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,388	0	4,538	0	392	52.00
53.00	05300	ANESTHESIOLOGY	217	0	4,633	3,470	1,626	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,367	2,580	8,486	420	3,667	54.00
56.00	05600	RADIO SOTOPE	2,327	39	5,361	72	3,037	56.00
56.01	05603	ULTRASOUND	3,269	0	1,364	22	2,120	56.01
57.00	05700	CT SCAN	2,502	0	3,611	749	9,185	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,613	0	1,344	208	2,731	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,989	7,098	45,261	657	4,251	59.00
60.00	06000	LABORATORY	0	0	0	0	9,083	60.00
60.01	06001	LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	8,515	0	746	63.00
65.00	06500	RESPIRATORY THERAPY	5,079	0	3,253	477	3,150	65.00
65.01	06501	STRESS TEST	1,592	1,146	233	176	1,816	65.01
66.00	06600	PHYSICAL THERAPY	10,510	1	280	5	2,319	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	788	0	78	0	613	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0	0	0	69.01
69.02	06902	CARDIOLOGY	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	106	0	13	0	50	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	1,399	0	3,415	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	1,015	0	5,651	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	322,269	13,717	73.00
74.00	07400	RENAL DIALYSIS	0	0	63	77	454	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0	0	0	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,279	1,427	84	1	272	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	4,047	5,400	5,507	1,366	1,222	90.00
90.01	09001	ADDITIONAL RECOVERY CLINIC	0	0	0	0	0	90.01
90.03	09002	LITHOTRIPSY	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	19,378	45,406	8,068	10,003	10,565	91.00
91.20	09101	ACUTE CARE CENTER	6,184	11,247	1,259	1,189	1,029	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0202

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2018 9:32 am

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	216,284	361,056	330,579	357,968	119,060	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	840	0	3	0	0	190.00
194.00	07950 FUNDRAISING	0	0	0	0	0	194.00
194.01	07951 MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01
194.02	07952 PHYSICIAN SUPPORT SERVICES	0	0	0	0	0	194.02
194.03	07953 HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04	07954 HOME PHARMACY	0	0	0	0	0	194.04
194.05	07955 HOSPICE	0	0	0	0	0	194.05
194.06	07956 NEIL MRI	0	0	0	0	0	194.06
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	217,124	361,056	330,582	357,968	119,060	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0202	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/29/2018 9:32 am		
Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED EDUCATION EMS		
	19.00	20.00	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			21.00
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW 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
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0				19.00
20.00	02000	NURSING SCHOOL		0			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD			0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				0	22.00
23.00	02302	PARAMED EDUCATION EMS					23.00
23.01	02301	CLINICAL PASTORAL EDUCATION					50, 131
23.01	02301	CLINICAL PASTORAL EDUCATION					23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS					30.00
31.00	03100	INTENSIVE CARE UNIT					31.00
41.00	04100	SUBPROVIDER - IRF					41.00
42.00	04200	SUBPROVIDER					42.00
43.00	04300	NURSERY					43.00
45.00	04500	NURSING FACILITY					45.00
45.01	04510	ICF/MR					45.01
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM					50.00
51.00	05100	RECOVERY ROOM					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM					52.00
53.00	05300	ANESTHESIOLOGY					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC					54.00
56.00	05600	RADIOISOTOPE					56.00
56.01	05603	ULTRASOUND					56.01
57.00	05700	CT SCAN					57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)					58.00
59.00	05900	CARDIAC CATHETERIZATION					59.00
60.00	06000	LABORATORY					60.00
60.01	06001	LABORATORY					60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.					63.00
65.00	06500	RESPIRATORY THERAPY					65.00
65.01	06501	STRESS TEST					65.01
66.00	06600	PHYSICAL THERAPY					66.00
67.00	06700	OCCUPATIONAL THERAPY					67.00
68.00	06800	SPEECH PATHOLOGY					68.00
69.00	06900	ELECTROCARDIOLOGY					69.00
69.01	06901	ECHOCARDIOGRAM					69.01
69.02	06902	CARDIOLOGY					69.02
70.00	07000	ELECTROENCEPHALOGRAPHY					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS					71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT					71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS					73.00
74.00	07400	RENAL DIALYSIS					74.00
75.02	07501	OUTPATIENT SURGERY					75.02
76.00	03290	ELECTROMYOGRAPHY					76.00
76.97	07697	CARDIAC REHABILITATION					76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC					88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER					89.00
90.00	09000	CLINIC					90.00
90.01	09001	ADDICTION RECOVERY CLINIC					90.01
90.03	09002	LITHOTRIPSY					90.03
91.00	09100	EMERGENCY					91.00
91.20	09101	ACUTE CARE CENTER					91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF					99.10
99.20	09920	OPT					99.20
99.30	09930	OOT					99.30

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0202

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2018 9:32 am

Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED EDUCATION EMS	
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS		
			19.00	20.00		
99.40 09940 OSP						99.40
101.00 10100 HOME HEALTH AGENCY						101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION						109.00
110.00 11000 INTESTINAL ACQUISITION						110.00
111.00 11100 ISLET ACQUISITION						111.00
116.00 11600 HOSPICE						116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
194.00 07950 FUNDRAISING						194.00
194.01 07951 MANAGED CARE ADMINISTRATION						194.01
194.02 07952 PHYSICIAN SUPPORT SERVICES						194.02
194.03 07953 HOME MEDICAL EQUIPMENT						194.03
194.04 07954 HOME PHARMACY						194.04
194.05 07955 HOSPICE						194.05
194.06 07956 NEIL MRI						194.06
200.00 Cross Foot Adjustments	0	0	0	0	50,131	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	0	0	0	0	50,131	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0202	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/29/2018 9:32 am		
Cost Center Description			CLINICAL PASTORAL EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.01	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW 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
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD					22.00
23.00	02302	PARAMED EDUCATION EMS					23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	4,912				23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		8,807,071	0	8,807,071	30.00
31.00	03100	INTENSIVE CARE UNIT		795,526	0	795,526	31.00
41.00	04100	SUBPROVIDER - IIRF		0	0	0	41.00
42.00	04200	SUBPROVIDER		0	0	0	42.00
43.00	04300	NURSERY		121,762	0	121,762	43.00
45.00	04500	NURSING FACILITY		0	0	0	45.00
45.01	04510	ICF/MR		0	0	0	45.01
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		2,093,344	0	2,093,344	50.00
51.00	05100	RECOVERY ROOM		187,178	0	187,178	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		407,084	0	407,084	52.00
53.00	05300	ANESTHESIOLOGY		40,548	0	40,548	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		1,148,654	0	1,148,654	54.00
56.00	05600	RADIOISOTOPE		184,381	0	184,381	56.00
56.01	05603	ULTRASOUND		117,938	0	117,938	56.01
57.00	05700	CT SCAN		139,781	0	139,781	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		160,365	0	160,365	58.00
59.00	05900	CARDIAC CATHETERIZATION		613,689	0	613,689	59.00
60.00	06000	LABORATORY		490,804	0	490,804	60.00
60.01	06001	LABORATORY		0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		71,284	0	71,284	63.00
65.00	06500	RESPIRATORY THERAPY		267,685	0	267,685	65.00
65.01	06501	STRESS TEST		25,816	0	25,816	65.01
66.00	06600	PHYSICAL THERAPY		901,601	0	901,601	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		20,329	0	20,329	69.00
69.01	06901	ECHOCARDIOGRAM		0	0	0	69.01
69.02	06902	CARDIOLOGY		0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY		69,899	0	69,899	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		233,538	0	233,538	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT		0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		172,532	0	172,532	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		491,701	0	491,701	73.00
74.00	07400	RENAL DIALYSIS		156,857	0	156,857	74.00
75.02	07501	OUTPATIENT SURGERY		0	0	0	75.02
76.00	03290	ELECTROMYOGRAPHY		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		560,289	0	560,289	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	09000	CLINIC		470,111	0	470,111	90.00
90.01	09001	ADDITION RECOVERY CLINIC		0	0	0	90.01
90.03	09002	LITHOTRIpsy		0	0	0	90.03
91.00	09100	EMERGENCY		2,193,953	0	2,193,953	91.00
91.20	09101	ACUTE CARE CENTER		654,803	0	654,803	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF		0	0	0	99.10
99.20	09920	OPT		0	0	0	99.20

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0202

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2018 9:32 am

Cost Center Description			CLINICAL PASTORAL EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.01	24.00	25.00	26.00	
99.30	09930	OOT		0	0	0	99.30
99.40	09940	OSP		0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION		0	0	0	110.00
111.00	11100	ISLET ACQUISITION		0	0	0	111.00
116.00	11600	HOSPICE		0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	21,598,523	0	21,598,523	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		149,791	0	149,791	190.00
194.00	07950	FUNDRAISING		0	0	0	194.00
194.01	07951	MANAGED CARE ADMINISTRATION		0	0	0	194.01
194.02	07952	PHYSICIAN SUPPORT SERVICES		0	0	0	194.02
194.03	07953	HOME MEDICAL EQUIPMENT		0	0	0	194.03
194.04	07954	HOME PHARMACY		0	0	0	194.04
194.05	07955	HOSPICE		0	0	0	194.05
194.06	07956	NEIL MRI		0	0	0	194.06
200.00		Cross Foot Adjustments	4,912	55,043	0	55,043	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	4,912	21,803,357	0	21,803,357	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0202

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

Worksheet B-1
Date/Time Prepared:
5/29/2018 9:32 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	737,223				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		737,223			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	2,789	2,789	103,461,650		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	85,546	85,546	12,278,972	-50,580,338	5.00
6.00 00600	MAINTENANCE & REPAIRS	236,834	236,834	2,242,393	0	6.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,556	1,556	71,631	0	8.00
9.00 00900	HOUSEKEEPING	9,175	9,175	2,474,933	0	9.00
10.00 01000	DIETARY	11,515	11,515	1,266,993	0	10.00
11.00 01100	CAFETERIA	4,467	4,467	642,439	0	11.00
13.00 01300	NURSING ADMINISTRATION	6,489	6,489	2,650,264	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	6,905	6,905	746,775	0	14.00
15.00 01500	PHARMACY	5,216	5,216	4,721,871	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,038	2,038	0	0	16.00
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 APPRVD	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00 02302	PARAMED EDUCATION EMS	958	958	169,395	0	23.00
23.01 02301	CLINICAL PASTORAL EDUCATION	0	0	268,256	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	159,755	159,755	29,823,626	0	30.00
31.00 03100	INTENSIVE CARE UNIT	12,601	12,601	5,498,764	0	31.00
41.00 04100	SUBPROVIDER - I&R	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERGY	782	782	2,152,343	0	43.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
45.01 04510	ICF/MR	0	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	35,501	35,501	7,975,058	0	50.00
51.00 05100	RECOVERY ROOM	3,446	3,446	1,109,897	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	8,329	8,329	929,179	0	52.00
53.00 05300	ANESTHESIOLOGY	599	599	84,431	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	23,378	23,378	3,255,730	0	54.00
56.00 05600	RADIOISOTOPE	2,535	2,535	905,407	0	56.00
56.01 05603	ULTRASOUND	1,998	1,998	1,271,951	0	56.01
57.00 05700	CT SCAN	2,311	2,311	973,658	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	3,156	3,156	627,501	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	11,292	11,292	1,941,396	0	59.00
60.00 06000	LABORATORY	8,475	8,475	0	0	60.00
60.01 06001	LABORATORY	0	0	0	0	60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	1,356	1,356	0	0	63.00
65.00 06500	RESPIRATORY THERAPY	4,099	4,099	1,976,138	0	65.00
65.01 06501	STRESS TEST	245	245	619,438	0	65.01
66.00 06600	PHYSICAL THERAPY	11,546	11,546	4,089,378	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	305	305	306,712	0	69.00
69.01 06901	ECHOCARDIOGRAM	0	0	0	0	69.01
69.02 06902	CARDIOLOGY	0	0	0	0	69.02
70.00 07000	ELECTROENCEPHALOGRAPHY	1,510	1,510	41,362	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
71.30 07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	71.30
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	3,168	3,168	0	0	74.00
75.02 07501	OUTPATIENT SURGERY	0	0	0	0	75.02
76.00 03290	ELECTROMYOGRAPHY	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	12,007	12,007	497,831	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	9,318	9,318	1,574,638	0	90.00
90.01 09001	ADDICTION RECOVERY CLINIC	0	0	0	0	90.01
90.03 09002	LITHOTRIPSY	0	0	0	0	90.03
91.00 09100	EMERGENCY	43,004	43,004	7,540,218	0	91.00
91.20 09101	ACUTE CARE CENTER	0	0	2,406,399	0	91.20
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0202

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

Worksheet B-1

Date/Time Prepared:
5/29/2018 9:32 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			NEW BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5A	5.00	
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		734,204	734,204	103,134,977	-50,580,338	222,506,421	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,019	3,019	326,673	0	1,036,223	190.00
194.00	07950	FUNDRAISING	0	0	0	0	0	194.00
194.01	07951	MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN SUPPORT SERVICES	0	0	0	0	0	194.02
194.03	07953	HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04	07954	HOME PHARMACY	0	0	0	0	0	194.04
194.05	07955	HOSPICE	0	0	0	0	0	194.05
194.06	07956	NEIL MRI	0	0	0	0	0	194.06
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)		13,003,215	7,507,798	25,782,490		50,580,338	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)		17.638103	10.183890	0.249199		0.226267	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)				77,596		2,491,804	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)				0.000750		0.011147	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)							206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)							207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0202

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

Worksheet B-1

Date/Time Prepared:
5/29/2018 9:32 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (GROSS SALARIES)	
		6.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW 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	412,054				6.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,556	68,814			8.00
9.00	00900	HOUSEKEEPING	9,175	0	401,323		9.00
10.00	01000	DIETARY	11,515	0	11,515	68,814	10.00
11.00	01100	CAFETERIA	4,467	0	4,467	0	84,484,289
13.00	01300	NURSING ADMINISTRATION	6,489	0	6,489	0	2,650,264
14.00	01400	CENTRAL SERVICES & SUPPLY	6,905	0	6,905	0	746,775
15.00	01500	PHARMACY	5,216	0	5,216	0	4,721,871
16.00	01600	MEDICAL RECORDS & LIBRARY	2,038	0	2,038	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 APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02302	PARAMED EDUCATION EMS	958	0	958	0	169,395
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0	0	0	268,256
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	159,755	60,623	159,755	60,623	29,823,626
31.00	03100	INTENSIVE CARE UNIT	12,601	5,188	12,601	5,188	5,498,764
41.00	04100	SUBPROVIDER - I&R	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	782	3,003	782	3,003	2,152,343
45.00	04500	NURSING FACILITY	0	0	0	0	0
45.01	04510	ICF/MR	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	35,501	0	35,501	0	7,975,058
51.00	05100	RECOVERY ROOM	3,446	0	3,446	0	1,109,897
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,329	0	8,329	0	929,179
53.00	05300	ANESTHESIOLOGY	599	0	599	0	84,431
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,378	0	23,378	0	3,255,730
56.00	05600	RADIOISOTOPE	2,535	0	2,535	0	905,407
56.01	05603	ULTRASOUND	1,998	0	1,998	0	1,271,951
57.00	05700	CT SCAN	2,311	0	2,311	0	973,658
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,156	0	3,156	0	627,501
59.00	05900	CARDIAC CATHETERIZATION	11,292	0	11,292	0	1,941,396
60.00	06000	LABORATORY	8,475	0	8,475	0	0
60.01	06001	LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,356	0	1,356	0	0
65.00	06500	RESPIRATORY THERAPY	4,099	0	4,099	0	1,976,138
65.01	06501	STRESS TEST	245	0	245	0	619,438
66.00	06600	PHYSICAL THERAPY	11,546	0	11,546	0	4,089,378
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	305	0	305	0	306,712
69.01	06901	ECHOCARDIOGRAM	0	0	0	0	0
69.02	06902	CARDIOLOGY	0	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	1,510	0	1,510	0	41,362
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	3,168	0	3,168	0	0
75.02	07501	OUTPATIENT SURGERY	0	0	0	0	0
76.00	03290	ELECTROMYOGRAPHY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	12,007	0	12,007	0	497,831
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	9,318	0	9,318	0	1,574,638
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	0	0	0
90.03	09002	LITHOTRIPSY	0	0	0	0	0
91.00	09100	EMERGENCY	43,004	0	43,004	0	7,540,218
91.20	09101	ACUTE CARE CENTER	0	0	0	0	2,406,399
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
99.20	09920	OPT	0	0	0	0	0
99.30	09930	OOT	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0202

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

Worksheet B-1

Date/Time Prepared:
5/29/2018 9:32 am

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (GROSS SALARIES)	
			6.00	8.00	9.00	10.00	11.00	
99.40	09940	OSP	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	409,035	68,814	398,304	68,814	84,157,616	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,019	0	3,019	0	326,673	190.00
194.00	07950	FUNDRAISING	0	0	0	0	0	194.00
194.01	07951	MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN SUPPORT SERVICES	0	0	0	0	0	194.02
194.03	07953	HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04	07954	HOME PHARMACY	0	0	0	0	0	194.04
194.05	07955	HOSPICE	0	0	0	0	0	194.05
194.06	07956	NEIL MRI	0	0	0	0	0	194.06
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)	21,450,426	1,232,469	5,832,358	4,867,363	1,805,423	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	52.057318	17.910149	14.532828	70.732162	0.021370	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	6,785,865	79,437	457,296	608,069	217,124	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	16.468388	1.154373	1.139471	8.836414	0.002570	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0202

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

Worksheet B-1
Date/Time Prepared:
5/29/2018 9:32 am

Cost Center Description		NURSING ADMINISTRATION (DIRECT NURSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		13.00	14.00	15.00	16.00	19.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	1,975,677					13.00
14.00	01400	0	35,401,432				14.00
15.00	01500	0	179,014	17,016,384			15.00
16.00	01600	0	0	0	1,491,644,279		16.00
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	02302	2,103	161,017	39,470	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,099,522	2,265,738	406,639	232,414,162	0	30.00
31.00	03100	191,398	804,672	89,781	28,848,961	0	31.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	56,115	76,355	2,048	14,577,007	0	43.00
45.00	04500	0	0	0	0	0	45.00
45.01	04510	0	0	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS							
50.00	05000	181,983	20,704,135	249,052	178,594,485	0	50.00
51.00	05100	37,747	33,629	11,965	23,316,890	0	51.00
52.00	05200	0	486,006	0	4,894,496	0	52.00
53.00	05300	0	496,160	164,955	20,324,656	0	53.00
54.00	05400	14,116	908,784	19,943	45,840,706	0	54.00
56.00	05600	215	574,120	3,422	37,965,635	0	56.00
56.01	05603	0	146,117	1,024	26,497,787	0	56.01
57.00	05700	0	386,745	35,605	114,808,039	0	57.00
58.00	05800	0	143,981	9,911	34,134,227	0	58.00
59.00	05900	38,838	4,847,002	31,209	53,141,046	0	59.00
60.00	06000	0	0	0	113,537,135	0	60.00
60.01	06001	0	0	0	0	0	60.01
63.00	06300	0	911,853	0	9,326,223	0	63.00
65.00	06500	0	348,364	22,660	39,379,566	0	65.00
65.01	06501	6,269	25,002	8,368	22,705,254	0	65.01
66.00	06600	8	29,936	215	28,982,696	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	8,336	9	7,663,054	0	69.00
69.01	06901	0	0	0	0	0	69.01
69.02	06902	0	0	0	0	0	69.02
70.00	07000	0	1,390	0	629,305	0	70.00
71.00	07100	0	149,862	0	42,689,625	0	71.00
71.30	07101	0	0	0	0	0	71.30
72.00	07200	0	108,677	0	70,634,014	0	72.00
73.00	07300	0	0	15,319,492	171,457,847	0	73.00
74.00	07400	0	6,755	3,651	5,677,854	0	74.00
75.02	07501	0	0	0	0	0	75.02
76.00	03290	0	0	0	0	0	76.00
76.97	07697	7,811	8,959	26	3,403,885	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	29,547	589,712	64,912	15,278,316	0	90.00
90.01	09001	0	0	0	0	0	90.01
90.03	09002	0	0	0	0	0	90.03
91.00	09100	248,460	863,951	475,513	132,059,677	0	91.00
91.20	09101	61,545	134,843	56,514	12,861,731	0	91.20
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
99.20	09920	0	0	0	0	0	99.20

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0202

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

Worksheet B-1

Date/Time Prepared:
5/29/2018 9:32 am

Cost Center Description			NURSING ADMINISTRATION (DIRECT NURSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
			13.00	14.00	15.00	16.00	19.00	
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,975,677	35,401,115	17,016,384	1,491,644,279	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	317	0	0	0	190.00
194.00	07950	FUNDRAISING	0	0	0	0	0	194.00
194.01	07951	MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN SUPPORT SERVICES	0	0	0	0	0	194.02
194.03	07953	HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04	07954	HOME PHARMACY	0	0	0	0	0	194.04
194.05	07955	HOSPICE	0	0	0	0	0	194.05
194.06	07956	NEIL MRI	0	0	0	0	0	194.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,896,241	2,060,947	11,862,026	236,581	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	2.984415	0.058216	0.697094	0.000159	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	361,056	330,582	357,968	119,060	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.182751	0.009338	0.021037	0.000080	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0202

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

Worksheet B-1

Date/Time Prepared:
5/29/2018 9:32 am

Cost Center Description	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED EDUCATION EMS (ASSIGNED TIME)	CLINICAL PASTORAL EDUCATION (ASSIGNED TIME)	
		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
		20.00	21.00			
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW 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
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
19.00 01900 NONPHYSICIAN ANESTHETISTS						19.00
20.00 02000 NURSING SCHOOL	0					20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD		0				21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD			0			22.00
23.00 02302 PARAMED EDUCATION EMS				100		23.00
23.01 02301 CLINICAL PASTORAL EDUCATION					100	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	0	0	0	89	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	7	31.00
41.00 04100 SUBPROVIDER - I&R	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	0	4	43.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
45.01 04510 ICF/MR	0	0	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01 05603 ULTRASOUND	0	0	0	0	0	56.01
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
60.01 06001 LABORATORY	0	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01 06501 STRESS TEST	0	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01 06901 ECHOCARDIOGRAM	0	0	0	0	0	69.01
69.02 06902 RADIOLOGY	0	0	0	0	0	69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
71.30 07101 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.02 07501 OUTPATIENT SURGERY	0	0	0	0	0	75.02
76.00 03290 ELECTROMYOGRAPHY	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 ADDICTION RECOVERY CLINIC	0	0	0	0	0	90.01
90.03 09002 LI THOTRI PSY	0	0	0	0	0	90.03
91.00 09100 EMERGENCY	0	0	0	100	0	91.00
91.20 09101 ACUTE CARE CENTER	0	0	0	0	0	91.20
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0202

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

Worksheet B-1

Date/Time Prepared:
5/29/2018 9:32 am

Cost Center Description	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED EDUCATION EMS (ASSIGNED TIME)	CLINICAL PASTORAL EDUCATION (ASSIGNED TIME)	
		SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
		20.00	21.00			
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	99.10
99.20 09920	OPT	0	0	0	0	99.20
99.30 09930	OOT	0	0	0	0	99.30
99.40 09940	OSP	0	0	0	0	99.40
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	111.00
116.00 11600	HOSPICE	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	100	100 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00 07950	FUNDRAISING	0	0	0	0	194.00
194.01 07951	MANAGED CARE ADMINISTRATION	0	0	0	0	194.01
194.02 07952	PHYSICIAN SUPPORT SERVICES	0	0	0	0	194.02
194.03 07953	HOME MEDICAL EQUIPMENT	0	0	0	0	194.03
194.04 07954	HOME PHARMACY	0	0	0	0	194.04
194.05 07955	HOSPICE	0	0	0	0	194.05
194.06 07956	NEIL MRI	0	0	0	0	194.06
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	0	476,761	448,135 202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	4,767.610000	4,481.350000 203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	0	0	50,131	4,912 204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	501.310000	49.120000 205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)	0			0	0 206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000			0.000000	0.000000 207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0202

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2018 9:32 am

		Title XVIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	75,597,556		75,597,556	0	75,597,556	30.00
31.00	03100 INTENSIVE CARE UNIT	12,339,771		12,339,771	29,151	12,368,922	31.00
41.00	04100 SUBPROVIDER - I RF	0		0	0	0	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	4,618,316		4,618,316	0	4,618,316	43.00
45.00	04500 NURSING FACILITY	0		0	0	0	45.00
45.01	04510 ICF/MR	0		0	0	0	45.01
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	22,029,452		22,029,452	0	22,029,452	50.00
51.00	05100 RECOVERY ROOM	2,317,389		2,317,389	0	2,317,389	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,878,846		2,878,846	0	2,878,846	52.00
53.00	05300 ANESTHESIOLOGY	554,725		554,725	0	554,725	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	8,124,832		8,124,832	0	8,124,832	54.00
56.00	05600 RADIOISOTOPE	2,791,049		2,791,049	0	2,791,049	56.00
56.01	05603 ULTRASOUND	2,312,231		2,312,231	0	2,312,231	56.01
57.00	05700 CT SCAN	2,112,215		2,112,215	0	2,112,215	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,412,747		1,412,747	0	1,412,747	58.00
59.00	05900 CARDIAC CATHETERIZATION	5,290,222		5,290,222	0	5,290,222	59.00
60.00	06000 LABORATORY	11,220,571		11,220,571	0	11,220,571	60.00
60.01	06001 LABORATORY	0		0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	191,126		191,126	0	191,126	63.00
65.00	06500 RESPIRATORY THERAPY	4,119,229	0	4,119,229	0	4,119,229	65.00
65.01	06501 STRESS TEST	1,077,566	0	1,077,566	0	1,077,566	65.01
66.00	06600 PHYSICAL THERAPY	8,609,641	0	8,609,641	0	8,609,641	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	552,551		552,551	0	552,551	69.00
69.01	06901 ECHOCARDIOGRAM	0		0	0	0	69.01
69.02	06902 RADIOLOGY	0		0	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	222,531		222,531	0	222,531	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	25,177,166		25,177,166	0	25,177,166	71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0		0	0	0	71.30
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	18,264,217		18,264,217	0	18,264,217	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	27,836,403		27,836,403	0	27,836,403	73.00
74.00	07400 RENAL DIALYSIS	1,572,289		1,572,289	0	1,572,289	74.00
75.02	07501 OUTPATIENT SURGERY	0		0	0	0	75.02
76.00	03290 ELECTROMYOGRAPHY	0		0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	2,086,084		2,086,084	0	2,086,084	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINIC	3,882,195		3,882,195	0	3,882,195	90.00
90.01	09001 ADDICTION RECOVERY CLINIC	0		0	0	0	90.01
90.03	09002 LI THOTRI PSY	0		0	0	0	90.03
91.00	09100 EMERGENCY	20,180,394		20,180,394	1,669,932	21,850,326	91.00
91.20	09101 ACUTE CARE CENTER	5,272,947		5,272,947	0	5,272,947	91.20
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	6,439,760		6,439,760	0	6,439,760	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0		0	0	0	99.10
99.20	09920 OPT	0		0	0	0	99.20
99.30	09930 OOT	0		0	0	0	99.30
99.40	09940 OSP	0		0	0	0	99.40
101.00	10100 HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0		0	0	0	111.00
116.00	11600 HOSPICE	0		0	0	0	116.00
200.00	Subtotal (see instructions)	279,084,021	0	279,084,021	1,699,083	280,783,104	200.00
201.00	Less Observation Beds	6,439,760		6,439,760		6,439,760	201.00
202.00	Total (see instructions)	272,644,261	0	272,644,261	1,699,083	274,343,344	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0202

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2018 9:32 am

		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	206,127,558		206,127,558		30.00
31.00	03100	INTENSIVE CARE UNIT	28,848,961		28,848,961		31.00
41.00	04100	SUBPROVIDER - I RF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	14,577,007		14,577,007		43.00
45.00	04500	NURSING FACILITY	0		0		45.00
45.01	04510	ICF/MR	0		0		45.01
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	75,897,305	102,697,180	178,594,485	0.123349	50.00
51.00	05100	RECOVERY ROOM	9,090,057	14,226,833	23,316,890	0.099387	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,894,496	0	4,894,496	0.588180	52.00
53.00	05300	ANESTHESIOLOGY	9,133,933	11,190,723	20,324,656	0.027293	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,452,691	31,388,015	45,840,706	0.177241	54.00
56.00	05600	RADIOISOTOPE	4,981,395	32,984,240	37,965,635	0.073515	56.00
56.01	05603	ULTRASOUND	5,478,820	21,018,967	26,497,787	0.087261	56.01
57.00	05700	CT SCAN	38,522,147	76,285,892	114,808,039	0.018398	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	9,832,193	24,302,034	34,134,227	0.041388	58.00
59.00	05900	CARDIAC CATHETERIZATION	28,642,222	24,498,824	53,141,046	0.099551	59.00
60.00	06000	LABORATORY	63,090,489	50,446,646	113,537,135	0.098827	60.00
60.01	06001	LABORATORY	0	0	0	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,178,754	2,147,469	9,326,223	0.020493	63.00
65.00	06500	RESPIRATORY THERAPY	37,184,778	2,194,788	39,379,566	0.104603	65.00
65.01	06501	STRESS TEST	11,617,422	11,087,832	22,705,254	0.047459	65.01
66.00	06600	PHYSICAL THERAPY	8,836,867	20,145,829	28,982,696	0.297061	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	3,446,606	4,216,448	7,663,054	0.072106	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0	0.000000	69.01
69.02	06902	CARDIOLOGY	0	0	0	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	298,390	330,915	629,305	0.353614	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	21,916,101	20,773,524	42,689,625	0.589772	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0.000000	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	47,169,973	23,464,041	70,634,014	0.258575	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	101,498,433	69,959,414	171,457,847	0.162351	73.00
74.00	07400	RENAL DIALYSIS	5,677,854	0	5,677,854	0.276916	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0	0.000000	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	119,034	3,284,851	3,403,885	0.612854	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	89,642	15,188,674	15,278,316	0.254098	90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	0	0.000000	90.01
90.03	09002	LITHOTRIPSY	0	0	0	0.000000	90.03
91.00	09100	EMERGENCY	36,694,852	95,364,825	132,059,677	0.152813	91.00
91.20	09101	ACUTE CARE CENTER	50,260	12,811,471	12,861,731	0.409972	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	7,204,376	19,082,228	26,286,604	0.244983	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
99.20	09920	OPT	0	0	0		99.20
99.30	09930	OOT	0	0	0		99.30
99.40	09940	OSP	0	0	0		99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
116.00	11600	HOSPICE	0	0	0		116.00
200.00		Subtotal (see instructions)	802,552,616	689,091,663	1,491,644,279		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	802,552,616	689,091,663	1,491,644,279		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0202	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/29/2018 9:32 am
			Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
INPATIENT ROUTINE SERVICE COST CENTERS			11.00		
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
45.00	04500	NURSING FACILITY			45.00
45.01	04510	ICF/MR			45.01
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.123349		50.00
51.00	05100	RECOVERY ROOM	0.099387		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.588180		52.00
53.00	05300	ANESTHESIOLOGY	0.027293		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.177241		54.00
56.00	05600	RADIOISOTOPE	0.073515		56.00
56.01	05603	ULTRASOUND	0.087261		56.01
57.00	05700	CT SCAN	0.018398		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.041388		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.099551		59.00
60.00	06000	LABORATORY	0.098827		60.00
60.01	06001	LABORATORY	0.000000		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.020493		63.00
65.00	06500	RESPIRATORY THERAPY	0.104603		65.00
65.01	06501	STRESS TEST	0.047459		65.01
66.00	06600	PHYSICAL THERAPY	0.297061		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.072106		69.00
69.01	06901	ECHOCARDIOGRAM	0.000000		69.01
69.02	06902	CARDIOLOGY	0.000000		69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.353614		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.589772		71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0.000000		71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.258575		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.162351		73.00
74.00	07400	RENAL DIALYSIS	0.276916		74.00
75.02	07501	OUTPATIENT SURGERY	0.000000		75.02
76.00	03290	ELECTROMYOGRAPHY	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.612854		76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0.254098		90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0.000000		90.01
90.03	09002	LITHOTRIPSY	0.000000		90.03
91.00	09100	EMERGENCY	0.165458		91.00
91.20	09101	ACUTE CARE CENTER	0.409972		91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.244983		92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF			99.10
99.20	09920	OPT			99.20
99.30	09930	OOT			99.30
99.40	09940	OSP			99.40
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
116.00	11600	HOSPICE			116.00
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: 14-0202

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2018 9:32 am

		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	75,597,556	75,597,556	0	75,597,556	30.00	
31.00	03100 INTENSIVE CARE UNIT	12,339,771	12,339,771	29,151	12,368,922	31.00	
41.00	04100 SUBPROVIDER - I RF	0	0	0	0	41.00	
42.00	04200 SUBPROVIDER	0	0	0	0	42.00	
43.00	04300 NURSERY	4,618,316	4,618,316	0	4,618,316	43.00	
45.00	04500 NURSING FACILITY	0	0	0	0	45.00	
45.01	04510 ICF/MR	0	0	0	0	45.01	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	22,029,452	22,029,452	0	22,029,452	50.00	
51.00	05100 RECOVERY ROOM	2,317,389	2,317,389	0	2,317,389	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,878,846	2,878,846	0	2,878,846	52.00	
53.00	05300 ANESTHESIOLOGY	554,725	554,725	0	554,725	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	8,124,832	8,124,832	0	8,124,832	54.00	
56.00	05600 RADIOISOTOPE	2,791,049	2,791,049	0	2,791,049	56.00	
56.01	05603 ULTRASOUND	2,312,231	2,312,231	0	2,312,231	56.01	
57.00	05700 CT SCAN	2,112,215	2,112,215	0	2,112,215	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,412,747	1,412,747	0	1,412,747	58.00	
59.00	05900 CARDIAC CATHETERIZATION	5,290,222	5,290,222	0	5,290,222	59.00	
60.00	06000 LABORATORY	11,220,571	11,220,571	0	11,220,571	60.00	
60.01	06001 LABORATORY	0	0	0	0	60.01	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	191,126	191,126	0	191,126	63.00	
65.00	06500 RESPIRATORY THERAPY	4,119,229	4,119,229	0	4,119,229	65.00	
65.01	06501 STRESS TEST	1,077,566	1,077,566	0	1,077,566	65.01	
66.00	06600 PHYSICAL THERAPY	8,609,641	8,609,641	0	8,609,641	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	552,551	552,551	0	552,551	69.00	
69.01	06901 ECHOCARDIOGRAM	0	0	0	0	69.01	
69.02	06902 RADIOLOGY	0	0	0	0	69.02	
70.00	07000 ELECTROENCEPHALOGRAPHY	222,531	222,531	0	222,531	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	25,177,166	25,177,166	0	25,177,166	71.00	
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	71.30	
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	18,264,217	18,264,217	0	18,264,217	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	27,836,403	27,836,403	0	27,836,403	73.00	
74.00	07400 RENAL DIALYSIS	1,572,289	1,572,289	0	1,572,289	74.00	
75.02	07501 OUTPATIENT SURGERY	0	0	0	0	75.02	
76.00	03290 ELECTROMYOGRAPHY	0	0	0	0	76.00	
76.97	07697 CARDIAC REHABILITATION	2,086,084	2,086,084	0	2,086,084	76.97	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	88.00	
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00	
90.00	09000 CLINIC	3,882,195	3,882,195	0	3,882,195	90.00	
90.01	09001 ADDICTION RECOVERY CLINIC	0	0	0	0	90.01	
90.03	09002 LI THOTRI PSY	0	0	0	0	90.03	
91.00	09100 EMERGENCY	20,180,394	20,180,394	1,669,932	21,850,326	91.00	
91.20	09101 ACUTE CARE CENTER	5,272,947	5,272,947	0	5,272,947	91.20	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	6,439,760	6,439,760	0	6,439,760	92.00	
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	99.10	
99.20	09920 OPT	0	0	0	0	99.20	
99.30	09930 OOT	0	0	0	0	99.30	
99.40	09940 OSP	0	0	0	0	99.40	
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	101.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	109.00	
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	110.00	
111.00	11100 ISLET ACQUISITION	0	0	0	0	111.00	
116.00	11600 HOSPICE	0	0	0	0	116.00	
200.00	Subtotal (see instructions)	279,084,021	279,084,021	1,699,083	280,783,104	200.00	
201.00	Less Observation Beds	6,439,760	6,439,760	0	6,439,760	201.00	
202.00	Total (see instructions)	272,644,261	272,644,261	1,699,083	274,343,344	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0202

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2018 9:32 am

		Title XIX			Hospital	Cost	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	206,127,558		206,127,558		30.00
31.00	03100	INTENSIVE CARE UNIT	28,848,961		28,848,961		31.00
41.00	04100	SUBPROVIDER - I RF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	14,577,007		14,577,007		43.00
45.00	04500	NURSING FACILITY	0		0		45.00
45.01	04510	ICF/MR	0		0		45.01
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	75,897,305	102,697,180	178,594,485	0.123349	50.00
51.00	05100	RECOVERY ROOM	9,090,057	14,226,833	23,316,890	0.099387	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,894,496	0	4,894,496	0.588180	52.00
53.00	05300	ANESTHESIOLOGY	9,133,933	11,190,723	20,324,656	0.027293	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,452,691	31,388,015	45,840,706	0.177241	54.00
56.00	05600	RADIOISOTOPE	4,981,395	32,984,240	37,965,635	0.073515	56.00
56.01	05603	ULTRASOUND	5,478,820	21,018,967	26,497,787	0.087261	56.01
57.00	05700	CT SCAN	38,522,147	76,285,892	114,808,039	0.018398	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	9,832,193	24,302,034	34,134,227	0.041388	58.00
59.00	05900	CARDIAC CATHETERIZATION	28,642,222	24,498,824	53,141,046	0.099551	59.00
60.00	06000	LABORATORY	63,090,489	50,446,646	113,537,135	0.098827	60.00
60.01	06001	LABORATORY	0	0	0	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,178,754	2,147,469	9,326,223	0.020493	63.00
65.00	06500	RESPIRATORY THERAPY	37,184,778	2,194,788	39,379,566	0.104603	65.00
65.01	06501	STRESS TEST	11,617,422	11,087,832	22,705,254	0.047459	65.01
66.00	06600	PHYSICAL THERAPY	8,836,867	20,145,829	28,982,696	0.297061	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	3,446,606	4,216,448	7,663,054	0.072106	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0	0.000000	69.01
69.02	06902	CARDIOLOGY	0	0	0	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	298,390	330,915	629,305	0.353614	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	21,916,101	20,773,524	42,689,625	0.589772	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0.000000	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	47,169,973	23,464,041	70,634,014	0.258575	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	101,498,433	69,959,414	171,457,847	0.162351	73.00
74.00	07400	RENAL DIALYSIS	5,677,854	0	5,677,854	0.276916	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0	0.000000	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	119,034	3,284,851	3,403,885	0.612854	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	89,642	15,188,674	15,278,316	0.254098	90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	0	0.000000	90.01
90.03	09002	LITHOTRIPSY	0	0	0	0.000000	90.03
91.00	09100	EMERGENCY	36,694,852	95,364,825	132,059,677	0.152813	91.00
91.20	09101	ACUTE CARE CENTER	50,260	12,811,471	12,861,731	0.409972	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	7,204,376	19,082,228	26,286,604	0.244983	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
99.20	09920	OPT	0	0	0		99.20
99.30	09930	OOT	0	0	0		99.30
99.40	09940	OSP	0	0	0		99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
116.00	11600	HOSPICE	0	0	0		116.00
200.00		Subtotal (see instructions)	802,552,616	689,091,663	1,491,644,279		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	802,552,616	689,091,663	1,491,644,279		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0202	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/29/2018 9:32 am	
Cost Center Description			PPS Inpatient Ratio 11.00	Title XIX	Hospital	Cost
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
41.00	04100	SUBPROVIDER - IRF				41.00
42.00	04200	SUBPROVIDER				42.00
43.00	04300	NURSERY				43.00
45.00	04500	NURSING FACILITY				45.00
45.01	04510	ICF/MR				45.01
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
56.01	05603	ULTRASOUND	0.000000			56.01
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
60.01	06001	LABORATORY	0.000000			60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
65.01	06501	STRESS TEST	0.000000			65.01
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
69.01	06901	ECHOCARDIOGRAM	0.000000			69.01
69.02	06902	CARDIOLOGY	0.000000			69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0.000000			71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
75.02	07501	OUTPATIENT SURGERY	0.000000			75.02
76.00	03290	ELECTROMYOGRAPHY	0.000000			76.00
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0.000000			90.01
90.03	09002	LITHOTRIPSY	0.000000			90.03
91.00	09100	EMERGENCY	0.000000			91.00
91.20	09101	ACUTE CARE CENTER	0.000000			91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
99.20	09920	OPT				99.20
99.30	09930	OOT				99.30
99.40	09940	OSP				99.40
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
116.00	11600	HOSPICE				116.00
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: 14-0202

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2018 9:32 am

		Title V		Hospital		Cost	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	75,597,556		75,597,556	0	75,597,556	30.00
31.00	03100 INTENSIVE CARE UNIT	12,339,771		12,339,771	29,151	12,368,922	31.00
41.00	04100 SUBPROVIDER - I RF	0		0	0	0	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	4,618,316		4,618,316	0	4,618,316	43.00
45.00	04500 NURSING FACILITY	0		0	0	0	45.00
45.01	04510 ICF/MR	0		0	0	0	45.01
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	22,029,452		22,029,452	0	22,029,452	50.00
51.00	05100 RECOVERY ROOM	2,317,389		2,317,389	0	2,317,389	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,878,846		2,878,846	0	2,878,846	52.00
53.00	05300 ANESTHESIOLOGY	554,725		554,725	0	554,725	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	8,124,832		8,124,832	0	8,124,832	54.00
56.00	05600 RADIOISOTOPE	2,791,049		2,791,049	0	2,791,049	56.00
56.01	05603 ULTRASOUND	2,312,231		2,312,231	0	2,312,231	56.01
57.00	05700 CT SCAN	2,112,215		2,112,215	0	2,112,215	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,412,747		1,412,747	0	1,412,747	58.00
59.00	05900 CARDIAC CATHETERIZATION	5,290,222		5,290,222	0	5,290,222	59.00
60.00	06000 LABORATORY	11,220,571		11,220,571	0	11,220,571	60.00
60.01	06001 LABORATORY	0		0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	191,126		191,126	0	191,126	63.00
65.00	06500 RESPIRATORY THERAPY	4,119,229	0	4,119,229	0	4,119,229	65.00
65.01	06501 STRESS TEST	1,077,566	0	1,077,566	0	1,077,566	65.01
66.00	06600 PHYSICAL THERAPY	8,609,641	0	8,609,641	0	8,609,641	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	552,551		552,551	0	552,551	69.00
69.01	06901 ECHOCARDIOGRAM	0		0	0	0	69.01
69.02	06902 RADIOLOGY	0		0	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	222,531		222,531	0	222,531	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	25,177,166		25,177,166	0	25,177,166	71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0		0	0	0	71.30
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	18,264,217		18,264,217	0	18,264,217	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	27,836,403		27,836,403	0	27,836,403	73.00
74.00	07400 RENAL DIALYSIS	1,572,289		1,572,289	0	1,572,289	74.00
75.02	07501 OUTPATIENT SURGERY	0		0	0	0	75.02
76.00	03290 ELECTROMYOGRAPHY	0		0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	2,086,084		2,086,084	0	2,086,084	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINIC	3,882,195		3,882,195	0	3,882,195	90.00
90.01	09001 ADDICTION RECOVERY CLINIC	0		0	0	0	90.01
90.03	09002 LI THOTRI PSY	0		0	0	0	90.03
91.00	09100 EMERGENCY	20,180,394		20,180,394	1,669,932	21,850,326	91.00
91.20	09101 ACUTE CARE CENTER	5,272,947		5,272,947	0	5,272,947	91.20
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	6,439,760		6,439,760	0	6,439,760	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0		0	0	0	99.10
99.20	09920 OPT	0		0	0	0	99.20
99.30	09930 OOT	0		0	0	0	99.30
99.40	09940 OSP	0		0	0	0	99.40
101.00	10100 HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0		0	0	0	111.00
116.00	11600 HOSPICE	0		0	0	0	116.00
200.00	Subtotal (see instructions)	279,084,021	0	279,084,021	1,699,083	280,783,104	200.00
201.00	Less Observation Beds	6,439,760		6,439,760	0	6,439,760	201.00
202.00	Total (see instructions)	272,644,261	0	272,644,261	1,699,083	274,343,344	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0202

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2018 9:32 am

		Title V			Hospital	Cost	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	206,127,558		206,127,558		30.00
31.00	03100	INTENSIVE CARE UNIT	28,848,961		28,848,961		31.00
41.00	04100	SUBPROVIDER - I RF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	14,577,007		14,577,007		43.00
45.00	04500	NURSING FACILITY	0		0		45.00
45.01	04510	ICF/MR	0		0		45.01
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	75,897,305	102,697,180	178,594,485	0.123349	50.00
51.00	05100	RECOVERY ROOM	9,090,057	14,226,833	23,316,890	0.099387	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,894,496	0	4,894,496	0.588180	52.00
53.00	05300	ANESTHESIOLOGY	9,133,933	11,190,723	20,324,656	0.027293	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,452,691	31,388,015	45,840,706	0.177241	54.00
56.00	05600	RADIOISOTOPE	4,981,395	32,984,240	37,965,635	0.073515	56.00
56.01	05603	ULTRASOUND	5,478,820	21,018,967	26,497,787	0.087261	56.01
57.00	05700	CT SCAN	38,522,147	76,285,892	114,808,039	0.018398	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	9,832,193	24,302,034	34,134,227	0.041388	58.00
59.00	05900	CARDIAC CATHETERIZATION	28,642,222	24,498,824	53,141,046	0.099551	59.00
60.00	06000	LABORATORY	63,090,489	50,446,646	113,537,135	0.098827	60.00
60.01	06001	LABORATORY	0	0	0	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,178,754	2,147,469	9,326,223	0.020493	63.00
65.00	06500	RESPIRATORY THERAPY	37,184,778	2,194,788	39,379,566	0.104603	65.00
65.01	06501	STRESS TEST	11,617,422	11,087,832	22,705,254	0.047459	65.01
66.00	06600	PHYSICAL THERAPY	8,836,867	20,145,829	28,982,696	0.297061	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	3,446,606	4,216,448	7,663,054	0.072106	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0	0.000000	69.01
69.02	06902	CARDIOLOGY	0	0	0	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	298,390	330,915	629,305	0.353614	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	21,916,101	20,773,524	42,689,625	0.589772	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0.000000	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	47,169,973	23,464,041	70,634,014	0.258575	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	101,498,433	69,959,414	171,457,847	0.162351	73.00
74.00	07400	RENAL DIALYSIS	5,677,854	0	5,677,854	0.276916	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0	0.000000	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	119,034	3,284,851	3,403,885	0.612854	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	89,642	15,188,674	15,278,316	0.254098	90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	0	0.000000	90.01
90.03	09002	LI THOTRI PSY	0	0	0	0.000000	90.03
91.00	09100	EMERGENCY	36,694,852	95,364,825	132,059,677	0.152813	91.00
91.20	09101	ACUTE CARE CENTER	50,260	12,811,471	12,861,731	0.409972	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	7,204,376	19,082,228	26,286,604	0.244983	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
99.20	09920	OPT	0	0	0		99.20
99.30	09930	OOT	0	0	0		99.30
99.40	09940	OSP	0	0	0		99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
116.00	11600	HOSPICE	0	0	0		116.00
200.00		Subtotal (see instructions)	802,552,616	689,091,663	1,491,644,279		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	802,552,616	689,091,663	1,491,644,279		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0202	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/29/2018 9:32 am	
Cost Center Description			PPS Inpatient Ratio	Title V	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
41.00	04100	SUBPROVIDER - IRF				41.00
42.00	04200	SUBPROVIDER				42.00
43.00	04300	NURSERY				43.00
45.00	04500	NURSING FACILITY				45.00
45.01	04510	ICF/MR				45.01
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
56.01	05603	ULTRASOUND	0.000000			56.01
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
60.01	06001	LABORATORY	0.000000			60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
65.01	06501	STRESS TEST	0.000000			65.01
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
69.01	06901	ECHOCARDIOGRAM	0.000000			69.01
69.02	06902	CARDIOLOGY	0.000000			69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0.000000			71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
75.02	07501	OUTPATIENT SURGERY	0.000000			75.02
76.00	03290	ELECTROMYOGRAPHY	0.000000			76.00
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0.000000			90.01
90.03	09002	LITHOTRIPSY	0.000000			90.03
91.00	09100	EMERGENCY	0.000000			91.00
91.20	09101	ACUTE CARE CENTER	0.000000			91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
99.20	09920	OPT				99.20
99.30	09930	OOT				99.30
99.40	09940	OSP				99.40
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
116.00	11600	HOSPICE				116.00
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: 14-0202	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part I Date/Time Prepared: 5/29/2018 9:32 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	8,807,071	0	8,807,071	66,268	132.90	30.00
31.00	INTENSIVE CARE UNIT	795,526		795,526	5,188	153.34	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	121,762		121,762	3,003	40.55	43.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
45.01	ICF/MR	0		0	0	0.00	45.01
200.00	Total (lines 30 through 199)	9,724,359		9,724,359	74,459		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	27,489	3,653,288				
31.00	INTENSIVE CARE UNIT	2,288	350,842				
41.00	SUBPROVIDER - IRF	0	0				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
45.00	NURSING FACILITY	0	0				
45.01	ICF/MR	0	0				
200.00	Total (lines 30 through 199)	29,777	4,004,130				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0202	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part II Date/Time Prepared: 5/29/2018 9:32 am
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Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,093,344	178,594,485	0.011721	30,307,648	355,236	50.00
51.00	05100	RECOVERY ROOM	187,178	23,316,890	0.008028	3,571,449	28,672	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	407,084	4,894,496	0.083172	0	0	52.00
53.00	05300	ANESTHESIOLOGY	40,548	20,324,656	0.001995	3,376,519	6,736	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,148,654	45,840,706	0.025058	6,831,765	171,190	54.00
56.00	05600	RADIOISOTOPE	184,381	37,965,635	0.004857	2,581,312	12,537	56.00
56.01	05603	ULTRASOUND	117,938	26,497,787	0.004451	2,510,136	11,173	56.01
57.00	05700	CT SCAN	139,781	114,808,039	0.001218	15,907,443	19,375	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	160,365	34,134,227	0.004698	4,183,578	19,654	58.00
59.00	05900	CARDIAC CATHETERIZATION	613,689	53,141,046	0.011548	12,357,163	142,701	59.00
60.00	06000	LABORATORY	490,804	113,537,135	0.004323	28,481,820	123,127	60.00
60.01	06001	LABORATORY	0	0	0.000000	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	71,284	9,326,223	0.007643	2,578,162	19,705	63.00
65.00	06500	RESPIRATORY THERAPY	267,685	39,379,566	0.006798	13,210,613	89,806	65.00
65.01	06501	STRESS TEST	25,816	22,705,254	0.001137	5,943,706	6,758	65.01
66.00	06600	PHYSICAL THERAPY	901,601	28,982,696	0.031108	4,632,299	144,102	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	20,329	7,663,054	0.002653	1,773,394	4,705	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0.000000	0	0	69.01
69.02	06902	CARDIOLOGY	0	0	0.000000	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	69,899	629,305	0.111073	150,210	16,684	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	233,538	42,689,625	0.005471	13,399,162	73,307	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0.000000	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	172,532	70,634,014	0.002443	20,132,197	49,183	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	491,701	171,457,847	0.002868	44,751,424	128,347	73.00
74.00	07400	RENAL DIALYSIS	156,857	5,677,854	0.027626	2,907,239	80,315	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0.000000	0	0	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	560,289	3,403,885	0.164603	96,350	15,859	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	470,111	15,278,316	0.030770	49,059	1,510	90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	0.000000	0	0	90.01
90.03	09002	LITHOTRIPSY	0	0	0.000000	0	0	90.03
91.00	09100	EMERGENCY	2,193,953	132,059,677	0.016613	15,870,135	263,651	91.00
91.20	09101	ACUTE CARE CENTER	654,803	12,861,731	0.050911	22,045	1,122	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	750,226	26,286,604	0.028540	3,558,542	101,561	92.00
200.00		Total (lines 50 through 199)	12,624,390	1,242,090,753		239,183,370	1,887,016	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0202		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part III Date/Time Prepared: 5/29/2018 9:32 am	
				Title XVIII		Hospital	PPS

Cost Center Description		Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
		1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	398,841	0 30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	31,369	0 31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00	04300	NURSERY	0	0	0	17,925	0 43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0 45.00
45.01	04510	ICF/MR	0	0	0	0	0 45.01
200.00		Total (lines 30 through 199)	0	0	0	448,135	0 200.00

Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
		4.00	5.00	6.00	7.00	8.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	398,841	66,268	6.02	27,489 30.00
31.00	03100	INTENSIVE CARE UNIT		31,369	5,188	6.05	2,288 31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0 41.00
42.00	04200	SUBPROVIDER	0	0	0	0.00	0 42.00
43.00	04300	NURSERY		17,925	3,003	5.97	0 43.00
45.00	04500	NURSING FACILITY		0	0	0.00	0 45.00
45.01	04510	ICF/MR		0	0	0.00	0 45.01
200.00		Total (lines 30 through 199)		448,135	74,459		29,777 200.00

Cost Center Description		Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
		9.00	

INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	165,484 30.00
31.00	03100	INTENSIVE CARE UNIT	13,842 31.00
41.00	04100	SUBPROVIDER - IRF	0 41.00
42.00	04200	SUBPROVIDER	0 42.00
43.00	04300	NURSERY	0 43.00
45.00	04500	NURSING FACILITY	0 45.00
45.01	04510	ICF/MR	0 45.01
200.00		Total (lines 30 through 199)	179,326 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0202	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/29/2018 9:32 am
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Cost Center Description	Title XVIII				Hospital		PPS
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	0	56.00
56.01 05603 ULTRASOUND	0	0	0	0	0	0	56.01
57.00 05700 CT SCAN	0	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00
60.01 06001 LABORATORY	0	0	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
65.01 06501 STRESS TEST	0	0	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
69.01 06901 ECHOCARDIOGRAM	0	0	0	0	0	0	69.01
69.02 06902 RADIOLOGY	0	0	0	0	0	0	69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
71.30 07101 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	71.30
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.02 07501 OUTPATIENT SURGERY	0	0	0	0	0	0	75.02
76.00 03290 ELECTROMYOGRAPHY	0	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
90.01 09001 ADDICTION RECOVERY CLINIC	0	0	0	0	0	0	90.01
90.03 09002 LI THOTRI PSY	0	0	0	0	0	0	90.03
91.00 09100 EMERGENCY	0	0	0	0	0	476,761	91.00
91.20 09101 ACUTE CARE CENTER	0	0	0	0	0	0	91.20
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	33,976	92.00
200.00 Total (lines 50 through 199)	0	0	0	0	0	510,737	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0202	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/29/2018 9:32 am
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Cost Center Description		Title XVIII			Hospital	PPS		
		All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	178,594,485	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	23,316,890	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	4,894,496	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	20,324,656	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	45,840,706	0.000000	54.00
56.00	05600	RADIOISOTOPE	0	0	0	37,965,635	0.000000	56.00
56.01	05603	ULTRASOUND	0	0	0	26,497,787	0.000000	56.01
57.00	05700	CT SCAN	0	0	0	114,808,039	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	34,134,227	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	53,141,046	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	113,537,135	0.000000	60.00
60.01	06001	LABORATORY	0	0	0	0	0.000000	60.01
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0	0	0	9,326,223	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	39,379,566	0.000000	65.00
65.01	06501	STRESS TEST	0	0	0	22,705,254	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	28,982,696	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	7,663,054	0.000000	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0	0	0.000000	69.01
69.02	06902	CARDIOLOGY	0	0	0	0	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	629,305	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	42,689,625	0.000000	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0.000000	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	70,634,014	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	171,457,847	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	5,677,854	0.000000	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0	0	0.000000	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	3,403,885	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	15,278,316	0.000000	90.00
90.01	09001	ADDITIONAL RECOVERY CLINIC	0	0	0	0	0.000000	90.01
90.03	09002	LITHOTRIPSY	0	0	0	0	0.000000	90.03
91.00	09100	EMERGENCY	0	476,761	476,761	132,059,677	0.003610	91.00
91.20	09101	ACUTE CARE CENTER	0	0	0	12,861,731	0.000000	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	33,976	33,976	26,286,604	0.001293	92.00
200.00		Total (lines 50 through 199)	0	510,737	510,737	1,242,090,753		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0202	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/29/2018 9:32 am
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Cost Center Description		Title XVIII				Hospital		
		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PPS	
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	30,307,648	0	27,800,266	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	3,571,449	0	3,011,841	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	3,376,519	0	2,694,714	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	6,831,765	0	9,118,044	0	54.00
56.00	05600	RADIOISOTOPE	0.000000	2,581,312	0	12,623,336	0	56.00
56.01	05603	ULTRASOUND	0.000000	2,510,136	0	3,647,483	0	56.01
57.00	05700	CT SCAN	0.000000	15,907,443	0	19,509,376	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	4,183,578	0	6,772,885	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	12,357,163	0	9,965,601	0	59.00
60.00	06000	LABORATORY	0.000000	28,481,820	0	9,949,979	0	60.00
60.01	06001	LABORATORY	0.000000	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	2,578,162	0	845,477	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	13,210,613	0	457,138	0	65.00
65.01	06501	STRESS TEST	0.000000	5,943,706	0	3,564,137	0	65.01
66.00	06600	PHYSICAL THERAPY	0.000000	4,632,299	0	168,563	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	1,773,394	0	1,197,679	0	69.00
69.01	06901	ECHOCARDIOGRAM	0.000000	0	0	0	0	69.01
69.02	06902	CARDIOLOGY	0.000000	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	150,210	0	75,870	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	13,399,162	0	6,878,879	0	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000	20,132,197	0	8,504,618	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	44,751,424	0	24,311,043	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	2,907,239	0	0	0	74.00
75.02	07501	OUTPATIENT SURGERY	0.000000	0	0	0	0	75.02
76.00	03290	ELECTROMYOGRAPHY	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	96,350	0	1,733,751	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	0.000000	49,059	0	7,579,171	0	90.00
90.01	09001	ADDITION RECOVERY CLINIC	0.000000	0	0	0	0	90.01
90.03	09002	LITHOTRIPSY	0.000000	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.003610	15,870,135	57,291	15,738,936	56,818	91.00
91.20	09101	ACUTE CARE CENTER	0.000000	22,045	0	883,659	0	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.001293	3,558,542	4,601	10,690,425	13,823	92.00
200.00		Total (lines 50 through 199)		239,183,370	61,892	187,722,871	70,641	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0202	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/29/2018 9:32 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.123349	27,800,266	14,624	0	3,429,135	50.00
51.00 05100 RECOVERY ROOM	0.099387	3,011,841	0	0	299,338	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.588180	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.027293	2,694,714	0	0	73,547	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.177241	9,118,044	0	0	1,616,091	54.00
56.00 05600 RADIOISOTOPE	0.073515	12,623,336	0	0	928,005	56.00
56.01 05603 ULTRASOUND	0.087261	3,647,483	0	0	318,283	56.01
57.00 05700 CT SCAN	0.018398	19,509,376	0	0	358,933	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.041388	6,772,885	0	0	280,316	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.099551	9,965,601	0	0	992,086	59.00
60.00 06000 LABORATORY	0.098827	9,949,979	4,710	0	983,327	60.00
60.01 06001 LABORATORY	0.000000	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.020493	845,477	0	0	17,326	63.00
65.00 06500 RESPIRATORY THERAPY	0.104603	457,138	0	0	47,818	65.00
65.01 06501 STRESS TEST	0.047459	3,564,137	0	0	169,150	65.01
66.00 06600 PHYSICAL THERAPY	0.297061	168,563	0	0	50,073	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.072106	1,197,679	0	0	86,360	69.00
69.01 06901 ECHOCARDIOGRAM	0.000000	0	0	0	0	69.01
69.02 06902 RADIOLOGY	0.000000	0	0	0	0	69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	0.353614	75,870	0	0	26,829	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.589772	6,878,879	0	0	4,056,970	71.00
71.30 07101 IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	0	0	71.30
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.258575	8,504,618	0	0	2,199,082	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.162351	24,311,043	0	94,068	3,946,922	73.00
74.00 07400 RENAL DIALYSIS	0.276916	0	0	0	0	74.00
75.02 07501 OUTPATIENT SURGERY	0.000000	0	0	0	0	75.02
76.00 03290 ELECTROMYOGRAPHY	0.000000	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0.612854	1,733,751	0	0	1,062,536	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00 09000 CLINIC	0.254098	7,579,171	0	0	1,925,852	90.00
90.01 09001 ADDICTION RECOVERY CLINIC	0.000000	0	0	0	0	90.01
90.03 09002 LI THOTRI PSY	0.000000	0	0	0	0	90.03
91.00 09100 EMERGENCY	0.152813	15,738,936	0	118	2,405,114	91.00
91.20 09101 ACUTE CARE CENTER	0.409972	883,659	0	43	362,275	91.20
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.244983	10,690,425	0	35	2,618,972	92.00
200.00 Subtotal (see instructions)		187,722,871	19,334	94,264	28,254,340	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00 Net Charges (line 200 - line 201)		187,722,871	19,334	94,264	28,254,340	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0202	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/29/2018 9:32 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	1,804	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
56.00 05600 RADIOISOTOPE	0	0		56.00
56.01 05603 ULTRASOUND	0	0		56.01
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	465	0		60.00
60.01 06001 LABORATORY	0	0		60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
65.01 06501 STRESS TEST	0	0		65.01
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
69.01 06901 ECHOCARDIOGRAM	0	0		69.01
69.02 06902 RADIOLOGY	0	0		69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
71.30 07101 IMPL. DEV. CHARGED TO PATIENT	0	0		71.30
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	15,272		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.02 07501 OUTPATIENT SURGERY	0	0		75.02
76.00 03290 ELECTROMYOGRAPHY	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 ADDICTION RECOVERY CLINIC	0	0		90.01
90.03 09002 LITHOTRIPSY	0	0		90.03
91.00 09100 EMERGENCY	0	18		91.00
91.20 09101 ACUTE CARE CENTER	0	18		91.20
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	9		92.00
200.00 Subtotal (see instructions)	2,269	15,317		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	2,269	15,317		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0202

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

Worksheet D
Part V
Date/Time Prepared:
5/29/2018 9:32 am

		Title XIX		Hospital		Cost	
Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.123349	0	0	1,448,183	0	50.00
51.00	05100 RECOVERY ROOM	0.099387	0	0	267,190	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.588180	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.027293	0	0	175,389	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.177241	0	0	696,770	0	54.00
56.00	05600 RADIOISOTOPE	0.073515	0	0	318,431	0	56.00
56.01	05603 ULTRASOUND	0.087261	0	0	806,215	0	56.01
57.00	05700 CT SCAN	0.018398	0	0	1,910,421	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.041388	0	0	447,577	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.099551	0	0	22,269	0	59.00
60.00	06000 LABORATORY	0.098827	0	0	2,280,235	0	60.00
60.01	06001 LABORATORY	0.000000	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.020493	0	0	61,510	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.104603	0	0	96,217	0	65.00
65.01	06501 STRESS TEST	0.047459	0	0	198,874	0	65.01
66.00	06600 PHYSICAL THERAPY	0.297061	0	0	1,248,696	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.072106	0	0	116,840	0	69.00
69.01	06901 ECHOCARDIOGRAM	0.000000	0	0	0	0	69.01
69.02	06902 CARDIOLOGY	0.000000	0	0	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.353614	0	0	9,790	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.589772	0	0	270,042	0	71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	0	0	71.30
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.258575	0	0	155,387	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.162351	0	0	1,875,549	0	73.00
74.00	07400 RENAL DIALYSIS	0.276916	0	0	0	0	74.00
75.02	07501 OUTPATIENT SURGERY	0.000000	0	0	0	0	75.02
76.00	03290 ELECTROMYOGRAPHY	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.612854	0	0	3,423	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000 CLINIC	0.254098	0	0	272,450	0	90.00
90.01	09001 ADDICTION RECOVERY CLINIC	0.000000	0	0	0	0	90.01
90.03	09002 LI THOTRI PSY	0.000000	0	0	0	0	90.03
91.00	09100 EMERGENCY	0.152813	0	0	4,844,719	0	91.00
91.20	09101 ACUTE CARE CENTER	0.409972	0	0	325,546	0	91.20
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.244983	0	0	471,156	0	92.00
200.00	Subtotal (see instructions)		0	0	18,322,879	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges				0		201.00
202.00	Net Charges (line 200 - line 201)		0	0	18,322,879	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0202	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/29/2018 9:32 am
	Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	178,632		50.00
51.00 05100 RECOVERY ROOM	0	26,555		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	4,787		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	123,496		54.00
56.00 05600 RADIOISOTOPE	0	23,409		56.00
56.01 05603 ULTRASOUND	0	70,351		56.01
57.00 05700 CT SCAN	0	35,148		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	18,524		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	2,217		59.00
60.00 06000 LABORATORY	0	225,349		60.00
60.01 06001 LABORATORY	0	0		60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	1,261		63.00
65.00 06500 RESPIRATORY THERAPY	0	10,065		65.00
65.01 06501 STRESS TEST	0	9,438		65.01
66.00 06600 PHYSICAL THERAPY	0	370,939		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	8,425		69.00
69.01 06901 ECHOCARDIOGRAM	0	0		69.01
69.02 06902 RADIOLOGY	0	0		69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	0	3,462		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	159,263		71.00
71.30 07101 IMPL. DEV. CHARGED TO PATIENT	0	0		71.30
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	40,179		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	304,497		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.02 07501 OUTPATIENT SURGERY	0	0		75.02
76.00 03290 ELECTROMYOGRAPHY	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	2,098		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	69,229		90.00
90.01 09001 ADDICTION RECOVERY CLINIC	0	0		90.01
90.03 09002 LITHOTRIPSY	0	0		90.03
91.00 09100 EMERGENCY	0	740,336		91.00
91.20 09101 ACUTE CARE CENTER	0	133,465		91.20
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	115,425		92.00
200.00 Subtotal (see instructions)	0	2,676,550		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	0	2,676,550		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0202	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/29/2018 9:32 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		66,268	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		66,268	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)		60,623	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)		27,489	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		75,597,556	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)		75,597,556	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		75,597,556	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,140.79	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		31,359,176	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)		31,359,176	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0202		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/29/2018 9:32 am	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	PPS
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	12,368,922	5,188	2,384.14	2,288	5,454,912	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)					38,346,613	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					75,160,701	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					4,183,456	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,948,908	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					6,132,364	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					69,028,337	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)					5,645	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,140.79	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					6,439,760	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0202		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/29/2018 9:32 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	8,807,071	75,597,556	0.116499	6,439,760	750,226	90.00
91.00	Nursing School cost	0	75,597,556	0.000000	6,439,760	0	91.00
92.00	Allied health cost	398,841	75,597,556	0.005276	6,439,760	33,976	92.00
93.00	All other Medical Education	0	75,597,556	0.000000	6,439,760	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0202	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/29/2018 9:32 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		88,935,395	30.00
31.00	03100	INTENSIVE CARE UNIT		11,973,703	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.123349	30,307,648	3,738,418 50.00
51.00	05100	RECOVERY ROOM	0.099387	3,571,449	354,956 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.588180	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.027293	3,376,519	92,155 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.177241	6,831,765	1,210,869 54.00
56.00	05600	RADIOISOTOPE	0.073515	2,581,312	189,765 56.00
56.01	05603	ULTRASOUND	0.087261	2,510,136	219,037 56.01
57.00	05700	CT SCAN	0.018398	15,907,443	292,665 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.041388	4,183,578	173,150 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.099551	12,357,163	1,230,168 59.00
60.00	06000	LABORATORY	0.098827	28,481,820	2,814,773 60.00
60.01	06001	LABORATORY	0.000000	0	0 60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.020493	2,578,162	52,834 63.00
65.00	06500	RESPIRATORY THERAPY	0.104603	13,210,613	1,381,870 65.00
65.01	06501	STRESS TEST	0.047459	5,943,706	282,082 65.01
66.00	06600	PHYSICAL THERAPY	0.297061	4,632,299	1,376,075 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0.072106	1,773,394	127,872 69.00
69.01	06901	ECHOCARDIOGRAM	0.000000	0	0 69.01
69.02	06902	CARDIOLOGY	0.000000	0	0 69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.353614	150,210	53,116 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.589772	13,399,162	7,902,451 71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0 71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.258575	20,132,197	5,205,683 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.162351	44,751,424	7,265,438 73.00
74.00	07400	RENAL DIALYSIS	0.276916	2,907,239	805,061 74.00
75.02	07501	OUTPATIENT SURGERY	0.000000	0	0 75.02
76.00	03290	ELECTROMYOGRAPHY	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.612854	96,350	59,048 76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	0.254098	49,059	12,466 90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0.000000	0	0 90.01
90.03	09002	LITHOTRIPSY	0.000000	0	0 90.03
91.00	09100	EMERGENCY	0.165458	15,870,135	2,625,841 91.00
91.20	09101	ACUTE CARE CENTER	0.409972	22,045	9,038 91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.244983	3,558,542	871,782 92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		239,183,370	38,346,613 200.00
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)		239,183,370	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0202	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/29/2018 9:32 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		6,403,237		30.00
31.00	03100 INTENSIVE CARE UNIT		1,668,642		31.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY		2,659,970		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.123349	2,449,281	302,116	50.00
51.00	05100 RECOVERY ROOM	0.099387	309,560	30,766	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.588180	780,811	459,257	52.00
53.00	05300 ANESTHESIOLOGY	0.027293	326,547	8,912	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.177241	445,127	78,895	54.00
56.00	05600 RADIOISOTOPE	0.073515	108,334	7,964	56.00
56.01	05603 ULTRASOUND	0.087261	224,185	19,563	56.01
57.00	05700 CT SCAN	0.018398	1,654,838	30,446	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.041388	288,759	11,951	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.099551	336,118	33,461	59.00
60.00	06000 LABORATORY	0.098827	2,543,271	251,344	60.00
60.01	06001 LABORATORY	0.000000	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.020493	473,410	9,702	63.00
65.00	06500 RESPIRATORY THERAPY	0.104603	1,199,142	125,434	65.00
65.01	06501 STRESS TEST	0.047459	253,025	12,008	65.01
66.00	06600 PHYSICAL THERAPY	0.297061	236,230	70,175	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.072106	84,268	6,076	69.00
69.01	06901 ECHOCARDIOGRAM	0.000000	0	0	69.01
69.02	06902 RADIOLOGY	0.000000	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.353614	11,290	3,992	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.589772	735,362	433,696	71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	71.30
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.258575	1,016,428	262,823	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.162351	3,946,318	640,689	73.00
74.00	07400 RENAL DIALYSIS	0.276916	141,525	39,191	74.00
75.02	07501 OUTPATIENT SURGERY	0.000000	0	0	75.02
76.00	03290 ELECTROMYOGRAPHY	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.612854	285	175	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	09000 CLINIC	0.254098	0	0	90.00
90.01	09001 ADDICTION RECOVERY CLINIC	0.000000	0	0	90.01
90.03	09002 LI THOTRI PSY	0.000000	0	0	90.03
91.00	09100 EMERGENCY	0.152813	1,596,585	243,979	91.00
91.20	09101 ACUTE CARE CENTER	0.409972	4,331	1,776	91.20
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.244983	155,750	38,156	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		19,320,780	3,122,547	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)		19,320,780		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0202	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/29/2018 9:32 am
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		43,096,797	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		14,860,927	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)		473,420	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		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		255.53	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.53	30.00
31.00	Percentage of Medicaid patient days (see instructions)		17.03	31.00
32.00	Sum of lines 30 and 31		19.56	32.00
33.00	Allowable disproportionate share percentage (see instructions)		5.46	33.00
34.00	Disproportionate share adjustment (see instructions)		791,123	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0202	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/29/2018 9:32 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	5,977,483,147	6,766,695,164	35.00
35.01	Factor 3 (see instructions)	0.000435716	0.000411175	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	2,604,486	2,782,298	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,948,012	701,292	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	2,649,304		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	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		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	61,871,571		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		48.00
				Amount
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		61,871,571	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		4,942,379	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		1	53.00
54.00	Special add-on payments for new technologies		2,071	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		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).		179,326	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		61,892	58.00
59.00	Total (sum of amounts on lines 49 through 58)		67,057,240	59.00
60.00	Primary payer payments		29,247	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		67,027,993	61.00
62.00	Deductibles billed to program beneficiaries		5,980,968	62.00
63.00	Coinurance billed to program beneficiaries		78,960	63.00
64.00	Allowable bad debts (see instructions)		1,174,353	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		763,329	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		611,160	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		61,731,394	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		-131,242	70.93
70.94	HRR adjustment amount (see instructions)		-35,666	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0202	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/29/2018 9:32 am
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		61,564,486	71.00
71.01	Sequestration adjustment (see instructions)		1,231,290	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		60,613,718	72.00
73.00	Tentative settlement (for contractor use only)		0	73.00
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		-280,522	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		340,332	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0	0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0	0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0202	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part B Date/Time Prepared: 5/29/2018 9:32 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		17,586	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		28,183,699	2.00
3.00	OPPS payments		28,559,941	3.00
4.00	Outlier payment (see instructions)		56,713	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		70,641	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		17,586	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		113,598	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)		113,598	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		113,598	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		96,012	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		17,586	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		28,687,295	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		2,925	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		5,420,556	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)		23,281,400	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)		23,281,400	30.00
31.00	Primary payer payments		2,743	31.00
32.00	Subtotal (line 30 minus line 31)		23,278,657	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		925,177	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		601,365	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		536,005	36.00
37.00	Subtotal (see instructions)		23,880,022	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-36	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		5,149	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		23,880,058	40.00
40.01	Sequestration adjustment (see instructions)		477,601	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		23,371,363	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		31,094	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0202

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

Worksheet E-1
Part I
Date/Time Prepared:
5/29/2018 9:32 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		60,709,731		23,290,411	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	08/17/2017	80,952	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	08/17/2017	96,013		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)		-96,013		80,952	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)		60,613,718		23,371,363	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		31,094	6.01	
6.02	SETTLEMENT TO PROGRAM		280,522		0	6.02	
7.00	Total Medicare program liability (see instructions)		60,333,196		23,402,457	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: 14-0202	Period: From 01/01/2017 To 12/31/2017	Worksheet E-1 Part II Date/Time Prepared: 5/29/2018 9:32 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

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

Provider CCN: 14-0202

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

Worksheet G

Date/Time Prepared:
5/29/2018 9:32 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	17,100,000	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	52,921,000	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	7,465,000	0	0	0	9.00
10.00	Due from other funds	7,553,000	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	85,039,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	55,146,000	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	262,746,000	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	83,183,000	0	0	0	23.00
24.00	Accumulated depreciation	-141,129,000	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	259,946,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	102,020,000	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	2,009,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	104,029,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	449,014,000	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	12,145,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	11,717,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	12,202,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	38,669,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	74,733,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	26,339,000	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	4,414,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	30,753,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	105,486,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	343,528,000				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	343,528,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	449,014,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0202

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

Worksheet G-1

Date/Time Prepared:
5/29/2018 9:32 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		288,991,431		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		54,536,569			2.00
3.00	Total (sum of line 1 and line 2)		343,528,000		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		343,528,000		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		343,528,000		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0202

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/29/2018 9:32 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	220,704,565		220,704,565	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY	0		0	8.00
8.01	ICF/MR	0		0	8.01
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	220,704,565		220,704,565	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	28,848,961		28,848,961	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)	28,848,961		28,848,961	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	249,553,526		249,553,526	17.00
18.00	Ancillary services	545,744,454	657,197,964	1,202,942,418	18.00
19.00	Outpatient services	50,260	12,811,471	12,861,731	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		1	1	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
24.20	OPT	0	0	0	24.20
24.30	OOT	0	0	0	24.30
24.40	OSP	0	0	0	24.40
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	0	0	26.00
27.00	OBSERVATION	7,204,376	19,082,228	26,286,604	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	802,552,616	689,091,664	1,491,644,280	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		308,442,126		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)		308,442,126		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0202

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

Worksheet G-3

Date/Time Prepared:
5/29/2018 9:32 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,491,644,280	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,133,061,702	2.00
3.00	Net patient revenues (line 1 minus line 2)	358,582,578	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	308,442,126	4.00
5.00	Net income from service to patients (line 3 minus line 4)	50,140,452	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	225	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	1,053,753	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	576,163	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	228,748	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	286,104	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	872,622	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	1,328,423	24.00
25.00	Total other income (sum of lines 6-24)	4,346,038	25.00
26.00	Total (line 5 plus line 25)	54,486,490	26.00
27.00	NET NON-OPERATING REVENUE	-50,079	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	-50,079	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	54,536,569	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0202	Period: From 01/01/2017 To 12/31/2017	Worksheet L Parts I-III Date/Time Prepared: 5/29/2018 9:32 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		4,698,583	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		53,973	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)		183.82	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		2.53	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		17.03	8.00
9.00	Sum of lines 7 and 8		19.56	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.04	10.00
11.00	Disproportionate share adjustment (see instructions)		189,823	11.00
12.00	Total prospective capital payments (see instructions)		4,942,379	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00