

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: 14-0231	Period: From 07/01/2016 To 06/30/2017	Worksheet S Parts I-III Date/Time Prepared: 11/21/2017 1:05 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 11/21/2017 Time: 1:05 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by EDWARD HOSPITAL (14-0231) for the cost reporting period beginning 07/01/2016 and ending 06/30/2017 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Title

Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	79,234	-6,469	13,301	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
200.00 Total	0	79,234	-6,469	13,301	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: 14-0231		Period: From 07/01/2016 To 06/30/2017		Worksheet S-2 Part I Date/Time Prepared: 11/21/2017 12:30 pm						
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 801 SOUTH WASHINGTON STREET		PO Box:						1.00			
2.00	City: NAPERVILLE		State: IL		Zip Code: 60540-7499		County:		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		EDWARD HOSPITAL	140231	16974	1	07/01/1966	N	P	O	3.00	
4.00	Subprovider - IPF										4.00	
5.00	Subprovider - IRF										5.00	
6.00	Subprovider - (Other)										6.00	
7.00	Swing Beds - SNF										7.00	
8.00	Swing Beds - NF										8.00	
9.00	Hospital-Based SNF										9.00	
10.00	Hospital-Based NF										10.00	
11.00	Hospital-Based OLTC										11.00	
12.00	Hospital-Based HHA										12.00	
13.00	Separately Certified ASC										13.00	
14.00	Hospital-Based Hospice										14.00	
15.00	Hospital-Based Health Clinic - RHC										15.00	
16.00	Hospital-Based Health Clinic - FQHC										16.00	
17.00	Hospital-Based (CMHC) I										17.00	
18.00	Renal Dialysis										18.00	
19.00	Other										19.00	
						From:	To:					
						1.00	2.00					
20.00	Cost Reporting Period (mm/dd/yyyy)					07/01/2016	06/30/2017		20.00			
21.00	Type of Control (see instructions)					2			21.00			
Inpatient PPS Information												
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (PickLe amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					N	N		22.00			
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	N		22.01			
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02			
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		22.03			
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						2		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.					3,413	0	0	0	5,370	0	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.					0	0	0	0	0		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0231	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part I Date/Time Prepared: 11/21/2017 12:30 pm			
		Urban/Rural S	Date of Geogr				
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1			26.00		
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1			27.00		
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0			35.00		
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00		
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0			37.00		
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)	N			37.01		
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.				38.00		
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N		39.00		
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	Y	Y		40.00		
		V	XVII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)	N	Y	N	45.00		
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N	46.00		
47.00	Is this a new hospital under 42 CFR 412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00		
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00		
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00		
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N			57.00		
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N			58.00		
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59.00		
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under 413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y			60.00		
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0231	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part I Date/Time Prepared: 11/21/2017 12:30 pm		
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000
				1.00	2.00	3.00
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				0	71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N		75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				0	76.00
				1.00	2.00	3.00
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.			N		86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.			N		87.00
				V	XIX	
				1.00	2.00	
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N	94.00

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		V		XIX				
		1.00		2.00				
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		95.00		
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00		
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		97.00		
Rural Providers								
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N				105.00		
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					106.00		
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.					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.						109.00	
					1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N		110.00		
					1.00	2.00	3.00	
Miscellaneous Cost Reporting Information								
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				0		
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00		
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00		
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00		
		Premiums		Losses		Insurance		
		1.00		2.00		3.00		
118.01	List amounts of malpractice premiums and paid losses:	0		0		8,151,485		
					1.00		2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02		
119.00	DO NOT USE THIS LINE					119.00		
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00		
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00		
122.00	Does the cost report contain state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N				122.00		
Transplant Center Information								
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00		
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00		
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00		
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00		
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00		
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00		
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00		
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0231	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part I Date/Time Prepared: 11/21/2017 12:30 pm			
		1.00	2.00				
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	14H131	140.00			
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: EDWARD ELMHURST HEALTH	Contractor's Name: NGS		Contractor's Number: 00131		141.00	
142.00	Street: 801 S. WASHINGTON	PO Box:				142.00	
143.00	City: NAPERVILLE	State: IL	Zip Code: 60540	143.00			
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?	Y		144.00			
		1.00	2.00				
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y		145.00			
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00			
				1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N		147.00			
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N		148.00			
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N		149.00			
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
				1.00			
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N		165.00			
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00
				1.00			
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y		167.00			
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)	0		168.00			
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)			168.01			
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	0.25		169.00			

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0231	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part I Date/Time Prepared: 11/21/2017 12:30 pm	
			Beginning 1.00	Ending 2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)		10/03/2016	10/31/2016	170.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)		N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0231		Period: From 07/01/2016 To 06/30/2017		Worksheet S-2 Part II Date/Time Prepared: 11/21/2017 12:30 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	10/02/2017			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.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				N		15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	11/13/2017	Y	11/13/2017		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)	N		N			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: 14-0231	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part II Date/Time Prepared: 11/21/2017 12:30 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
					Y/N
					Date
					1.00
					2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		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.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
					1.00
					2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	TONY	LEONE		41.00
42.00	Enter the employer/company name of the cost report preparer.	LEONE REIMBURSEMENT & CONSULTING			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	847/275-1023	TONY@LEONE-CONSULTING.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0231	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part II Date/Time Prepared: 11/21/2017 12:30 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	CONSULTANT		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: 14-0231

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

Worksheet S-3
Part I
Date/Time Prepared:
11/21/2017 12:30 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	229	83,585	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)		229	83,585	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	25	9,125	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	22	8,030	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NICU	35.00	22	8,030	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		298	108,770	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		298				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0231

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

Worksheet S-3
Part I
Date/Time Prepared:
11/21/2017 12:30 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	26,462	1,607	70,087			1.00
2.00 HMO and other (see instructions)	8,020	5,370				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)	26,462	1,607	70,087			7.00
8.00 INTENSIVE CARE UNIT	2,637	176	5,944			8.00
9.00 CORONARY CARE UNIT	2,587	125	6,020			9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NICU	0	284	7,883			12.00
13.00 NURSERY		1,221	6,204			13.00
14.00 Total (see instructions)	31,686	3,413	96,138	0.00	2,523.87	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	2,523.87	27.00
28.00 Observation Bed Days		0	9,300			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	0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0231

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

Worksheet S-3
Part I
Date/Time Prepared:
11/21/2017 12:30 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	7,138	500	22,831	1.00
2.00 HMO and other (see instructions)				1,832	1,401		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 NICU							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0	7,138	500	22,831		14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF							17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days							33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0231

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

Worksheet S-3
Part II
Date/Time Prepared:
11/21/2017 12:30 pm

	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	197,311,773	0	197,311,773	5,228,792.00	37.74
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		2,440,250	0	2,440,250	11,826.00	206.35
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		15,652,060	0	15,652,060	65,909.00	237.48
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		5,332,365	0	5,332,365	174,190.00	30.61
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		4,337,304	79,555	4,416,859	100,320.00	44.03
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		275,085	0	275,085	3,780.00	72.77
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		1,723,765	0	1,723,765	13,790.00	125.00
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		41,202,751	0	41,202,751	1,106,960.00	37.22
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		38,948,362	0	38,948,362		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		790,746	0	790,746		
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		118,188	0	118,188		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		634,134	0	634,134		
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		8,537,853	0	8,537,853		
25.51	Related organization wage-related		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	666,668	0	666,668	15,688.00	42.50
27.00	Administrative & General	5.00	13,833,993	-678,897	13,155,096	280,434.00	46.91

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0231

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

Worksheet S-3
Part II
Date/Time Prepared:
11/21/2017 12:30 pm

	Worksheet A Line Number	Amount Reported	Recl assifi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)	0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00 0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00 4,944,654	0	4,944,654	166,405.00	29.71	30.00
31.00	Laundry & Linen Service	8.00 203,757	0	203,757	13,248.00	15.38	31.00
32.00	Housekeeping	9.00 3,524,233	23	3,524,256	239,892.00	14.69	32.00
33.00	Housekeeping under contract (see instructions)	120,514	0	120,514	3,331.00	36.18	33.00
34.00	Dietary	10.00 0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)	3,461,500	0	3,461,500	173,114.00	20.00	35.00
36.00	Cafeteria	11.00 0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00 0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00 3,782,434	0	3,782,434	86,464.00	43.75	38.00
39.00	Central Services and Supply	14.00 1,682,031	33,285	1,715,316	94,339.00	18.18	39.00
40.00	Pharmacy	15.00 4,670,863	0	4,670,863	111,408.00	41.93	40.00
41.00	Medical Records & Medical Records Library	16.00 583,367	0	583,367	16,761.00	34.81	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: 14-0231

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

Worksheet S-3
Part III
Date/Time Prepared:
11/21/2017 12:30 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	179,909,362	0	179,909,362	5,165,138.00	34.83	1.00
2.00	Excluded area salaries (see instructions)	4,337,304	79,555	4,416,859	100,320.00	44.03	2.00
3.00	Subtotal salaries (line 1 minus line 2)	175,572,058	-79,555	175,492,503	5,064,818.00	34.65	3.00
4.00	Subtotal other wages & related costs (see inst.)	43,201,601	0	43,201,601	1,124,530.00	38.42	4.00
5.00	Subtotal wage-related costs (see inst.)	47,604,403	0	47,604,403	0.00	27.13	5.00
6.00	Total (sum of lines 3 thru 5)	266,378,062	-79,555	266,298,507	6,189,348.00	43.03	6.00
7.00	Total overhead cost (see instructions)	37,474,014	-645,589	36,828,425	1,201,084.00	30.66	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0231

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

Worksheet S-3
Part IV
Date/Time Prepared:
11/21/2017 12:30 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	5,994,071	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)	-17,785	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	16,666,532	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	0	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	790,167	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	161,995	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	1,321,146	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,651,664	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	13,346,229	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	-126,386	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	703,797	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	40,491,430	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COST	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 14-0231	Period: From 07/01/2016 To 06/30/2017	Worksheet S-3 Part V Date/Time Prepared: 11/21/2017 12:30 pm
Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	275,085	40,491,430	1.00
2.00	Hospital	275,085	40,491,430	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 14-0231

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

Worksheet S-5

Date/Time Prepared:
11/21/2017 12:30 pm

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

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA		Provider CCN: 14-0231	Period: From 07/01/2016 To 06/30/2017	Worksheet S-5 Date/Time Prepared: 11/21/2017 12:30 pm
		CCN	Treatments	
		1.00	2.00	
23.00	If line 10.01 is yes, enter in column 1 the CCN for each renal dialysis facility listed on Worksheet S-2, Part I, line 18, and its subscripts. Enter in column 2, the total treatments for each CCN. (see instructions)		0	23.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0231

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

Worksheet S-7

Date/Time Prepared:
11/21/2017 12:30 pm

		1.00	2.00		
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.				1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.				2.00
		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)
		1.00	2.00	3.00	4.00
3.00		RUX	0	0	0 3.00
4.00		RUL	0	0	0 4.00
5.00		RVX	0	0	0 5.00
6.00		RVL	0	0	0 6.00
7.00		RHX	0	0	0 7.00
8.00		RHL	0	0	0 8.00
9.00		RMX	0	0	0 9.00
10.00		RML	0	0	0 10.00
11.00		RLX	0	0	0 11.00
12.00		RUC	0	0	0 12.00
13.00		RUB	0	0	0 13.00
14.00		RUA	0	0	0 14.00
15.00		RVC	0	0	0 15.00
16.00		RVB	0	0	0 16.00
17.00		RVA	0	0	0 17.00
18.00		RHC	0	0	0 18.00
19.00		RHB	0	0	0 19.00
20.00		RHA	0	0	0 20.00
21.00		RMC	0	0	0 21.00
22.00		RMB	0	0	0 22.00
23.00		RMA	0	0	0 23.00
24.00		RLB	0	0	0 24.00
25.00		RLA	0	0	0 25.00
26.00		ES3	0	0	0 26.00
27.00		ES2	0	0	0 27.00
28.00		ES1	0	0	0 28.00
29.00		HE2	0	0	0 29.00
30.00		HE1	0	0	0 30.00
31.00		HD2	0	0	0 31.00
32.00		HD1	0	0	0 32.00
33.00		HC2	0	0	0 33.00
34.00		HC1	0	0	0 34.00
35.00		HB2	0	0	0 35.00
36.00		HB1	0	0	0 36.00
37.00		LE2	0	0	0 37.00
38.00		LE1	0	0	0 38.00
39.00		LD2	0	0	0 39.00
40.00		LD1	0	0	0 40.00
41.00		LC2	0	0	0 41.00
42.00		LC1	0	0	0 42.00
43.00		LB2	0	0	0 43.00
44.00		LB1	0	0	0 44.00
45.00		CE2	0	0	0 45.00
46.00		CE1	0	0	0 46.00
47.00		CD2	0	0	0 47.00
48.00		CD1	0	0	0 48.00
49.00		CC2	0	0	0 49.00
50.00		CC1	0	0	0 50.00
51.00		CB2	0	0	0 51.00
52.00		CB1	0	0	0 52.00
53.00		CA2	0	0	0 53.00
54.00		CA1	0	0	0 54.00
55.00		SE3	0	0	0 55.00
56.00		SE2	0	0	0 56.00
57.00		SE1	0	0	0 57.00
58.00		SSC	0	0	0 58.00
59.00		SSB	0	0	0 59.00
60.00		SSA	0	0	0 60.00
61.00		IB2	0	0	0 61.00
62.00		IB1	0	0	0 62.00
63.00		IA2	0	0	0 63.00
64.00		IA1	0	0	0 64.00
65.00		BB2	0	0	0 65.00
66.00		BB1	0	0	0 66.00
67.00		BA2	0	0	0 67.00
68.00		BA1	0	0	0 68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0231

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

Worksheet S-7

Date/Time Prepared:
11/21/2017 12:30 pm

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

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

201.00 SNF SERVICES
 Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable). 201.00

		Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?
		1.00	2.00	3.00

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

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

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-0231	Period: From 07/01/2016 To 06/30/2017	Worksheet S-10 Date/Time Prepared: 11/21/2017 12:30 pm
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			1.00	
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.176238	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		25,315,374	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH or supplemental payments from Medicaid?		Y	4.00
5.00	If line 4 is no, then enter DSH or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		281,090,725	6.00
7.00	Medicaid cost (line 1 times line 6)		49,538,867	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		24,223,493	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP		0	9.00
10.00	Stand-alone CHIP charges		0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		24,223,493	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)	30,843,635	1,599,962	32,443,597
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	5,435,821	1,599,962	7,035,783
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	5,435,821	1,599,962	7,035,783
			1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		15,272,023	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		837,979	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		1,289,198	27.01
28.00	Non-Medicare bad debt expense (line 26 minus line 27.01)		13,982,825	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		2,915,524	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		9,951,307	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		34,174,800	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0231

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

Worksheet A

Date/Time Prepared:
11/21/2017 12:30 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100		14,332,726	14,332,726	6,250,924	20,583,650	1.00
2.00	00200		16,339,767	16,339,767	0	16,339,767	2.00
3.00	00300		0	0	0	0	3.00
4.00	00400	666,668	27,240,350	27,907,018	0	27,907,018	4.00
5.00	00500	13,833,993	136,717,086	150,551,079	757,353	151,308,432	5.00
7.00	00700	4,944,654	20,035,664	24,980,318	-3,504	24,976,814	7.00
8.00	00800	203,757	228,729	432,486	0	432,486	8.00
9.00	00900	3,524,233	1,290,355	4,814,588	-4,703	4,809,885	9.00
10.00	01000	0	5,952,729	5,952,729	-4,221,981	1,730,748	10.00
11.00	01100	0	0	0	4,194,293	4,194,293	11.00
13.00	01300	3,782,434	772,809	4,555,243	-132,428	4,422,815	13.00
14.00	01400	1,682,031	4,109,513	5,791,544	-1,150,535	4,641,009	14.00
15.00	01500	4,670,863	16,582,263	21,253,126	-15,595,778	5,657,348	15.00
16.00	01600	583,367	5,130	588,497	0	588,497	16.00
23.00	02300	669,412	846,679	1,516,091	-516,826	999,265	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	39,533,082	12,814,329	52,347,411	-7,929,762	44,417,649	30.00
31.00	03100	4,796,634	736,202	5,532,836	-609,554	4,923,282	31.00
32.00	03200	5,078,170	709,276	5,787,446	-571,936	5,215,510	32.00
35.00	02060	5,353,453	1,573,172	6,926,625	-360,674	6,565,951	35.00
43.00	04300	0	0	0	2,462,071	2,462,071	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	7,528,455	57,907,439	65,435,894	-55,059,802	10,376,092	50.00
50.02	03330	1,653,242	1,944,772	3,598,014	-1,727,273	1,870,741	50.02
51.00	05100	2,745,211	215,882	2,961,093	-89,558	2,871,535	51.00
52.00	05200	6,632,173	1,536,042	8,168,215	-702,180	7,466,035	52.00
53.00	05300	514,819	2,463,471	2,978,290	-1,765,858	1,212,432	53.00
54.00	05400	3,563,752	399,813	3,963,565	-792,587	3,170,978	54.00
54.01	03630	1,383,549	209,722	1,593,271	-38,596	1,554,675	54.01
54.02	03440	989,968	615,610	1,605,578	-502,292	1,103,286	54.02
54.03	05401	891,192	987,045	1,878,237	-935,068	943,169	54.03
54.04	05402	1,116,127	284,027	1,400,154	52,799	1,452,953	54.04
55.00	05500	5,343,825	24,131,366	29,475,191	1,139	29,476,330	55.00
56.00	05600	602,032	1,067,115	1,669,147	11,309	1,680,456	56.00
57.00	05700	1,935,373	633,998	2,569,371	-30,945	2,538,426	57.00
58.00	05800	933,243	716,524	1,649,767	5,779	1,655,546	58.00
59.00	05900	2,052,434	19,100,127	21,152,561	-18,608,034	2,544,527	59.00
60.00	06000	5,946,302	17,413,545	23,359,847	0	23,359,847	60.00
62.00	06200	408,386	2,279,955	2,688,341	0	2,688,341	62.00
65.00	06500	3,329,902	1,956,877	5,286,779	-1,682,064	3,604,715	65.00
66.00	06600	5,236,856	669,813	5,906,669	0	5,906,669	66.00
68.00	06800	905,778	14,894	920,672	0	920,672	68.00
69.00	06900	3,236,161	3,653,854	6,890,015	-663,178	6,226,837	69.00
69.01	03140	346,174	104,268	450,442	-87,007	363,435	69.01
69.02	03290	31,258	94,618	125,876	-1,822	124,054	69.02
70.00	07000	1,540,622	2,760,468	4,301,090	-1,135,389	3,165,701	70.00
71.00	07100	0	0	0	37,270,793	37,270,793	71.00
72.00	07200	0	0	0	52,807,469	52,807,469	72.00
73.00	07300	0	0	0	15,605,897	15,605,897	73.00
75.00	07500	3,745,894	759,488	4,505,382	-596,392	3,908,990	75.00
76.97	07697	1,012,374	41,720	1,054,094	-24,514	1,029,580	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	1,441,530	1,310,469	2,751,999	0	2,751,999	90.00
90.01	09001	1,474,777	977,349	2,452,126	15	2,452,141	90.01
90.02	09002	10,741,467	14,060,945	24,802,412	0	24,802,412	90.02
90.03	09003	2,387,053	170,136	2,557,189	0	2,557,189	90.03
90.04	09004	2,596,118	226,461	2,822,579	0	2,822,579	90.04
90.05	09005	1,586,311	462,832	2,049,143	0	2,049,143	90.05
90.06	09006	0	0	0	2,959,213	2,959,213	90.06
91.00	09100	20,468,772	2,088,072	22,556,844	-587,987	21,968,857	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300		6,250,924	6,250,924	-6,250,924	0	113.00
118.00		193,643,881	427,796,420	621,440,301	-97	621,440,204	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	59,412	364,010	423,422	0	423,422	190.00
192.00	19200	3,584,898	3,509,387	7,094,285	97	7,094,382	192.00
192.02	19202	23,582	8,208	31,790	0	31,790	192.02
194.00	07950	0	0	0	0	0	194.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 14-0231		Period: From 07/01/2016 To 06/30/2017		Worksheet A Date/Time Prepared: 11/21/2017 12:30 pm	
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
200.00	TOTAL (SUM OF LINES 118-199)	197,311,773	431,678,025	628,989,798	0	628,989,798	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0231

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

Worksheet A
Date/Time Prepared:
11/21/2017 12:30 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-2,244,420	18,339,230	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	4,761,499	21,101,266	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	6,895,586	34,802,604	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-31,745,298	119,563,134	5.00
7.00	00700	OPERATION OF PLANT	10,965,027	35,941,841	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	432,486	8.00
9.00	00900	HOUSEKEEPING	0	4,809,885	9.00
10.00	01000	DIETARY	0	1,730,748	10.00
11.00	01100	CAFETERIA	-1,925,967	2,268,326	11.00
13.00	01300	NURSING ADMINISTRATION	-252,941	4,169,874	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	4,641,009	14.00
15.00	01500	PHARMACY	239,713	5,897,061	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,835,199	4,423,696	16.00
23.00	02300	PARAMED ED PRGM-EMS	0	999,265	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-682,841	43,734,808	30.00
31.00	03100	INTENSIVE CARE UNIT	-8,570	4,914,712	31.00
32.00	03200	CORONARY CARE UNIT	-36,928	5,178,582	32.00
35.00	02060	NICU	-534,616	6,031,335	35.00
43.00	04300	NURSERY	0	2,462,071	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-107,246	10,268,846	50.00
50.02	03330	ENDOSCOPY	-9,000	1,861,741	50.02
51.00	05100	RECOVERY ROOM	0	2,871,535	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-450,804	7,015,231	52.00
53.00	05300	ANESTHESIOLOGY	-6,080	1,206,352	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-39,497	3,131,481	54.00
54.01	03630	ULTRASOUND	-750	1,553,925	54.01
54.02	03440	WOMENS IMAGING CENTER	-753	1,102,533	54.02
54.03	05401	SPECIAL PROCEDURES	0	943,169	54.03
54.04	05402	IMAGING CENTER	-9,079	1,443,874	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	-220,027	29,256,303	55.00
56.00	05600	RADIOISOTOPE	-4,288	1,676,168	56.00
57.00	05700	CT SCAN	-3,635	2,534,791	57.00
58.00	05800	MRI	0	1,655,546	58.00
59.00	05900	CARDIAC CATHETERIZATION	-53,231	2,491,296	59.00
60.00	06000	LABORATORY	-13,253,919	10,105,928	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	-156,532	2,531,809	62.00
65.00	06500	RESPIRATORY THERAPY	-192,660	3,412,055	65.00
66.00	06600	PHYSICAL THERAPY	-1,467	5,905,202	66.00
68.00	06800	SPEECH PATHOLOGY	0	920,672	68.00
69.00	06900	ELECTROCARDIOLOGY	-631,953	5,594,884	69.00
69.01	03140	CARDIOLOGY OUTREACH	4,244	367,679	69.01
69.02	03290	EMG/NCV	-17,294	106,760	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	-103,937	3,061,764	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	37,270,793	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	52,807,469	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	15,605,897	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	3,908,990	75.00
76.97	07697	CARDIAC REHABILITATION	0	1,029,580	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-380,253	2,371,746	90.00
90.01	09001	WOUND OSTOMY	-23,825	2,428,316	90.01
90.02	09002	URODYNAMICS	-225,520	24,576,892	90.02
90.03	09003	PLAINFIELD CLINIC	477	2,557,666	90.03
90.04	09004	OSWEGO CLINIC	-1,625,844	1,196,735	90.04
90.05	09005	BOLINGBROOK CLINIC	-565,818	1,483,325	90.05
90.06	09006	OUTPATIENT SERVICES	0	2,959,213	90.06
91.00	09100	EMERGENCY	-15,713,244	6,255,613	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-44,526,492	576,913,712	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	423,422	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-21,070	7,073,312	192.00
192.02	19202	RESEARCH	0	31,790	192.02
194.00	07950	LINDEN OAKS HOSPITAL	0	0	194.00
200.00		TOTAL (SUM OF LINES 118-199)	-44,547,562	584,442,236	200.00

RECLASSIFICATIONS

Provider CCN: 14-0231

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

Worksheet A-6
Date/Time Prepared:
11/21/2017 12:30 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
B - CAFETERIA					
1.00	CAFETERIA	11.00	0	4,194,293	1.00
	TOTALS		0	4,194,293	
D - CHARGEABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	15,526,168	1.00
	TOTALS		0	15,526,168	
E - PATIENT TRANSPORT					
1.00	HOUSEKEEPING	9.00	23	2	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	33,285	2,349	2.00
3.00	ADULTS & PEDIATRICS	30.00	318,510	22,481	3.00
4.00	INTENSIVE CARE UNIT	31.00	23,544	1,662	4.00
5.00	CORONARY CARE UNIT	32.00	25,001	1,765	5.00
6.00	NICU	35.00	392	28	6.00
7.00	NURSERY	43.00	791	56	7.00
8.00	OPERATING ROOM	50.00	10,357	731	8.00
9.00	ENDOSCOPY	50.02	11,443	808	9.00
10.00	RECOVERY ROOM	51.00	49,833	3,517	10.00
11.00	DELIVERY ROOM & LABOR ROOM	52.00	3,459	244	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	35,855	2,531	12.00
13.00	ULTRASOUND	54.01	33,271	2,348	13.00
14.00	WOMENS IMAGING CENTER	54.02	2,640	186	14.00
15.00	RADIOLOGY-THERAPEUTIC	55.00	1,064	75	15.00
16.00	RADIOISOTOPE	56.00	6,198	437	16.00
17.00	CT SCAN	57.00	14	1	17.00
18.00	MRI	58.00	16,583	1,170	18.00
19.00	CARDIAC CATHETERIZATION	59.00	4,573	323	19.00
20.00	ELECTROCARDIOLOGY	69.00	35	2	20.00
21.00	WOUND OSTOMY	90.01	14	1	21.00
22.00	EMERGENCY	91.00	101,921	7,194	22.00
23.00	PHYSICIANS' PRIVATE OFFICES	192.00	91	6	23.00
	TOTALS		678,897	47,917	
F - RADIOLOGY DIRECTOR					
1.00	ULTRASOUND	54.01	86,879	7,781	1.00
2.00	WOMENS IMAGING CENTER	54.02	32,713	2,930	2.00
3.00	SPECIAL PROCEDURES	54.03	36,635	3,281	3.00
4.00	CT SCAN	57.00	321,553	28,799	4.00
5.00	MRI	58.00	108,743	9,739	5.00
6.00	IMAGING CENTER	54.04	71,546	6,408	6.00
7.00	RADIOISOTOPE	56.00	32,275	2,891	7.00
	TOTALS		690,344	61,829	
G - NURSERY					
1.00	NURSERY	43.00	2,162,412	298,812	1.00
	TOTALS		2,162,412	298,812	
H - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	37,270,793	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	20,412	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

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
	TOTALS		0	37,291,205	
I - EMT					
1.00	PARAMED ED PRGM-EMS	23.00	109,465	0	1.00
2.00	EMERGENCY	91.00	0	9,277	2.00
	TOTALS		109,465	9,277	
J - IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	52,807,469	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	1,463,755	2.00
3.00	DRUGS CHARGED TO PATIENTS	73.00	0	79,729	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
	TOTALS		0	54,350,953	
K - ON CALL ER PHYSICIANS					
1.00	EMERGENCY	91.00	30,001	587,013	1.00
	TOTALS		30,001	587,013	
L - INTEREST RECLASS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	6,250,924	1.00
	TOTALS		0	6,250,924	
M - OUTPATIENT SERVICES					
1.00	OUTPATIENT SERVICES	90.06	2,607,338	351,875	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
	TOTALS		2,607,338	351,875	
500.00	Grand Total: Increases		6,278,457	118,970,266	500.00

RECLASSIFICATIONS

Provider CCN: 14-0231

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

Worksheet A-6
Date/Time Prepared:
11/21/2017 12:30 pm

Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
B - CAFETERIA							
1.00	DIETARY	10.00	0	4,194,293	0		1.00
	TOTALS		0	4,194,293			
D - CHARGEABLE DRUGS							
1.00	PHARMACY	15.00	0	15,526,168	0		1.00
	TOTALS		0	15,526,168			
E - PATIENT TRANSPORT							
1.00	ADMINISTRATIVE & GENERAL	5.00	678,897	47,917	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
	TOTALS		678,897	47,917			
F - RADIOLOGY DIRECTOR							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	690,344	61,829	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
	TOTALS		690,344	61,829			
G - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	2,162,412	298,812	0		1.00
	TOTALS		2,162,412	298,812			
H - MEDICAL SUPPLIES							
1.00	OPERATION OF PLANT	7.00	0	3,504	0		1.00
2.00	HOUSEKEEPING	9.00	0	4,728	0		2.00
3.00	DIETARY	10.00	0	27,688	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	132,428	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,178,355	0		5.00
6.00	PHARMACY	15.00	0	69,610	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	2,853,670	0		7.00
8.00	INTENSIVE CARE UNIT	31.00	0	619,025	0		8.00
9.00	CORONARY CARE UNIT	32.00	0	557,075	0		9.00
10.00	NICU	35.00	0	358,366	0		10.00
11.00	OPERATING ROOM	50.00	0	10,804,285	0		11.00
12.00	ENDOSCOPY	50.02	0	1,601,805	0		12.00
13.00	RECOVERY ROOM	51.00	0	142,506	0		13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	698,783	0		14.00
15.00	ANESTHESIOLOGY	53.00	0	1,746,108	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	74,363	0		16.00
17.00	ULTRASOUND	54.01	0	168,537	0		17.00
18.00	WOMENS IMAGING CENTER	54.02	0	535,894	0		18.00
19.00	SPECIAL PROCEDURES	54.03	0	921,945	0		19.00
20.00	IMAGING CENTER	54.04	0	25,155	0		20.00
21.00	RADIOISOTOPE	56.00	0	30,492	0		21.00
22.00	CT SCAN	57.00	0	380,920	0		22.00
23.00	MRI	58.00	0	130,383	0		23.00
24.00	CARDIAC CATHETERIZATION	59.00	0	9,319,460	0		24.00
25.00	RESPIRATORY THERAPY	65.00	0	1,682,064	0		25.00
26.00	ELECTROCARDIOLOGY	69.00	0	617,352	0		26.00
27.00	CARDIOLOGY OUTREACH	69.01	0	87,007	0		27.00
28.00	EMG/NCV	69.02	0	1,822	0		28.00
29.00	ELECTROENCEPHALOGRAPHY	70.00	0	698,736	0		29.00
30.00	ASC (NON-DIAGNOSTIC PART)	75.00	0	595,505	0		30.00

RECLASSIFICATIONS

Provider CCN: 14-0231

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

Worksheet A-6

Date/Time Prepared:
11/21/2017 12:30 pm

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
31.00	CARDIAC REHABILITATION	76.97	0	24,513	0	31.00
32.00	EMERGENCY	91.00	0	1,199,121	0	32.00
	TOTALS		0	37,291,205		
I - EMT						
1.00	EMERGENCY	91.00	109,465	0	0	1.00
2.00	PARAMED ED PRGM-EMS	23.00	0	9,277	0	2.00
	TOTALS		109,465	9,277		
J - IMPLANTS						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	7,814	0	1.00
2.00		0.00	0	0	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	25,367	0	3.00
4.00	INTENSIVE CARE UNIT	31.00	0	3,772	0	4.00
5.00	CORONARY CARE UNIT	32.00	0	25,270	0	5.00
6.00	NICU	35.00	0	2,327	0	6.00
7.00	OPERATING ROOM	50.00	0	44,266,605	0	7.00
8.00	ENDOSCOPY	50.02	0	137,719	0	8.00
9.00	RECOVERY ROOM	51.00	0	402	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	7,100	0	10.00
11.00	ANESTHESIOLOGY	53.00	0	19,750	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,437	0	12.00
13.00	ULTRASOUND	54.01	0	338	0	13.00
14.00	WOMENS IMAGING CENTER	54.02	0	4,867	0	14.00
15.00	SPECIAL PROCEDURES	54.03	0	53,039	0	15.00
16.00	CT SCAN	57.00	0	392	0	16.00
17.00	MRI	58.00	0	73	0	17.00
18.00	CARDIAC CATHETERIZATION	59.00	0	9,293,470	0	18.00
19.00	ELECTROCARDIOLOGY	69.00	0	45,863	0	19.00
20.00	ELECTROENCEPHALOGRAPHY	70.00	0	436,653	0	20.00
21.00	ASC (NON-DISTINCT PART)	75.00	0	887	0	21.00
22.00	CARDIAC REHABILITATION	76.97	0	1	0	22.00
23.00	EMERGENCY	91.00	0	14,807	0	23.00
	TOTALS		0	54,350,953		
K - ON CALL ER PHYSICIANS						
1.00	PARAMED ED PRGM-EMS	23.00	30,001	587,013	0	1.00
	TOTALS		30,001	587,013		
L - INTEREST RECLASS						
1.00	INTEREST EXPENSE	113.00	0	6,250,924	11	1.00
	TOTALS		0	6,250,924		
M - OUTPATIENT SERVICES						
1.00	ADULTS & PEDIATRICS	30.00	2,582,305	348,187	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	10,371	1,592	0	2.00
3.00	CORONARY CARE UNIT	32.00	14,352	2,005	0	3.00
4.00	NICU	35.00	310	91	0	4.00
	TOTALS		2,607,338	351,875		
500.00	Grand Total: Decreases		6,278,457	118,970,266		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0231

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

Worksheet A-7
Part I
Date/Time Prepared:
11/21/2017 12:30 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	10,325,000	0	0	0	0	1.00
2.00	Land Improvements	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	445,412,364	45,346,922	0	45,346,922	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	309,039,571	12,639,877	0	12,639,877	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	764,776,935	57,986,799	0	57,986,799	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	764,776,935	57,986,799	0	57,986,799	0	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	10,325,000	0				1.00
2.00	Land Improvements	0	0				2.00
3.00	Buildings and Fixtures	490,759,286	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	321,679,448	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	822,763,734	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	822,763,734	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0231

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

Worksheet A-7
Part II
Date/Time Prepared:
11/21/2017 12:30 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	14,332,726	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	16,339,767	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	30,672,493	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	14,332,726				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	16,339,767				2.00
3.00	Total (sum of lines 1-2)	0	30,672,493				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0231

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

Worksheet A-7
Part III
Date/Time Prepared:
11/21/2017 12:30 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	538,726,281	0	538,726,281	0.654776	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	284,037,453	0	284,037,453	0.345224	0	2.00
3.00	Total (sum of lines 1-2)	822,763,734	0	822,763,734	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	15,613,243	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	21,101,266	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	36,714,509	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	2,725,987	0	0	0	18,339,230	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	21,101,266	2.00
3.00	Total (sum of lines 1-2)	2,725,987	0	0	0	39,440,496	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0231

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

Worksheet A-8

Date/Time Prepared:
11/21/2017 12:30 pm

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	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-114,701		ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00 Television and radio service (chapter 21)			0		0.00	0	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-20,480,340				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	1,404,423				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-1,925,967		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 school (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines			0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	*** Cost Center Deleted ***	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00 TELEVISION	A	-11,865		CAP REL COSTS-MVBLE EQUIP	2.00	9	33.00
33.01 PAT TELEPHONE CAPITAL	A	-4,943		CAP REL COSTS-MVBLE EQUIP	2.00	9	33.01

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0231

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

Worksheet A-8

Date/Time Prepared:
11/21/2017 12:30 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.02	MI SC REVENUE	B	-740	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.02
33.03	MI SC REVENUE	B	-1,984,338	ADMINISTRATIVE & GENERAL	5.00	0 33.03
33.04	MI SC REVENUE	B	-1,061,349	OPERATION OF PLANT	7.00	0 33.04
33.05	MI SC REVENUE	B	-252,941	NURSING ADMINISTRATION	13.00	0 33.05
33.06	MI SC REVENUE	B	-40,532	PHARMACY	15.00	0 33.06
33.07			0		0.00	0 33.07
33.08	MI SC REVENUE	B	-221,319	ADULTS & PEDIATRICS	30.00	0 33.08
33.09	MI SC REVENUE	B	-8,570	INTENSIVE CARE UNIT	31.00	0 33.09
33.10	MI SC REVENUE	B	-36,928	CORONARY CARE UNIT	32.00	0 33.10
33.11	MI SC REVENUE	B	-1,207	NI CU	35.00	0 33.11
33.12	MI SC REVENUE	B	-75,579	OPERATING ROOM	50.00	0 33.12
33.13	MI SC REVENUE	B	-9,000	ENDOSCOPY	50.02	0 33.13
33.14	MI SC REVENUE	B	-750	DELIVERY ROOM & LABOR ROOM	52.00	0 33.14
33.15	MI SC REVENUE	B	-6,080	ANESTHESIOLOGY	53.00	0 33.15
33.16	MI SC REVENUE	B	-39,497	RADIOLOGY-DIAGNOSTIC	54.00	0 33.16
33.17	MI SC REVENUE	B	-750	ULTRASOUND	54.01	0 33.17
33.18	MI SC REVENUE	B	-753	WOMENS IMAGING CENTER	54.02	0 33.18
33.19	MI SC REVENUE	B	-9,079	IMAGING CENTER	54.04	0 33.19
33.20	MI SC REVENUE	B	-220,027	RADIOLOGY-THERAPEUTIC	55.00	0 33.20
33.21	MI SC REVENUE	B	-4,288	RADIOISOTOPE	56.00	0 33.21
33.22	MI SC REVENUE	B	-3,635	CT SCAN	57.00	0 33.22
33.23	MI SC REVENUE	B	-53,231	CARDIAC CATHETERIZATION	59.00	0 33.23
33.24	MI SC REVENUE	B	-12,494,148	LABORATORY	60.00	0 33.24
33.25	MI SC REVENUE	B	-156,532	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0 33.25
33.26	MI SC REVENUE	B	-62,266	RESPIRATORY THERAPY	65.00	0 33.26
33.27	MI SC REVENUE	B	-1,467	PHYSICAL THERAPY	66.00	0 33.27
33.28	MI SC REVENUE	B	-631,953	ELECTROCARDIOLOGY	69.00	0 33.28
33.29	MI SC REVENUE	B	4,244	CARDIOLOGY OUTREACH	69.01	0 33.29
33.30	MI SC REVENUE	B	-3,836	ELECTROENCEPHALOGRAPHY	70.00	0 33.30
33.31	MI SC REVENUE	B	-87,067	CLINIC	90.00	0 33.31
33.32	MI SC REVENUE	B	1,029	WOUND OSTOMY	90.01	0 33.32
33.33	MI SC REVENUE	B	-215,974	URODYNAMICS	90.02	0 33.33
33.34	MI SC REVENUE	B	477	PLAINFIELD CLINIC	90.03	0 33.34
33.35	MI SC REVENUE	B	381	OSWEGO CLINIC	90.04	0 33.35
33.36	MI SC REVENUE	B	-15,489	EMERGENCY	91.00	0 33.36
33.37			0		0.00	0 33.37
33.38			0		0.00	0 33.38
33.39			0		0.00	0 33.39
34.00	INTEREST EXPENSE OFFSET	A	-6,250,924	CAP REL COSTS-BLDG & FIXT	1.00	11 34.00
35.00	LOSS ON DEFEASANCE	A	2,725,987	CAP REL COSTS-BLDG & FIXT	1.00	11 35.00
35.01			0		0.00	0 35.01
36.00			0		0.00	0 36.00
37.00	REAL ESTATE TAXES	A	-83,537	ADMINISTRATIVE & GENERAL	5.00	0 37.00
38.00	IMPUTED COST OF VOLUNTEERS	A	-890,267	ADMINISTRATIVE & GENERAL	5.00	0 38.00
39.00	COMMUNITY SPONSORSHIP	A	-531,584	ADMINISTRATIVE & GENERAL	5.00	0 39.00
40.00	CONTRIBUTIONS	A	-237,983	ADMINISTRATIVE & GENERAL	5.00	0 40.00
40.01	CONTRIBUTIONS	A	-44,920	EMERGENCY	91.00	0 40.01
40.02	CONTRIBUTIONS	A	-3,150	OSWEGO CLINIC	90.04	0 40.02
41.00	HEALTH PROMOTIONS	A	-90,341	ADMINISTRATIVE & GENERAL	5.00	0 41.00
42.00	IRB	A	-293,186	CLINIC	90.00	0 42.00
42.01	NRCC PROFESSIONAL COMPONENT	A	-21,070	PHYSICIANS' PRIVATE OFFICES	192.00	0 42.01
43.00			0		0.00	0 43.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-44,547,562			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: 14-0231

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

Worksheet A-8-1

Date/Time Prepared:
11/21/2017 12:30 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	DEPRECIATION	1,280,517	0
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	DEPRECIATION	4,778,307	0
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	BENEFITS	6,896,326	0
3.01	5.00	ADMINISTRATIVE & GENERAL	A & G	64,114,338	99,004,366
3.02	5.00	ADMINISTRATIVE & GENERAL	PATIENT ACCOUNTS	6,659,202	0
3.03	5.00	ADMINISTRATIVE & GENERAL	PATIENT ACCESS	3,490,383	0
3.04	7.00	OPERATION OF PLANT	PLANT OPERATIONS	12,591,530	565,154
3.05	15.00	PHARMACY	PHARMACY	280,245	0
3.06	16.00	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS	3,835,199	0
3.07	5.00	ADMINISTRATIVE & GENERAL	LINDEN OAKS- MEDICAL STAFF	0	42,973
3.08	5.00	ADMINISTRATIVE & GENERAL	INTERCOMPANY RENT	5,800,842	8,709,973
3.09	0.00			0	0
3.10	0.00			0	0
3.11	0.00			0	0
3.12	0.00			0	0
3.13	0.00			0	0
3.14	0.00			0	0
3.15	0.00			0	0
3.16	0.00			0	0
3.17	0.00			0	0
3.18	0.00			0	0
3.19	0.00			0	0
3.20	0.00			0	0
3.21	0.00			0	0
3.22	0.00			0	0
4.00	0.00			0	0
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			109,726,889	108,322,466

* 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	EDWARD ELMHURST HEALTH	100.00	0.00	6.00
7.00			0.00	0.00	7.00
8.00			0.00	0.00	8.00
9.00			0.00	0.00	9.00
10.00			0.00	0.00	10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

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

Provider CCN: 14-0231

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

Worksheet A-8-1

Date/Time Prepared:
11/21/2017 12:30 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	1,280,517	9		1.00
2.00	4,778,307	9		2.00
3.00	6,896,326	0		3.00
3.01	-34,890,028	0		3.01
3.02	6,659,202	0		3.02
3.03	3,490,383	0		3.03
3.04	12,026,376	0		3.04
3.05	280,245	0		3.05
3.06	3,835,199	0		3.06
3.07	-42,973	0		3.07
3.08	-2,909,131	0		3.08
3.09	0	0		3.09
3.10	0	0		3.10
3.11	0	0		3.11
3.12	0	0		3.12
3.13	0	0		3.13
3.14	0	0		3.14
3.15	0	0		3.15
3.16	0	0		3.16
3.17	0	0		3.17
3.18	0	0		3.18
3.19	0	0		3.19
3.20	0	0		3.20
3.21	0	0		3.21
3.22	0	0		3.22
4.00	0	0		4.00
5.00	1,404,423			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		6.00
7.00		7.00
8.00		8.00
9.00		9.00
10.00		10.00
100.00		100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0231

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

Worksheet A-8-2

Date/Time Prepared:
11/21/2017 12:30 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	0.00		0	0	0	0	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	120,000	120,000	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	461,522	461,522	0	0	0	3.00
4.00	35.00	NICU	533,409	533,409	0	0	0	4.00
5.00	50.00	OPERATING ROOM	31,667	31,667	0	0	0	5.00
6.00	52.00	DELIVERY ROOM & LABOR ROOM	563,735	424,010	139,725	211,500	1,118	6.00
7.00	57.00	CT SCAN	0	0	0	0	0	7.00
8.00	60.00	LABORATORY	759,771	759,771	0	0	0	8.00
9.00	65.00	RESPIRATORY THERAPY	130,394	130,394	0	0	0	9.00
10.00	69.02	EMG/NCV	92,946	0	92,946	211,500	744	10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	182,362	81,206	101,156	211,500	809	11.00
12.00	90.01	WOUND OSTOMY	24,854	24,854	0	0	0	12.00
13.00	90.02	URODYNAMICS	9,546	9,546	0	0	0	13.00
14.00	90.03	PLAINFIELD CLINIC	0	0	0	0	0	14.00
15.00	90.04	OSWEGO CLINIC	1,623,075	1,623,075	0	0	0	15.00
16.00	90.05	BOLINGBROOK CLINIC	565,818	565,818	0	0	0	16.00
17.00	91.00	EMERGENCY	15,652,835	15,652,835	0	0	0	17.00
200.00			20,751,934	20,418,107	333,827		2,671	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	0.00		0	0	0	0	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	3.00
4.00	35.00	NICU	0	0	0	0	0	4.00
5.00	50.00	OPERATING ROOM	0	0	0	0	0	5.00
6.00	52.00	DELIVERY ROOM & LABOR ROOM	113,681	5,684	0	0	0	6.00
7.00	57.00	CT SCAN	0	0	0	0	0	7.00
8.00	60.00	LABORATORY	0	0	0	0	0	8.00
9.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	9.00
10.00	69.02	EMG/NCV	75,652	3,783	0	0	0	10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	82,261	4,113	0	0	0	11.00
12.00	90.01	WOUND OSTOMY	0	0	0	0	0	12.00
13.00	90.02	URODYNAMICS	0	0	0	0	0	13.00
14.00	90.03	PLAINFIELD CLINIC	0	0	0	0	0	14.00
15.00	90.04	OSWEGO CLINIC	0	0	0	0	0	15.00
16.00	90.05	BOLINGBROOK CLINIC	0	0	0	0	0	16.00
17.00	91.00	EMERGENCY	0	0	0	0	0	17.00
200.00			271,594	13,580	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	0.00		0	0	0	0		1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	120,000		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	461,522		3.00
4.00	35.00	NICU	0	0	0	533,409		4.00
5.00	50.00	OPERATING ROOM	0	0	0	31,667		5.00
6.00	52.00	DELIVERY ROOM & LABOR ROOM	0	113,681	26,044	450,054		6.00
7.00	57.00	CT SCAN	0	0	0	0		7.00
8.00	60.00	LABORATORY	0	0	0	759,771		8.00
9.00	65.00	RESPIRATORY THERAPY	0	0	0	130,394		9.00
10.00	69.02	EMG/NCV	0	75,652	17,294	17,294		10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	0	82,261	18,895	100,101		11.00
12.00	90.01	WOUND OSTOMY	0	0	0	24,854		12.00
13.00	90.02	URODYNAMICS	0	0	0	9,546		13.00
14.00	90.03	PLAINFIELD CLINIC	0	0	0	0		14.00
15.00	90.04	OSWEGO CLINIC	0	0	0	1,623,075		15.00
16.00	90.05	BOLINGBROOK CLINIC	0	0	0	565,818		16.00
17.00	91.00	EMERGENCY	0	0	0	15,652,835		17.00
200.00			0	271,594	62,233	20,480,340		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0231

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

Worksheet B Part I Date/Time Prepared: 11/21/2017 12:30 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	18,339,230	18,339,230			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	21,101,266		21,101,266		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	34,802,604	133,541	153,653	35,089,798	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	119,563,134	2,078,176	2,391,166	2,347,422	5.00
7.00 00700	OPERATION OF PLANT	35,941,841	4,718,719	5,429,400	882,334	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	432,486	47,373	54,508	36,359	8.00
9.00 00900	HOUSEKEEPING	4,809,885	93,329	107,385	628,875	9.00
10.00 01000	DIETARY	1,730,748	140,110	161,211	0	10.00
11.00 01100	CAFETERIA	2,268,326	357,139	410,927	0	11.00
13.00 01300	NURSING ADMINISTRATION	4,169,874	46,008	52,937	674,945	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	4,641,009	297,169	341,925	306,084	14.00
15.00 01500	PHARMACY	5,897,061	164,891	189,725	833,478	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	4,423,696	42,350	48,728	104,097	16.00
23.00 02300	PARAMED PRGM-EMS	999,265	61,258	70,484	133,631	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	43,734,808	2,994,362	3,445,337	6,264,593	30.00
31.00 03100	INTENSIVE CARE UNIT	4,914,712	320,508	368,779	858,272	31.00
32.00 03200	CORONARY CARE UNIT	5,178,582	772,831	889,225	908,059	32.00
35.00 02060	NICU	6,031,335	420,535	483,871	955,295	35.00
43.00 04300	NURSERY	2,462,071	181,686	209,050	386,006	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	10,268,846	1,084,426	1,247,749	1,345,241	50.00
50.02 03330	ENDOSCOPY	1,861,741	248,689	286,143	297,050	50.02
51.00 05100	RECOVERY ROOM	2,871,535	122,284	140,700	498,753	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	7,015,231	618,089	711,179	1,184,075	52.00
53.00 05300	ANESTHESIOLOGY	1,206,352	17,337	19,948	91,865	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,131,481	309,740	356,390	519,135	54.00
54.01 03630	ULTRASOUND	1,553,925	24,421	28,099	268,323	54.01
54.02 03440	WOMENS IMAGING CENTER	1,102,533	12,880	14,820	182,960	54.02
54.03 05401	SPECIAL PROCEDURES	943,169	36,090	41,525	165,563	54.03
54.04 05402	IMAGING CENTER	1,443,874	0	0	211,931	54.04
55.00 05500	RADIOLOGY-THERAPEUTIC	29,256,303	0	0	953,753	55.00
56.00 05600	RADIOISOTOPE	1,676,168	87,971	101,220	114,293	56.00
57.00 05700	CT SCAN	2,534,791	163,139	187,709	402,733	57.00
58.00 05800	MRI	1,655,546	82,819	95,292	188,893	58.00
59.00 05900	CARDIAC CATHETERIZATION	2,491,296	210,435	242,128	367,056	59.00
60.00 06000	LABORATORY	10,105,928	200,543	230,746	1,061,070	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	2,531,809	17,620	20,274	72,873	62.00
65.00 06500	RESPIRATORY THERAPY	3,412,055	70,995	81,687	594,194	65.00
66.00 06600	PHYSICAL THERAPY	5,905,202	5,023	5,780	934,475	66.00
68.00 06800	SPEECH PATHOLOGY	920,672	0	0	161,629	68.00
69.00 06900	ELECTROCARDIOLOGY	5,594,884	315,897	363,474	577,473	69.00
69.01 03140	CARDIOLOGY OUTREACH	367,679	0	0	61,772	69.01
69.02 03290	EMG/NCV	106,760	0	0	5,578	69.02
70.00 07000	ELECTROENCEPHALOGRAPHY	3,061,764	0	0	274,912	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	37,270,793	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	52,807,469	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	15,605,897	0	0	0	73.00
75.00 07500	ASC (NON-DISTINCT PART)	3,908,990	362,188	416,736	668,425	75.00
76.97 07697	CARDIAC REHABILITATION	1,029,580	91,629	105,429	180,650	76.97
76.98 07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	76.98
76.99 07699	LI THOTRI PSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	2,371,746	35,085	40,369	257,229	90.00
90.01 09001	WOUND OSTOMY	2,428,316	149,538	172,059	263,165	90.01
90.02 09002	URODYNAMICS	24,576,892	0	0	1,916,729	90.02
90.03 09003	PLAINTFIELD CLINIC	2,557,666	0	0	425,951	90.03
90.04 09004	OSWEGO CLINIC	1,196,735	0	0	463,256	90.04
90.05 09005	BOLINGBROOK CLINIC	1,483,325	0	0	283,065	90.05
90.06 09006	OUTPATIENT SERVICES	2,959,213	268,704	309,173	465,259	90.06
91.00 09100	EMERGENCY	6,255,613	806,010	927,401	3,656,496	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	576,913,712	18,211,537	20,954,341	34,435,275	575,984,571
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	423,422	28,645	32,960	10,602	495,629
192.00 19200	PHYSICIANS' PRIVATE OFFICES	7,073,312	99,048	113,965	639,713	7,926,038

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0231

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

Worksheet B
Part I
Date/Time Prepared:
11/21/2017 12:30 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
192.02 19202 RESEARCH	31,790	0	0	4,208	35,998	192.02
194.00 07950 LINDEN OAKS HOSPITAL	0	0	0	0	0	194.00
200.00 Cross Foot Adjustments					0	200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	584,442,236	18,339,230	21,101,266	35,089,798	584,442,236	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0231

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

Worksheet B
Part I
Date/Time Prepared:
11/21/2017 12:30 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		5.00	7.00	8.00	9.00	10.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL	126,379,898				5.00	
7.00	00700	OPERATION OF PLANT	12,959,703	59,931,997			7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	157,464	248,857	977,047		8.00	
9.00	00900	HOUSEKEEPING	1,555,937	490,271	0	7,685,682	9.00	
10.00	01000	DIETARY	560,650	736,015	0	87,687	10.00	
11.00	01100	CAFETERIA	837,744	1,876,101	0	223,514	11.00	
13.00	01300	NURSING ADMINISTRATION	1,363,989	241,685	0	28,794	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	1,541,235	1,561,072	1,698	185,982	14.00	
15.00	01500	PHARMACY	1,954,801	866,195	0	103,196	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	1,274,351	222,469	0	14,413	16.00	
23.00	02300	PARAMED ED PRGM-EMS	348,915	321,795	25,177	38,338	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	15,571,643	15,729,806	360,264	1,874,007	30.00	
31.00	03100	INTENSIVE CARE UNIT	1,782,947	1,683,674	25,783	200,589	31.00	
32.00	03200	CORONARY CARE UNIT	2,137,873	4,059,789	38,953	483,673	32.00	
35.00	02060	NICU	2,177,145	2,209,128	28,440	263,190	35.00	
43.00	04300	NURSERY	893,592	954,425	0	113,708	43.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,847,788	5,696,642	56,936	678,684	50.00	
50.02	03330	ENDOSCOPY	743,173	1,306,397	14,617	155,641	50.02	
51.00	05100	RECOVERY ROOM	1,002,423	642,373	20,342	76,531	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,628,943	3,246,911	67,126	386,829	52.00	
53.00	05300	ANESTHESIOLOGY	368,466	91,072	0	10,850	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,190,995	1,627,109	16,158	193,850	54.00	
54.01	03630	ULTRASOUND	517,250	128,285	14,751	15,284	54.01	
54.02	03440	WOMENS IMAGING CENTER	362,311	67,661	2,382	8,061	54.02	
54.03	05401	SPECIAL PROCEDURES	327,314	189,586	2,516	22,587	54.03	
54.04	05402	IMAGING CENTER	456,838	0	15,993	0	54.04	
55.00	05500	RADIOLOGY-THERAPEUTIC	8,334,985	0	8,704	0	55.00	
56.00	05600	RADIOISOTOPE	546,188	462,124	14,090	55,056	56.00	
57.00	05700	CT SCAN	907,265	856,993	13,257	65,568	57.00	
58.00	05800	MRI	558,024	435,060	14,059	51,832	58.00	
59.00	05900	CARDIAC CATHETERIZATION	913,485	1,105,444	2,422	129,926	59.00	
60.00	06000	LABORATORY	3,199,979	1,053,480	0	125,509	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	729,089	92,560	0	11,027	62.00	
65.00	06500	RESPIRATORY THERAPY	1,147,453	372,947	0	44,432	65.00	
66.00	06600	PHYSICAL THERAPY	1,890,054	26,388	19,579	3,144	66.00	
68.00	06800	SPEECH PATHOLOGY	298,608	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	1,890,399	1,659,451	307	361,147	69.00	
69.01	03140	CARDIOLOGY OUTREACH	118,486	0	1,140	0	69.01	
69.02	03290	EMG/NCV	30,994	0	0	0	69.02	
70.00	07000	ELECTROENCEPHALOGRAPHY	920,592	0	2,154	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,283,049	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,569,634	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	4,305,683	0	0	0	73.00	
75.00	07500	ASC (NON-DISTINCT PART)	1,477,819	1,902,625	22,299	226,674	75.00	
76.97	07697	CARDIAC REHABILITATION	388,272	481,340	1,439	47,560	76.97	
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	76.98	
76.99	07699	LITHOTRIpsy	0	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	746,155	184,308	1,321	21,958	90.00	
90.01	09001	WOUND OSTOMY	831,311	785,543	4,057	0	90.01	
90.02	09002	URODYNAMICS	7,309,617	0	67,457	0	90.02	
90.03	09003	PLAINFIELD CLINIC	823,183	0	5,158	0	90.03	
90.04	09004	OSWEGO CLINIC	457,993	0	2,375	0	90.04	
90.05	09005	BOLINGBROOK CLINIC	487,349	0	6,180	0	90.05	
90.06	09006	OUTPATIENT SERVICES	1,104,252	1,411,542	32,330	168,168	90.06	
91.00	09100	EMERGENCY	3,213,011	4,234,084	66,521	504,438	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE					113.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	124,046,419	59,261,207	975,985	6,981,847	3,416,421	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	136,745	150,478	0	17,928	190.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,186,802	520,312	1,062	61,989	192.00	
192.02	19202	RESEARCH	9,932	0	0	0	192.02	
194.00	07950	LINDEN OAKS HOSPITAL	0	0	0	623,918	194.00	
200.00		Cross Foot Adjustments					200.00	
201.00		Negative Cost Centers	0	0	0	0	201.00	
202.00		TOTAL (sum lines 118-201)	126,379,898	59,931,997	977,047	7,685,682	3,416,421	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0231

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

Worksheet B
Part I
Date/Time Prepared:
11/21/2017 12:30 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	5,973,751					11.00
13.00	01300	114,447	6,692,679				13.00
14.00	01400	124,871	0	9,001,045			14.00
15.00	01500	147,464	0	0	10,156,811		15.00
16.00	01600	22,185	0	0	0	6,152,289	16.00
23.00	02300	14,445	39,361	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,348,039	2,297,732	0	0	292,789	30.00
31.00	03100	171,798	292,830	0	0	55,068	31.00
32.00	03200	170,467	290,563	0	0	58,491	32.00
35.00	02060	173,338	295,456	0	0	35,188	35.00
43.00	04300	80,144	136,605	0	0	13,357	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	283,139	482,613	0	0	271,245	50.00
50.02	03330	58,300	99,372	0	0	59,137	50.02
51.00	05100	89,790	153,048	0	0	61,880	51.00
52.00	05200	226,772	386,535	0	0	64,506	52.00
53.00	05300	29,109	49,617	0	0	112,391	53.00
54.00	05400	158,172	269,605	0	0	145,264	54.00
54.01	03630	41,283	70,367	0	0	94,419	54.01
54.02	03440	33,622	57,308	0	0	34,615	54.02
54.03	05401	26,777	0	0	0	32,250	54.03
54.04	05402	35,345	0	0	0	77,764	54.04
55.00	05500	180,248	0	0	0	343,673	55.00
56.00	05600	16,540	0	0	0	34,839	56.00
57.00	05700	67,281	114,680	0	0	348,873	57.00
58.00	05800	32,376	55,185	0	0	118,125	58.00
59.00	05900	67,725	0	0	0	239,166	59.00
60.00	06000	279,789	476,902	0	0	884,320	60.00
62.00	06200	16,679	28,430	0	0	36,052	62.00
65.00	06500	139,109	0	0	0	117,401	65.00
66.00	06600	203,022	0	0	0	94,106	66.00
68.00	06800	31,689	0	0	0	16,060	68.00
69.00	06900	124,934	0	0	0	200,495	69.00
69.01	03140	12,135	0	0	0	26,516	69.01
69.02	03290	2,323	0	0	0	3,282	69.02
70.00	07000	61,643	105,071	0	0	57,824	70.00
71.00	07100	0	0	3,662,705	0	165,685	71.00
72.00	07200	0	0	5,338,340	0	308,127	72.00
73.00	07300	0	0	0	10,156,811	334,347	73.00
75.00	07500	138,226	0	0	0	39,117	75.00
76.97	07697	38,626	0	0	0	16,999	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	91,285	155,595	0	0	11,837	90.00
90.01	09001	61,074	0	0	0	28,869	90.01
90.02	09002	309,914	0	0	0	620,862	90.02
90.03	09003	48,883	0	0	0	48,207	90.03
90.04	09004	50,575	0	0	0	34,164	90.04
90.05	09005	41,708	0	0	0	19,384	90.05
90.06	09006	120,974	206,201	0	0	25,237	90.06
91.00	09100	369,376	629,603	0	0	570,358	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		5,855,641	6,692,679	9,001,045	10,156,811	6,152,289	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	4,177	0	0	0	0	190.00
192.00	19200	113,070	0	0	0	0	192.00
192.02	19202	863	0	0	0	0	192.02
194.00	07950	0	0	0	0	0	194.00
200.00							200.00
201.00		0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 14-0231			Period: From 07/01/2016 To 06/30/2017		Worksheet B Part I Date/Time Prepared: 11/21/2017 12:30 pm	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY		
		11.00	13.00	14.00	15.00	16.00		
202.00	TOTAL (sum lines 118-201)	5,973,751	6,692,679	9,001,045	10,156,811	6,152,289	202.00	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0231

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

Worksheet B
Part I
Date/Time Prepared:
11/21/2017 12:30 pm

Cost Center Description		PARAMED ED PRGM-EMS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
23.00	02300	PARAMED ED PRGM-EMS	2,052,669			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	135,714	96,967,361	0	96,967,361
31.00	03100	INTENSIVE CARE UNIT	30,159	10,952,614	0	10,952,614
32.00	03200	CORONARY CARE UNIT	0	15,239,165	0	15,239,165
35.00	02060	NI CU	0	13,072,921	0	13,072,921
43.00	04300	NURSERY	0	5,430,644	0	5,430,644
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	30,159	25,293,468	0	25,293,468
50.02	03330	ENDOSCOPY	0	5,130,260	0	5,130,260
51.00	05100	RECOVERY ROOM	0	5,679,659	0	5,679,659
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	16,536,196	0	16,536,196
53.00	05300	ANESTHESIOLOGY	0	1,997,007	0	1,997,007
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	7,917,899	0	7,917,899
54.01	03630	ULTRASOUND	0	2,756,407	0	2,756,407
54.02	03440	WOMENS IMAGING CENTER	0	1,879,153	0	1,879,153
54.03	05401	SPECIAL PROCEDURES	0	1,787,377	0	1,787,377
54.04	05402	IMAGING CENTER	0	2,241,745	0	2,241,745
55.00	05500	RADIOLOGY-THERAPEUTIC	0	39,077,666	0	39,077,666
56.00	05600	RADIOISOTOPE	0	3,108,489	0	3,108,489
57.00	05700	CT SCAN	0	5,662,289	0	5,662,289
58.00	05800	MRI	0	3,287,211	0	3,287,211
59.00	05900	CARDIAC CATHETERIZATION	0	5,769,083	0	5,769,083
60.00	06000	LABORATORY	79,166	17,697,432	0	17,697,432
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	3,556,413	0	3,556,413
65.00	06500	RESPIRATORY THERAPY	15,079	5,995,352	0	5,995,352
66.00	06600	PHYSICAL THERAPY	0	9,086,773	0	9,086,773
68.00	06800	SPEECH PATHOLOGY	0	1,428,658	0	1,428,658
69.00	06900	ELECTROCARDIOLOGY	0	11,088,461	0	11,088,461
69.01	03140	CARDIOLOGY OUTREACH	0	587,728	0	587,728
69.02	03290	EMG/NCV	0	148,937	0	148,937
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,483,960	0	4,483,960
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	51,382,232	0	51,382,232
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	73,023,570	0	73,023,570
73.00	07300	DRUGS CHARGED TO PATIENTS	0	30,402,738	0	30,402,738
75.00	07500	ASC (NON-DISTINCT PART)	22,619	9,185,718	0	9,185,718
76.97	07697	CARDIAC REHABILITATION	0	2,381,524	0	2,381,524
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	3,916,888	0	3,916,888
90.01	09001	WOUND OSTOMY	0	4,723,932	0	4,723,932
90.02	09002	URODYNAMICS	0	34,801,471	0	34,801,471
90.03	09003	PLAINFIELD CLINIC	0	3,909,048	0	3,909,048
90.04	09004	OSWEGO CLINIC	0	2,205,098	0	2,205,098
90.05	09005	BOLINGBROOK CLINIC	0	2,321,011	0	2,321,011
90.06	09006	OUTPATIENT SERVICES	0	7,071,053	0	7,071,053
91.00	09100	EMERGENCY	1,739,773	22,972,684	0	22,972,684
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,052,669	572,157,295	0	572,157,295
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	804,957	0	804,957
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	10,809,273	0	10,809,273
192.02	19202	RESEARCH	0	46,793	0	46,793
194.00	07950	LINDEN OAKS HOSPITAL	0	623,918	0	623,918

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0231

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

Worksheet B
Part I
Date/Time Prepared:
11/21/2017 12:30 pm

Cost Center Description		PARAMED ED PRGM-EMS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		23.00	24.00	25.00	26.00		
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 118-201)	2,052,669	584,442,236	0	584,442,236		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0231

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

Worksheet B
Part II
Date/Time Prepared:
11/21/2017 12:30 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	133,541	153,653	287,194	287,194
5.00 00500	ADMINISTRATIVE & GENERAL	0	2,078,176	2,391,166	4,469,342	19,206
7.00 00700	OPERATION OF PLANT	0	4,718,719	5,429,400	10,148,119	7,219
8.00 00800	LAUNDRY & LINEN SERVICE	0	47,373	54,508	101,881	297
9.00 00900	HOUSEKEEPING	0	93,329	107,385	200,714	5,145
10.00 01000	DIETARY	0	140,110	161,211	301,321	0
11.00 01100	CAFETERIA	0	357,139	410,927	768,066	0
13.00 01300	NURSING ADMINISTRATION	0	46,008	52,937	98,945	5,522
14.00 01400	CENTRAL SERVICES & SUPPLY	0	297,169	341,925	639,094	2,504
15.00 01500	PHARMACY	0	164,891	189,725	354,616	6,819
16.00 01600	MEDICAL RECORDS & LIBRARY	0	42,350	48,728	91,078	852
23.00 02300	PARAMED PRGM-EMS	0	61,258	70,484	131,742	1,093
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	2,994,362	3,445,337	6,439,699	51,350
31.00 03100	INTENSIVE CARE UNIT	0	320,508	368,779	689,287	7,022
32.00 03200	CORONARY CARE UNIT	0	772,831	889,225	1,662,056	7,430
35.00 02060	NICU	0	420,535	483,871	904,406	7,816
43.00 04300	NURSERY	0	181,686	209,050	390,736	3,158
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	1,084,426	1,247,749	2,332,175	11,007
50.02 03330	ENDOSCOPY	0	248,689	286,143	534,832	2,430
51.00 05100	RECOVERY ROOM	0	122,284	140,700	262,984	4,081
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	618,089	711,179	1,329,268	9,688
53.00 05300	ANESTHESIOLOGY	0	17,337	19,948	37,285	752
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	309,740	356,390	666,130	4,248
54.01 03630	ULTRASOUND	0	24,421	28,099	52,520	2,195
54.02 03440	WOMENS IMAGING CENTER	0	12,880	14,820	27,700	1,497
54.03 05401	SPECIAL PROCEDURES	0	36,090	41,525	77,615	1,355
54.04 05402	IMAGING CENTER	0	0	0	0	1,734
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	7,804
56.00 05600	RADIOISOTOPE	0	87,971	101,220	189,191	935
57.00 05700	CT SCAN	0	163,139	187,709	350,848	3,295
58.00 05800	MRI	0	82,819	95,292	178,111	1,546
59.00 05900	CARDIAC CATHETERIZATION	0	210,435	242,128	452,563	3,003
60.00 06000	LABORATORY	0	200,543	230,746	431,289	8,682
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	17,620	20,274	37,894	596
65.00 06500	RESPIRATORY THERAPY	0	70,995	81,687	152,682	4,862
66.00 06600	PHYSICAL THERAPY	0	5,023	5,780	10,803	7,646
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	1,322
69.00 06900	ELECTROCARDIOLOGY	0	315,897	363,474	679,371	4,725
69.01 03140	CARDIOLOGY OUTREACH	0	0	0	0	505
69.02 03290	EMG/NCV	0	0	0	0	46
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	2,249
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
75.00 07500	ASC (NON-DISTINCT PART)	0	362,188	416,736	778,924	5,469
76.97 07697	CARDIAC REHABILITATION	0	91,629	105,429	197,058	1,478
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99 07699	LITHOTRIPSY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	35,085	40,369	75,454	2,105
90.01 09001	WOUND OSTOMY	0	149,538	172,059	321,597	2,153
90.02 09002	URODYNAMICS	0	0	0	0	15,683
90.03 09003	PLAINFIELD CLINIC	0	0	0	0	3,485
90.04 09004	OSWEGO CLINIC	0	0	0	0	3,790
90.05 09005	BOLINGBROOK CLINIC	0	0	0	0	2,316
90.06 09006	OUTPATIENT SERVICES	0	268,704	309,173	577,877	3,807
91.00 09100	EMERGENCY	0	806,010	927,401	1,733,411	29,917
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE	0	18,211,537	20,954,341	39,165,878	281,839
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	18,211,537	20,954,341	39,165,878	281,839
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	28,645	32,960	61,605	87
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	99,048	113,965	213,013	5,234
192.02 19202	RESEARCH	0	0	0	0	34

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0231		Period: From 07/01/2016 To 06/30/2017		Worksheet B Part II Date/Time Prepared: 11/21/2017 12:30 pm	
Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT			
		BLDG & FIXT	MVBLE EQUIP					
	0	1.00	2.00	2A	4.00			
194.00 07950 LINDEN OAKS HOSPITAL	0	0	0	0	0	194.00		
200.00 Cross Foot Adjustments				0	0	200.00		
201.00 Negative Cost Centers		0	0	0	0	201.00		
202.00 TOTAL (sum lines 118-201)	0	18,339,230	21,101,266	39,440,496	287,194	202.00		

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0231

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

Worksheet B
Part II
Date/Time Prepared:
11/21/2017 12:30 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		5.00	7.00	8.00	9.00	10.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL	4,488,548				5.00	
7.00	00700	OPERATION OF PLANT	460,282	10,615,620			7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	5,593	44,079	151,850		8.00	
9.00	00900	HOUSEKEEPING	55,261	86,841	0	347,961	9.00	
10.00	01000	DIETARY	19,912	130,369	0	3,970	10.00	
11.00	01100	CAFETERIA	29,754	332,310	0	10,119	11.00	
13.00	01300	NURSING ADMINISTRATION	48,444	42,809	0	1,304	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	54,739	276,509	264	8,420	14.00	
15.00	01500	PHARMACY	69,427	153,427	0	4,672	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	45,260	39,405	0	653	16.00	
23.00	02300	PARAMED ED PRGM-EMS	12,392	56,999	3,913	1,736	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	553,043	2,786,186	55,989	84,843	30.00	
31.00	03100	INTENSIVE CARE UNIT	63,324	298,225	4,007	9,081	31.00	
32.00	03200	CORONARY CARE UNIT	75,929	719,101	6,054	21,898	32.00	
35.00	02060	NICU	77,324	391,298	4,420	11,916	35.00	
43.00	04300	NURSERY	31,737	169,055	0	5,148	43.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	136,659	1,009,033	8,849	30,727	50.00	
50.02	03330	ENDOSCOPY	26,395	231,399	2,272	7,046	50.02	
51.00	05100	RECOVERY ROOM	35,602	113,782	3,161	3,465	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	93,370	575,118	10,433	17,513	52.00	
53.00	05300	ANESTHESIOLOGY	13,087	16,131	0	491	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	42,300	288,206	2,511	8,776	54.00	
54.01	03630	ULTRASOUND	18,371	22,723	2,293	692	54.01	
54.02	03440	WOMENS IMAGING CENTER	12,868	11,985	370	365	54.02	
54.03	05401	SPECIAL PROCEDURES	11,625	33,581	391	1,023	54.03	
54.04	05402	IMAGING CENTER	16,225	0	2,486	0	54.04	
55.00	05500	RADIOLOGY-THERAPEUTIC	296,028	0	1,353	0	55.00	
56.00	05600	RADIOISOTOPE	19,399	81,855	2,190	2,493	56.00	
57.00	05700	CT SCAN	32,223	151,797	2,060	2,969	57.00	
58.00	05800	MRI	19,819	77,061	2,185	2,347	58.00	
59.00	05900	CARDIAC CATHETERIZATION	32,444	195,805	376	5,882	59.00	
60.00	06000	LABORATORY	113,652	186,601	0	5,682	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	25,895	16,395	0	499	62.00	
65.00	06500	RESPIRATORY THERAPY	40,753	66,059	0	2,012	65.00	
66.00	06600	PHYSICAL THERAPY	67,128	4,674	3,043	142	66.00	
68.00	06800	SPEECH PATHOLOGY	10,605	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	67,140	293,935	48	16,351	69.00	
69.01	03140	CARDIOLOGY OUTREACH	4,208	0	177	0	69.01	
69.02	03290	EMG/NCV	1,101	0	0	0	69.02	
70.00	07000	ELECTROENCEPHALOGRAPHY	32,696	0	335	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	365,217	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	517,460	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	152,922	0	0	0	73.00	
75.00	07500	ASC (NON-DISTINCT PART)	52,487	337,008	3,466	10,262	75.00	
76.97	07697	CARDIAC REHABILITATION	13,790	85,259	224	2,153	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98	
76.99	07699	LITHOTRIpsy	0	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	26,501	32,646	205	994	90.00	
90.01	09001	WOUND OSTOMY	29,525	139,141	631	0	90.01	
90.02	09002	URODYNAMICS	259,611	0	10,484	0	90.02	
90.03	09003	PLAINFIELD CLINIC	29,236	0	802	0	90.03	
90.04	09004	OSWEGO CLINIC	16,266	0	369	0	90.04	
90.05	09005	BOLINGBROOK CLINIC	17,309	0	961	0	90.05	
90.06	09006	OUTPATIENT SERVICES	39,219	250,023	5,025	7,614	90.06	
91.00	09100	EMERGENCY	114,114	749,974	10,338	22,838	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE					113.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,405,671	10,496,804	151,685	316,096	455,572	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,857	26,654	0	812	190.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	77,667	92,162	165	2,806	192.00	
192.02	19202	RESEARCH	353	0	0	0	192.02	
194.00	07950	LINDEN OAKS HOSPITAL	0	0	0	28,247	194.00	
200.00		Cross Foot Adjustments					200.00	
201.00		Negative Cost Centers	0	0	0	0	201.00	
202.00		TOTAL (sum lines 118-201)	4,488,548	10,615,620	151,850	347,961	455,572	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0231		Period: From 07/01/2016 To 06/30/2017		Worksheet B Part II Date/Time Prepared: 11/21/2017 12:30 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	1,140,249					11.00
13.00	01300	NURSING ADMINISTRATION	21,845	218,869				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	23,835	0	1,005,365			14.00
15.00	01500	PHARMACY	28,147	0	0	617,108		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,235	0	0	0	181,483	16.00
23.00	02300	PARAMED ED PRGM-EMS	2,757	1,287	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	257,308	75,143	0	0	8,652	30.00
31.00	03100	INTENSIVE CARE UNIT	32,792	9,576	0	0	1,627	31.00
32.00	03200	CORONARY CARE UNIT	32,538	9,502	0	0	1,729	32.00
35.00	02060	NI CU	33,086	9,662	0	0	1,040	35.00
43.00	04300	NURSERY	15,298	4,467	0	0	395	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	54,045	15,783	0	0	8,016	50.00
50.02	03330	ENDOSCOPY	11,128	3,250	0	0	1,748	50.02
51.00	05100	RECOVERY ROOM	17,139	5,005	0	0	1,829	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	43,286	12,641	0	0	1,906	52.00
53.00	05300	ANESTHESIOLOGY	5,556	1,623	0	0	3,321	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	30,191	8,817	0	0	4,293	54.00
54.01	03630	ULTRASOUND	7,880	2,301	0	0	2,790	54.01
54.02	03440	WOMENS IMAGING CENTER	6,418	1,874	0	0	1,023	54.02
54.03	05401	SPECIAL PROCEDURES	5,111	0	0	0	953	54.03
54.04	05402	IMAGING CENTER	6,747	0	0	0	2,298	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	34,405	0	0	0	10,156	55.00
56.00	05600	RADIOISOTOPE	3,157	0	0	0	1,030	56.00
57.00	05700	CT SCAN	12,842	3,750	0	0	10,310	57.00
58.00	05800	MRI	6,180	1,805	0	0	3,491	58.00
59.00	05900	CARDIAC CATHETERIZATION	12,927	0	0	0	7,068	59.00
60.00	06000	LABORATORY	53,405	15,596	0	0	25,804	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	3,184	930	0	0	1,065	62.00
65.00	06500	RESPIRATORY THERAPY	26,553	0	0	0	3,469	65.00
66.00	06600	PHYSICAL THERAPY	38,752	0	0	0	2,781	66.00
68.00	06800	SPEECH PATHOLOGY	6,049	0	0	0	475	68.00
69.00	06900	ELECTROCARDIOLOGY	23,847	0	0	0	5,925	69.00
69.01	03140	CARDIOLOGY OUTREACH	2,316	0	0	0	784	69.01
69.02	03290	EMG/NCV	443	0	0	0	97	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	11,766	3,436	0	0	1,709	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	409,122	0	4,896	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	596,243	0	9,106	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	617,108	9,880	73.00
75.00	07500	ASC (NON-DISTINCT PART)	26,384	0	0	0	1,156	75.00
76.97	07697	CARDIAC REHABILITATION	7,373	0	0	0	502	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	17,424	5,088	0	0	350	90.00
90.01	09001	WOUND OSTOMY	11,658	0	0	0	853	90.01
90.02	09002	URODYNAMICS	59,155	0	0	0	18,347	90.02
90.03	09003	PLAINFIELD CLINIC	9,331	0	0	0	1,425	90.03
90.04	09004	OSWEGO CLINIC	9,654	0	0	0	1,010	90.04
90.05	09005	BOLINGBROOK CLINIC	7,961	0	0	0	573	90.05
90.06	09006	OUTPATIENT SERVICES	23,091	6,743	0	0	746	90.06
91.00	09100	EMERGENCY	70,505	20,590	0	0	16,855	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,117,704	218,869	1,005,365	617,108	181,483	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	797	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	21,583	0	0	0	0	192.00
192.02	19202	RESEARCH	165	0	0	0	0	192.02
194.00	07950	LINDEN OAKS HOSPITAL	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0231			Period: From 07/01/2016 To 06/30/2017		Worksheet B Part II Date/Time Prepared: 11/21/2017 12:30 pm	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY		
202.00	TOTAL (sum lines 118-201)	1,140,249	218,869	1,005,365	617,108	181,483	202.00	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0231

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		PARAMED ED PRGM-EMS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		23.00	24.00	25.00	26.00		
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00	
5.00	00500	ADMINISTRATIVE & GENERAL				5.00	
7.00	00700	OPERATION OF PLANT				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE				8.00	
9.00	00900	HOUSEKEEPING				9.00	
10.00	01000	DIETARY				10.00	
11.00	01100	CAFETERIA				11.00	
13.00	01300	NURSING ADMINISTRATION				13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00	
15.00	01500	PHARMACY				15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00	
23.00	02300	PARAMED ED PRGM-EMS	211,919			23.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	10,701,357	0	10,701,357	30.00	
31.00	03100	INTENSIVE CARE UNIT	1,147,944	0	1,147,944	31.00	
32.00	03200	CORONARY CARE UNIT	2,569,662	0	2,569,662	32.00	
35.00	02060	NI CU	1,440,968	0	1,440,968	35.00	
43.00	04300	NURSERY	619,994	0	619,994	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,606,294	0	3,606,294	50.00	
50.02	03330	ENDOSCOPY	820,500	0	820,500	50.02	
51.00	05100	RECOVERY ROOM	447,048	0	447,048	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,093,223	0	2,093,223	52.00	
53.00	05300	ANESTHESIOLOGY	78,246	0	78,246	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,055,472	0	1,055,472	54.00	
54.01	03630	ULTRASOUND	111,765	0	111,765	54.01	
54.02	03440	WOMENS IMAGING CENTER	64,100	0	64,100	54.02	
54.03	05401	SPECIAL PROCEDURES	131,654	0	131,654	54.03	
54.04	05402	IMAGING CENTER	29,490	0	29,490	54.04	
55.00	05500	RADIOLOGY-THERAPEUTIC	349,746	0	349,746	55.00	
56.00	05600	RADIOISOTOPE	300,250	0	300,250	56.00	
57.00	05700	CT SCAN	570,094	0	570,094	57.00	
58.00	05800	MRI	292,545	0	292,545	58.00	
59.00	05900	CARDIAC CATHETERIZATION	710,068	0	710,068	59.00	
60.00	06000	LABORATORY	840,711	0	840,711	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	86,458	0	86,458	62.00	
65.00	06500	RESPIRATORY THERAPY	296,390	0	296,390	65.00	
66.00	06600	PHYSICAL THERAPY	134,969	0	134,969	66.00	
68.00	06800	SPEECH PATHOLOGY	18,451	0	18,451	68.00	
69.00	06900	ELECTROCARDIOLOGY	1,091,342	0	1,091,342	69.00	
69.01	03140	CARDIOLOGY OUTREACH	7,990	0	7,990	69.01	
69.02	03290	EMG/NCV	1,687	0	1,687	69.02	
70.00	07000	ELECTROENCEPHALOGRAPHY	52,191	0	52,191	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	779,235	0	779,235	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,122,809	0	1,122,809	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	779,910	0	779,910	73.00	
75.00	07500	ASC (NON-DISTINCT PART)	1,215,156	0	1,215,156	75.00	
76.97	07697	CARDIAC REHABILITATION	307,837	0	307,837	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98	
76.99	07699	LITHOTRIPSY	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	160,767	0	160,767	90.00	
90.01	09001	WOUND OSTOMY	505,558	0	505,558	90.01	
90.02	09002	URODYNAMICS	363,280	0	363,280	90.02	
90.03	09003	PLAINFIELD CLINIC	44,279	0	44,279	90.03	
90.04	09004	OSWEGO CLINIC	31,089	0	31,089	90.04	
90.05	09005	BOLINGBROOK CLINIC	29,120	0	29,120	90.05	
90.06	09006	OUTPATIENT SERVICES	914,145	0	914,145	90.06	
91.00	09100	EMERGENCY	2,768,542	0	2,768,542	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE				113.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	38,692,336	0	38,692,336	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	94,812	0	94,812	190.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	412,630	0	412,630	192.00	
192.02	19202	RESEARCH	552	0	552	192.02	
194.00	07950	LINDEN OAKS HOSPITAL	28,247	0	28,247	194.00	

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0231		Period: From 07/01/2016 To 06/30/2017		Worksheet B Part II Date/Time Prepared: 11/21/2017 12:30 pm	
Cost Center Description		PARAMED ED PRGM-EMS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		23.00	24.00	25.00	26.00		
200.00	Cross Foot Adjustments	211,919	211,919	0	211,919		200.00
201.00	Negative Cost Centers	0	0	0	0		201.00
202.00	TOTAL (sum lines 118-201)	211,919	39,440,496	0	39,440,496		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0231

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

Worksheet B-1

Date/Time Prepared:
11/21/2017 12:30 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	711,922				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		711,922			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	5,184	5,184	196,645,105		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	80,674	80,674	13,155,096	-126,379,898	5.00
7.00 00700	OPERATION OF PLANT	183,179	183,179	4,944,654	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,839	1,839	203,757	0	8.00
9.00 00900	HOUSEKEEPING	3,623	3,623	3,524,256	0	9.00
10.00 01000	DIETARY	5,439	5,439	0	0	10.00
11.00 01100	CAFETERIA	13,864	13,864	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	1,786	1,786	3,782,434	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	11,536	11,536	1,715,316	0	14.00
15.00 01500	PHARMACY	6,401	6,401	4,670,863	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,644	1,644	583,367	0	16.00
23.00 02300	PARAMED ED PRGM-EMS	2,378	2,378	748,876	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	116,240	116,240	35,106,875	0	30.00
31.00 03100	INTENSIVE CARE UNIT	12,442	12,442	4,809,807	0	31.00
32.00 03200	CORONARY CARE UNIT	30,001	30,001	5,088,819	0	32.00
35.00 02060	NICU	16,325	16,325	5,353,535	0	35.00
43.00 04300	NURSERY	7,053	7,053	2,163,203	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	42,097	42,097	7,538,812	0	50.00
50.02 03330	ENDOSCOPY	9,654	9,654	1,664,685	0	50.02
51.00 05100	RECOVERY ROOM	4,747	4,747	2,795,044	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	23,994	23,994	6,635,632	0	52.00
53.00 05300	ANESTHESIOLOGY	673	673	514,819	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	12,024	12,024	2,909,263	0	54.00
54.01 03630	ULTRASOUND	948	948	1,503,699	0	54.01
54.02 03440	WOMENS IMAGING CENTER	500	500	1,025,321	0	54.02
54.03 05401	SPECIAL PROCEDURES	1,401	1,401	927,827	0	54.03
54.04 05402	IMAGING CENTER	0	0	1,187,673	0	54.04
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	5,344,889	0	55.00
56.00 05600	RADIOISOTOPE	3,415	3,415	640,505	0	56.00
57.00 05700	CT SCAN	6,333	6,333	2,256,940	0	57.00
58.00 05800	MRI	3,215	3,215	1,058,569	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	8,169	8,169	2,057,007	0	59.00
60.00 06000	LABORATORY	7,785	7,785	5,946,302	0	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	684	684	408,386	0	62.00
65.00 06500	RESPIRATORY THERAPY	2,756	2,756	3,329,902	0	65.00
66.00 06600	PHYSICAL THERAPY	195	195	5,236,856	0	66.00
68.00 06800	SPEECH PATHOLOGY	0	0	905,778	0	68.00
69.00 06900	ELECTROCARDIOLOGY	12,263	12,263	3,236,196	0	69.00
69.01 03140	CARDIOLOGY OUTREACH	0	0	346,174	0	69.01
69.02 03290	EMG/NCV	0	0	31,258	0	69.02
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	1,540,622	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.00 07500	ASC (NON-DISTINCT PART)	14,060	14,060	3,745,894	0	75.00
76.97 07697	CARDIAC REHABILITATION	3,557	3,557	1,012,374	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	1,362	1,362	1,441,530	0	90.00
90.01 09001	WOUND OSTOMY	5,805	5,805	1,474,791	0	90.01
90.02 09002	URODYNAMICS	0	0	10,741,467	0	90.02
90.03 09003	PLAINTFIELD CLINIC	0	0	2,387,053	0	90.03
90.04 09004	OSWEGO CLINIC	0	0	2,596,118	0	90.04
90.05 09005	BOLINGBROOK CLINIC	0	0	1,586,311	0	90.05
90.06 09006	OUTPATIENT SERVICES	10,431	10,431	2,607,338	0	90.06
91.00 09100	EMERGENCY	31,289	31,289	20,491,229	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	706,965	706,965	192,977,122	-126,379,898	449,604,673
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,112	1,112	59,412	0	495,629
192.00 19200	PHYSICIANS' PRIVATE OFFICES	3,845	3,845	3,584,989	0	7,926,038

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0231

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

Worksheet B-1

Date/Time Prepared:
11/21/2017 12:30 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
192.02 19202 RESEARCH	0	0	23,582	0	35,998	192.02
194.00 07950 LINDEN OAKS HOSPITAL	0	0	0	0	0	194.00
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)	18,339,230	21,101,266	35,089,798		126,379,898	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	25.760168	29.639857	0.178442		0.275901	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			287,194		4,488,548	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.001460		0.009799	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0231

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

Worksheet B-1

Date/Time Prepared:
11/21/2017 12:30 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (HOURS WORKED)		
		7.00	8.00	9.00	10.00	11.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
7.00	00700	OPERATION OF PLANT	442,885				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	1,839	1,491,108			8.00	
9.00	00900	HOUSEKEEPING	3,623	0	476,723		9.00	
10.00	01000	DIETARY	5,439	0	5,439	82,051	10.00	
11.00	01100	CAFETERIA	13,864	0	13,864	0	4,513,129	11.00
13.00	01300	NURSING ADMINISTRATION	1,786	0	1,786	0	86,464	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	11,536	2,592	11,536	0	94,339	14.00
15.00	01500	PHARMACY	6,401	0	6,401	0	111,408	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,644	0	894	0	16,761	16.00
23.00	02300	PARAMED PRGM-EMS	2,378	38,424	2,378	0	10,913	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	116,240	549,808	116,240	70,087	1,018,431	30.00
31.00	03100	INTENSIVE CARE UNIT	12,442	39,348	12,442	5,944	129,792	31.00
32.00	03200	CORONARY CARE UNIT	30,001	59,448	30,001	6,020	128,787	32.00
35.00	02060	NICU	16,325	43,404	16,325	0	130,956	35.00
43.00	04300	NURSERY	7,053	0	7,053	0	60,548	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	42,097	86,892	42,097	0	213,910	50.00
50.02	03330	ENDOSCOPY	9,654	22,308	9,654	0	44,045	50.02
51.00	05100	RECOVERY ROOM	4,747	31,044	4,747	0	67,836	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,994	102,444	23,994	0	171,325	52.00
53.00	05300	ANESTHESIOLOGY	673	0	673	0	21,992	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,024	24,660	12,024	0	119,498	54.00
54.01	03630	ULTRASOUND	948	22,512	948	0	31,189	54.01
54.02	03440	WOMENS IMAGING CENTER	500	3,636	500	0	25,401	54.02
54.03	05401	SPECIAL PROCEDURES	1,401	3,840	1,401	0	20,230	54.03
54.04	05402	IMAGING CENTER	0	24,408	0	0	26,703	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	0	13,284	0	0	136,176	55.00
56.00	05600	RADIO SOTOPE	3,415	21,504	3,415	0	12,496	56.00
57.00	05700	CT SCAN	6,333	20,232	4,067	0	50,830	57.00
58.00	05800	MRI	3,215	21,456	3,215	0	24,460	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,169	3,696	8,059	0	51,166	59.00
60.00	06000	LABORATORY	7,785	0	7,785	0	211,379	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	684	0	684	0	12,601	62.00
65.00	06500	RESPIRATORY THERAPY	2,756	0	2,756	0	105,096	65.00
66.00	06600	PHYSICAL THERAPY	195	29,880	195	0	153,382	66.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	23,941	68.00
69.00	06900	ELECTROCARDIOLOGY	12,263	468	22,401	0	94,387	69.00
69.01	03140	CARDIOLOGY OUTREACH	0	1,740	0	0	9,168	69.01
69.02	03290	EMG/NCV	0	0	0	0	1,755	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,288	0	0	46,571	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	14,060	34,032	14,060	0	104,429	75.00
76.97	07697	CARDIAC REHABILITATION	3,557	2,196	2,950	0	29,182	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,362	2,016	1,362	0	68,965	90.00
90.01	09001	WOUND OSTOMY	5,805	6,192	0	0	46,141	90.01
90.02	09002	URODYNAMICS	0	102,948	0	0	234,138	90.02
90.03	09003	PLAINTFIELD CLINIC	0	7,872	0	0	36,931	90.03
90.04	09004	OSWEGO CLINIC	0	3,624	0	0	38,209	90.04
90.05	09005	BOLINGBROOK CLINIC	0	9,432	0	0	31,510	90.05
90.06	09006	OUTPATIENT SERVICES	10,431	49,340	10,431	0	91,395	90.06
91.00	09100	EMERGENCY	31,289	101,520	31,289	0	279,061	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	437,928	1,489,488	433,066	82,051	4,423,897	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,112	0	1,112	0	3,156	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,845	1,620	3,845	0	85,424	192.00
192.02	19202	RESEARCH	0	0	0	0	652	192.02
194.00	07950	LINDEN OAKS HOSPITAL	0	0	38,700	0	0	194.00
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0231

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

Worksheet B-1

Date/Time Prepared:
11/21/2017 12:30 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (HOURS WORKED)	
		7.00	8.00	9.00	10.00	11.00	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	59,931,997	977,047	7,685,682	3,416,421	5,973,751	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	135.321804	0.655249	16.121903	41.637774	1.323638	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	10,615,620	151,850	347,961	455,572	1,140,249	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	23.969247	0.101837	0.729902	5.552303	0.252652	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0231

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

Worksheet B-1

Date/Time Prepared:
11/21/2017 12:30 pm

Cost Center Description		NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	PARAMED PRGM-EMS (ASSIGNED TIME)	
		13.00	14.00	15.00	16.00	23.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	2,966,418					13.00
14.00	01400	0	91,642,158				14.00
15.00	01500	0	0	15,526,168			15.00
16.00	01600	0	0	0	3,246,503,529		16.00
23.00	02300	17,446	0	0	0	1,089	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,018,431	0	0	154,505,985	72	30.00
31.00	03100	129,792	0	0	29,059,370	16	31.00
32.00	03200	128,787	0	0	30,866,179	0	32.00
35.00	02060	130,956	0	0	18,568,913	0	35.00
43.00	04300	60,548	0	0	7,048,510	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	213,910	0	0	143,137,079	16	50.00
50.02	03330	44,045	0	0	31,206,943	0	50.02
51.00	05100	67,836	0	0	32,654,453	0	51.00
52.00	05200	171,325	0	0	34,040,096	0	52.00
53.00	05300	21,992	0	0	59,309,469	0	53.00
54.00	05400	119,498	0	0	76,656,520	0	54.00
54.01	03630	31,189	0	0	49,825,442	0	54.01
54.02	03440	25,401	0	0	18,266,627	0	54.02
54.03	05401	0	0	0	17,018,613	0	54.03
54.04	05402	0	0	0	41,036,561	0	54.04
55.00	05500	0	0	0	181,357,548	0	55.00
56.00	05600	0	0	0	18,384,750	0	56.00
57.00	05700	50,830	0	0	184,102,000	0	57.00
58.00	05800	24,460	0	0	62,334,857	0	58.00
59.00	05900	0	0	0	126,208,799	0	59.00
60.00	06000	211,379	0	0	466,572,107	42	60.00
62.00	06200	12,601	0	0	19,025,023	0	62.00
65.00	06500	0	0	0	61,953,239	8	65.00
66.00	06600	0	0	0	49,659,910	0	66.00
68.00	06800	0	0	0	8,474,841	0	68.00
69.00	06900	0	0	0	105,801,974	0	69.00
69.01	03140	0	0	0	13,992,837	0	69.01
69.02	03290	0	0	0	1,731,663	0	69.02
70.00	07000	46,571	0	0	30,514,182	0	70.00
71.00	07100	0	37,291,205	0	87,432,585	0	71.00
72.00	07200	0	54,350,953	0	162,600,008	0	72.00
73.00	07300	0	0	15,526,168	176,436,377	0	73.00
75.00	07500	0	0	0	20,642,003	12	75.00
76.97	07697	0	0	0	8,970,332	0	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	68,965	0	0	6,246,654	0	90.00
90.01	09001	0	0	0	15,234,301	0	90.01
90.02	09002	0	0	0	327,631,844	0	90.02
90.03	09003	0	0	0	25,438,881	0	90.03
90.04	09004	0	0	0	18,028,437	0	90.04
90.05	09005	0	0	0	10,228,975	0	90.05
90.06	09006	91,395	0	0	13,317,924	0	90.06
91.00	09100	279,061	0	0	300,980,718	923	91.00
92.00	09200	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	0	0	0	0	0	113.00
118.00		2,966,418	91,642,158	15,526,168	3,246,503,529	1,089	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.02	19202	0	0	0	0	0	192.02
194.00	07950	0	0	0	0	0	194.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0231

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

Worksheet B-1

Date/Time Prepared:
11/21/2017 12:30 pm

Cost Center Description		NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	PARAMED PRGM-EMS (ASSIGNED TIME)	
		13.00	14.00	15.00	16.00	23.00	
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)	6,692,679	9,001,045	10,156,811	6,152,289	2,052,669	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	2.256148	0.098219	0.654174	0.001895	1,884.911846	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	218,869	1,005,365	617,108	181,483	211,919	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.073782	0.010971	0.039746	0.000056	194.599633	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0231

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

Worksheet C
Part I
Date/Time Prepared:
11/21/2017 12:30 pm

		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	96,967,361	96,967,361	0	96,967,361	30.00	
31.00	03100 INTENSIVE CARE UNIT	10,952,614	10,952,614	0	10,952,614	31.00	
32.00	03200 CORONARY CARE UNIT	15,239,165	15,239,165	0	15,239,165	32.00	
35.00	02060 NICU	13,072,921	13,072,921	0	13,072,921	35.00	
43.00	04300 NURSERY	5,430,644	5,430,644	0	5,430,644	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	25,293,468	25,293,468	0	25,293,468	50.00	
50.02	03330 ENDOSCOPY	5,130,260	5,130,260	0	5,130,260	50.02	
51.00	05100 RECOVERY ROOM	5,679,659	5,679,659	0	5,679,659	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	16,536,196	16,536,196	26,044	16,562,240	52.00	
53.00	05300 ANESTHESIOLOGY	1,997,007	1,997,007	0	1,997,007	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	7,917,899	7,917,899	0	7,917,899	54.00	
54.01	03630 ULTRASOUND	2,756,407	2,756,407	0	2,756,407	54.01	
54.02	03440 WOMENS IMAGING CENTER	1,879,153	1,879,153	0	1,879,153	54.02	
54.03	05401 SPECIAL PROCEDURES	1,787,377	1,787,377	0	1,787,377	54.03	
54.04	05402 IMAGING CENTER	2,241,745	2,241,745	0	2,241,745	54.04	
55.00	05500 RADIOLOGY-THERAPEUTIC	39,077,666	39,077,666	0	39,077,666	55.00	
56.00	05600 RADIOISOTOPE	3,108,489	3,108,489	0	3,108,489	56.00	
57.00	05700 CT SCAN	5,662,289	5,662,289	0	5,662,289	57.00	
58.00	05800 MRI	3,287,211	3,287,211	0	3,287,211	58.00	
59.00	05900 CARDIAC CATHETERIZATION	5,769,083	5,769,083	0	5,769,083	59.00	
60.00	06000 LABORATORY	17,697,432	17,697,432	0	17,697,432	60.00	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	3,556,413	3,556,413	0	3,556,413	62.00	
65.00	06500 RESPIRATORY THERAPY	5,995,352	5,995,352	0	5,995,352	65.00	
66.00	06600 PHYSICAL THERAPY	9,086,773	9,086,773	0	9,086,773	66.00	
68.00	06800 SPEECH PATHOLOGY	1,428,658	1,428,658	0	1,428,658	68.00	
69.00	06900 ELECTROCARDIOLOGY	11,088,461	11,088,461	0	11,088,461	69.00	
69.01	03140 CARDIAC REHABILITATION OUTREACH	587,728	587,728	0	587,728	69.01	
69.02	03290 EMG/NCV	148,937	148,937	17,294	166,231	69.02	
70.00	07000 ELECTROENCEPHALOGRAPHY	4,483,960	4,483,960	18,895	4,502,855	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	51,382,232	51,382,232	0	51,382,232	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	73,023,570	73,023,570	0	73,023,570	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	30,402,738	30,402,738	0	30,402,738	73.00	
75.00	07500 ASC (NON-DISTINCT PART)	9,185,718	9,185,718	0	9,185,718	75.00	
76.97	07697 CARDIAC REHABILITATION	2,381,524	2,381,524	0	2,381,524	76.97	
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0	0	0	76.98	
76.99	07699 LI THOTRI PSY	0	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	3,916,888	3,916,888	0	3,916,888	90.00	
90.01	09001 WOUND OSTOMY	4,723,932	4,723,932	0	4,723,932	90.01	
90.02	09002 URODYNAMICS	34,801,471	34,801,471	0	34,801,471	90.02	
90.03	09003 PLAINFIELD CLINIC	3,909,048	3,909,048	0	3,909,048	90.03	
90.04	09004 OSWEGO CLINIC	2,205,098	2,205,098	0	2,205,098	90.04	
90.05	09005 BOLINGBROOK CLINIC	2,321,011	2,321,011	0	2,321,011	90.05	
90.06	09006 OUTPATIENT SERVICES	7,071,053	7,071,053	0	7,071,053	90.06	
91.00	09100 EMERGENCY	22,972,684	22,972,684	0	22,972,684	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	11,359,485	11,359,485	0	11,359,485	92.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE					113.00	
200.00	Subtotal (see instructions)	583,516,780	583,516,780	62,233	583,579,013	200.00	
201.00	Less Observation Beds	11,359,485	11,359,485		11,359,485	201.00	
202.00	Total (see instructions)	572,157,295	572,157,295	62,233	572,219,528	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0231

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

Worksheet C
Part I
Date/Time Prepared:
11/21/2017 12:30 pm

		Title XVIII			Hospital	PPS
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	137,962,610		137,962,610	30.00
31.00	03100	INTENSIVE CARE UNIT	29,059,370		29,059,370	31.00
32.00	03200	CORONARY CARE UNIT	30,866,179		30,866,179	32.00
35.00	02060	NICU	18,568,913		18,568,913	35.00
43.00	04300	NURSERY	7,048,510		7,048,510	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	81,273,855	61,863,224	143,137,079	50.00
50.02	03330	ENDOSCOPY	7,433,029	23,773,914	31,206,943	50.02
51.00	05100	RECOVERY ROOM	12,653,524	20,000,929	32,654,453	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,185,145	12,854,951	34,040,096	52.00
53.00	05300	ANESTHESIOLOGY	23,087,269	36,222,200	59,309,469	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,150,412	51,506,108	76,656,520	54.00
54.01	03630	ULTRASOUND	15,195,077	34,630,365	49,825,442	54.01
54.02	03440	WOMENS IMAGING CENTER	48,757	18,217,870	18,266,627	54.02
54.03	05401	SPECIAL PROCEDURES	8,585,057	8,433,556	17,018,613	54.03
54.04	05402	IMAGING CENTER	222,803	40,813,758	41,036,561	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	1,498,327	179,859,221	181,357,548	55.00
56.00	05600	RADIOISOTOPE	2,768,076	15,616,674	18,384,750	56.00
57.00	05700	CT SCAN	60,246,037	123,855,963	184,102,000	57.00
58.00	05800	MRI	18,206,714	44,128,143	62,334,857	58.00
59.00	05900	CARDIAC CATHETERIZATION	52,587,375	73,621,424	126,208,799	59.00
60.00	06000	LABORATORY	124,571,153	342,000,954	466,572,107	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	12,973,467	6,051,556	19,025,023	62.00
65.00	06500	RESPIRATORY THERAPY	56,135,250	5,817,989	61,953,239	65.00
66.00	06600	PHYSICAL THERAPY	21,369,845	28,290,065	49,659,910	66.00
68.00	06800	SPEECH PATHOLOGY	4,802,929	3,671,912	8,474,841	68.00
69.00	06900	ELECTROCARDIOLOGY	28,721,150	77,080,824	105,801,974	69.00
69.01	03140	CARDIOLOGY OUTREACH	48,094	13,944,743	13,992,837	69.01
69.02	03290	EMG/NCV	138,059	1,593,604	1,731,663	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	10,214,495	20,299,687	30,514,182	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	50,179,782	37,252,803	87,432,585	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	105,160,039	57,439,969	162,600,008	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	134,140,352	42,296,025	176,436,377	73.00
75.00	07500	ASC (NON-DISTINCT PART)	7,448,697	13,193,306	20,642,003	75.00
76.97	07697	CARDIAC REHABILITATION	292,530	8,677,802	8,970,332	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	33,792	6,212,862	6,246,654	90.00
90.01	09001	WOUND OSTOMY	1,024,918	14,209,383	15,234,301	90.01
90.02	09002	URODYNAMICS	16,088,042	311,543,802	327,631,844	90.02
90.03	09003	PLAINFIELD CLINIC	76,844	25,362,037	25,438,881	90.03
90.04	09004	OSWEGO CLINIC	158,401	17,870,036	18,028,437	90.04
90.05	09005	BOLINGBROOK CLINIC	74,296	10,154,679	10,228,975	90.05
90.06	09006	OUTPATIENT SERVICES	0	13,317,924	13,317,924	90.06
91.00	09100	EMERGENCY	86,252,831	214,727,887	300,980,718	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,581,925	14,961,450	16,543,375	92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)	1,215,133,930	2,031,369,599	3,246,503,529	200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)	1,215,133,930	2,031,369,599	3,246,503,529	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0231	Period: From 07/01/2016 To 06/30/2017	Worksheet C Part I Date/Time Prepared: 11/21/2017 12:30 pm
			Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
35.00	02060	NI CU			35.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.176708		50.00
50.02	03330	ENDOSCOPY	0.164395		50.02
51.00	05100	RECOVERY ROOM	0.173932		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.486551		52.00
53.00	05300	ANESTHESIOLOGY	0.033671		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.103291		54.00
54.01	03630	ULTRASOUND	0.055321		54.01
54.02	03440	WOMENS IMAGING CENTER	0.102874		54.02
54.03	05401	SPECIAL PROCEDURES	0.105025		54.03
54.04	05402	IMAGING CENTER	0.054628		54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	0.215473		55.00
56.00	05600	RADIOISOTOPE	0.169080		56.00
57.00	05700	CT SCAN	0.030756		57.00
58.00	05800	MRI	0.052735		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.045711		59.00
60.00	06000	LABORATORY	0.037931		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.186933		62.00
65.00	06500	RESPIRATORY THERAPY	0.096772		65.00
66.00	06600	PHYSICAL THERAPY	0.182980		66.00
68.00	06800	SPEECH PATHOLOGY	0.168576		68.00
69.00	06900	ELECTROCARDIOLOGY	0.104804		69.00
69.01	03140	CARDIOLOGY OUTREACH	0.042002		69.01
69.02	03290	EMG/NCV	0.095995		69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.147566		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.587678		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.449099		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.172316		73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.445001		75.00
76.97	07697	CARDIAC REHABILITATION	0.265489		76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0.000000		76.98
76.99	07699	LI THOTRI PSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.627038		90.00
90.01	09001	WOUND OSTOMY	0.310085		90.01
90.02	09002	URODYNAMICS	0.106221		90.02
90.03	09003	PLAINFIELD CLINIC	0.153664		90.03
90.04	09004	OSWEGO CLINIC	0.122312		90.04
90.05	09005	BOLINGBROOK CLINIC	0.226906		90.05
90.06	09006	OUTPATIENT SERVICES	0.530943		90.06
91.00	09100	EMERGENCY	0.076326		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.686649		92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0231

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

Worksheet C
Part I
Date/Time Prepared:
11/21/2017 12:30 pm

		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS		96,967,361	0	96,967,361	30.00	
31.00	03100 INTENSIVE CARE UNIT		10,952,614	0	10,952,614	31.00	
32.00	03200 CORONARY CARE UNIT		15,239,165	0	15,239,165	32.00	
35.00	02060 NICU		13,072,921	0	13,072,921	35.00	
43.00	04300 NURSERY		5,430,644	0	5,430,644	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		25,293,468	0	25,293,468	50.00	
50.02	03330 ENDOSCOPY		5,130,260	0	5,130,260	50.02	
51.00	05100 RECOVERY ROOM		5,679,659	0	5,679,659	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		16,536,196	26,044	16,562,240	52.00	
53.00	05300 ANESTHESIOLOGY		1,997,007	0	1,997,007	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		7,917,899	0	7,917,899	54.00	
54.01	03630 ULTRASOUND		2,756,407	0	2,756,407	54.01	
54.02	03440 WOMENS IMAGING CENTER		1,879,153	0	1,879,153	54.02	
54.03	05401 SPECIAL PROCEDURES		1,787,377	0	1,787,377	54.03	
54.04	05402 IMAGING CENTER		2,241,745	0	2,241,745	54.04	
55.00	05500 RADIOLOGY-THERAPEUTIC		39,077,666	0	39,077,666	55.00	
56.00	05600 RADIOISOTOPE		3,108,489	0	3,108,489	56.00	
57.00	05700 CT SCAN		5,662,289	0	5,662,289	57.00	
58.00	05800 MRI		3,287,211	0	3,287,211	58.00	
59.00	05900 CARDIAC CATHETERIZATION		5,769,083	0	5,769,083	59.00	
60.00	06000 LABORATORY		17,697,432	0	17,697,432	60.00	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL		3,556,413	0	3,556,413	62.00	
65.00	06500 RESPIRATORY THERAPY	0	5,995,352	0	5,995,352	65.00	
66.00	06600 PHYSICAL THERAPY	0	9,086,773	0	9,086,773	66.00	
68.00	06800 SPEECH PATHOLOGY	0	1,428,658	0	1,428,658	68.00	
69.00	06900 ELECTROCARDIOLOGY		11,088,461	0	11,088,461	69.00	
69.01	03140 CARDIAC REHABILITATION OUTREACH		587,728	0	587,728	69.01	
69.02	03290 EMG/NCV		148,937	17,294	166,231	69.02	
70.00	07000 ELECTROENCEPHALOGRAPHY		4,483,960	18,895	4,502,855	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		51,382,232	0	51,382,232	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		73,023,570	0	73,023,570	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		30,402,738	0	30,402,738	73.00	
75.00	07500 ASC (NON-DISTINCT PART)		9,185,718	0	9,185,718	75.00	
76.97	07697 CARDIAC REHABILITATION		2,381,524	0	2,381,524	76.97	
76.98	07698 HYPERBARIIC OXYGEN THERAPY		0	0	0	76.98	
76.99	07699 LI THOTRI PSY		0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC		3,916,888	0	3,916,888	90.00	
90.01	09001 WOUND OSTOMY		4,723,932	0	4,723,932	90.01	
90.02	09002 URODYNAMICS		34,801,471	0	34,801,471	90.02	
90.03	09003 PLAINFIELD CLINIC		3,909,048	0	3,909,048	90.03	
90.04	09004 OSWEGO CLINIC		2,205,098	0	2,205,098	90.04	
90.05	09005 BOLINGBROOK CLINIC		2,321,011	0	2,321,011	90.05	
90.06	09006 OUTPATIENT SERVICES		7,071,053	0	7,071,053	90.06	
91.00	09100 EMERGENCY		22,972,684	0	22,972,684	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		11,359,485	0	11,359,485	92.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE					113.00	
200.00	Subtotal (see instructions)		583,516,780	0	583,516,780	200.00	
201.00	Less Observation Beds		11,359,485		11,359,485	201.00	
202.00	Total (see instructions)		572,157,295	0	572,157,295	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0231

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

Worksheet C
Part I
Date/Time Prepared:
11/21/2017 12:30 pm

		Title XIX			Hospital	Cost	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	137,962,610		137,962,610		30.00
31.00	03100	INTENSIVE CARE UNIT	29,059,370		29,059,370		31.00
32.00	03200	CORONARY CARE UNIT	30,866,179		30,866,179		32.00
35.00	02060	NICU	18,568,913		18,568,913		35.00
43.00	04300	NURSERY	7,048,510		7,048,510		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	81,273,855	61,863,224	143,137,079	0.176708	50.00
50.02	03330	ENDOSCOPY	7,433,029	23,773,914	31,206,943	0.164395	50.02
51.00	05100	RECOVERY ROOM	12,653,524	20,000,929	32,654,453	0.173932	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,185,145	12,854,951	34,040,096	0.485786	52.00
53.00	05300	ANESTHESIOLOGY	23,087,269	36,222,200	59,309,469	0.033671	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,150,412	51,506,108	76,656,520	0.103291	54.00
54.01	03630	ULTRASOUND	15,195,077	34,630,365	49,825,442	0.055321	54.01
54.02	03440	WOMENS IMAGING CENTER	48,757	18,217,870	18,266,627	0.102874	54.02
54.03	05401	SPECIAL PROCEDURES	8,585,057	8,433,556	17,018,613	0.105025	54.03
54.04	05402	IMAGING CENTER	222,803	40,813,758	41,036,561	0.054628	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	1,498,327	179,859,221	181,357,548	0.215473	55.00
56.00	05600	RADIO SOTOPE	2,768,076	15,616,674	18,384,750	0.169080	56.00
57.00	05700	CT SCAN	60,246,037	123,855,963	184,102,000	0.030756	57.00
58.00	05800	MRI	18,206,714	44,128,143	62,334,857	0.052735	58.00
59.00	05900	CARDIAC CATHETERIZATION	52,587,375	73,621,424	126,208,799	0.045711	59.00
60.00	06000	LABORATORY	124,571,153	342,000,954	466,572,107	0.037931	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	12,973,467	6,051,556	19,025,023	0.186933	62.00
65.00	06500	RESPIRATORY THERAPY	56,135,250	5,817,989	61,953,239	0.096772	65.00
66.00	06600	PHYSICAL THERAPY	21,369,845	28,290,065	49,659,910	0.182980	66.00
68.00	06800	SPEECH PATHOLOGY	4,802,929	3,671,912	8,474,841	0.168576	68.00
69.00	06900	ELECTROCARDIOLOGY	28,721,150	77,080,824	105,801,974	0.104804	69.00
69.01	03140	CARDIOLOGY OUTREACH	48,094	13,944,743	13,992,837	0.042002	69.01
69.02	03290	EMG/NCV	138,059	1,593,604	1,731,663	0.086008	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	10,214,495	20,299,687	30,514,182	0.146947	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	50,179,782	37,252,803	87,432,585	0.587678	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	105,160,039	57,439,969	162,600,008	0.449099	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	134,140,352	42,296,025	176,436,377	0.172316	73.00
75.00	07500	ASC (NON-DISTINCT PART)	7,448,697	13,193,306	20,642,003	0.445001	75.00
76.97	07697	CARDIAC REHABILITATION	292,530	8,677,802	8,970,332	0.265489	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0.000000	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	33,792	6,212,862	6,246,654	0.627038	90.00
90.01	09001	WOUND OSTOMY	1,024,918	14,209,383	15,234,301	0.310085	90.01
90.02	09002	URODYNAMICS	16,088,042	311,543,802	327,631,844	0.106221	90.02
90.03	09003	PLAINFIELD CLINIC	76,844	25,362,037	25,438,881	0.153664	90.03
90.04	09004	OSWEGO CLINIC	158,401	17,870,036	18,028,437	0.122312	90.04
90.05	09005	BOLINGBROOK CLINIC	74,296	10,154,679	10,228,975	0.226906	90.05
90.06	09006	OUTPATIENT SERVICES	0	13,317,924	13,317,924	0.530943	90.06
91.00	09100	EMERGENCY	86,252,831	214,727,887	300,980,718	0.076326	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,581,925	14,961,450	16,543,375	0.686649	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	1,215,133,930	2,031,369,599	3,246,503,529		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,215,133,930	2,031,369,599	3,246,503,529		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0231

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

Worksheet C
Part I
Date/Time Prepared:
11/21/2017 12:30 pm

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
32.00	03200 CORONARY CARE UNIT				32.00
35.00	02060 NICU				35.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.000000			50.00
50.02	03330 ENDOSCOPY	0.000000			50.02
51.00	05100 RECOVERY ROOM	0.000000			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300 ANESTHESIOLOGY	0.000000			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	03630 ULTRASOUND	0.000000			54.01
54.02	03440 WOMENS IMAGING CENTER	0.000000			54.02
54.03	05401 SPECIAL PROCEDURES	0.000000			54.03
54.04	05402 IMAGING CENTER	0.000000			54.04
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600 RADIOISOTOPE	0.000000			56.00
57.00	05700 CT SCAN	0.000000			57.00
58.00	05800 MRI	0.000000			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000 LABORATORY	0.000000			60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000			62.00
65.00	06500 RESPIRATORY THERAPY	0.000000			65.00
66.00	06600 PHYSICAL THERAPY	0.000000			66.00
68.00	06800 SPEECH PATHOLOGY	0.000000			68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000			69.00
69.01	03140 RADIOLOGY OUTREACH	0.000000			69.01
69.02	03290 EMG/NCV	0.000000			69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000			73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000			75.00
76.97	07697 CARDIAC REHABILITATION	0.000000			76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0.000000			76.98
76.99	07699 LI THOTRI PSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000			90.00
90.01	09001 WOUND OSTOMY	0.000000			90.01
90.02	09002 URODYNAMICS	0.000000			90.02
90.03	09003 PLAINFIELD CLINIC	0.000000			90.03
90.04	09004 OSWEGO CLINIC	0.000000			90.04
90.05	09005 BOLINGBROOK CLINIC	0.000000			90.05
90.06	09006 OUTPATIENT SERVICES	0.000000			90.06
91.00	09100 EMERGENCY	0.000000			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				113.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0231

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

Worksheet D
Part I
Date/Time Prepared:
11/21/2017 12:30 pm

Cost Center Description		Title XVIII			Hospital	PPS		
		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	10,701,357	0	10,701,357	79,387	134.80	30.00	
31.00	INTENSIVE CARE UNIT	1,147,944		1,147,944	5,944	193.13	31.00	
32.00	CORONARY CARE UNIT	2,569,662		2,569,662	6,020	426.85	32.00	
35.00	NICU	1,440,968		1,440,968	7,883	182.79	35.00	
43.00	NURSERY	619,994		619,994	6,204	99.93	43.00	
200.00	Total (lines 30-199)	16,479,925		16,479,925	105,438		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	26,462	3,567,078					30.00
31.00	INTENSIVE CARE UNIT	2,637	509,284					31.00
32.00	CORONARY CARE UNIT	2,587	1,104,261					32.00
35.00	NICU	0	0					35.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30-199)	31,686	5,180,623					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0231

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

Worksheet D
Part II
Date/Time Prepared:
11/21/2017 12:30 pm

Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,606,294	143,137,079	0.025195	30,391,719	765,719	50.00
50.02	03330	ENDOSCOPY	820,500	31,206,943	0.026292	3,001,234	78,908	50.02
51.00	05100	RECOVERY ROOM	447,048	32,654,453	0.013690	3,968,643	54,331	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,093,223	34,040,096	0.061493	39,412	2,424	52.00
53.00	05300	ANESTHESIOLOGY	78,246	59,309,469	0.001319	7,876,574	10,389	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,055,472	76,656,520	0.013769	11,052,117	152,177	54.00
54.01	03630	ULTRASOUND	111,765	49,825,442	0.002243	6,099,812	13,682	54.01
54.02	03440	WOMENS IMAGING CENTER	64,100	18,266,627	0.003509	18,371	64	54.02
54.03	05401	SPECIAL PROCEDURES	131,654	17,018,613	0.007736	3,777,078	29,219	54.03
54.04	05402	IMAGING CENTER	29,490	41,036,561	0.000719	91,676	66	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	349,746	181,357,548	0.001928	595,133	1,147	55.00
56.00	05600	RADIOISOTOPE	300,250	18,384,750	0.016331	1,332,397	21,759	56.00
57.00	05700	CT SCAN	570,094	184,102,000	0.003097	23,046,862	71,376	57.00
58.00	05800	MRI	292,545	62,334,857	0.004693	5,972,125	28,027	58.00
59.00	05900	CARDIAC CATHETERIZATION	710,068	126,208,799	0.005626	21,924,583	123,348	59.00
60.00	06000	LABORATORY	840,711	466,572,107	0.001802	47,575,130	85,730	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	86,458	19,025,023	0.004544	4,989,063	22,670	62.00
65.00	06500	RESPIRATORY THERAPY	296,390	61,953,239	0.004784	22,790,061	109,028	65.00
66.00	06600	PHYSICAL THERAPY	134,969	49,659,910	0.002718	10,664,776	28,987	66.00
68.00	06800	SPEECH PATHOLOGY	18,451	8,474,841	0.002177	2,412,988	5,253	68.00
69.00	06900	ELECTROCARDIOLOGY	1,091,342	105,801,974	0.010315	10,843,161	111,847	69.00
69.01	03140	CARDIOLOGY OUTREACH	7,990	13,992,837	0.000571	24,847	14	69.01
69.02	03290	EMG/NCV	1,687	1,731,663	0.000974	40,061	39	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	52,191	30,514,182	0.001710	2,426,216	4,149	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	779,235	87,432,585	0.008912	17,985,907	160,290	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,122,809	162,600,008	0.006905	46,579,373	321,631	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	779,910	176,436,377	0.004420	55,612,887	245,809	73.00
75.00	07500	ASC (NON-DISTINCT PART)	1,215,156	20,642,003	0.058868	3,708,172	218,293	75.00
76.97	07697	CARDIAC REHABILITATION	307,837	8,970,332	0.034317	147,987	5,078	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	160,767	6,246,654	0.025736	23,952	616	90.00
90.01	09001	WOUND OSTOMY	505,558	15,234,301	0.033186	625,879	20,770	90.01
90.02	09002	URODYNAMICS	363,280	327,631,844	0.001109	4,341,955	4,815	90.02
90.03	09003	PLAINFIELD CLINIC	44,279	25,438,881	0.001741	15,488	27	90.03
90.04	09004	OSWEGO CLINIC	31,089	18,028,437	0.001724	45,292	78	90.04
90.05	09005	BOLINGBROOK CLINIC	29,120	10,228,975	0.002847	20,603	59	90.05
90.06	09006	OUTPATIENT SERVICES	914,145	13,317,924	0.068640	0	0	90.06
91.00	09100	EMERGENCY	2,768,542	300,980,718	0.009198	31,142,948	286,453	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,253,633	16,543,375	0.075779	992,653	75,222	92.00
200.00		Total (Lines 50-199)	23,466,044	3,022,997,947		382,197,135	3,059,494	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0231		Period: From 07/01/2016 To 06/30/2017		Worksheet D Part III Date/Time Prepared: 11/21/2017 12:30 pm	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	123,714	0	0	123,714	30.00
31.00	03100	INTENSIVE CARE UNIT	0	27,492	0	0	27,492	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02060	NI CU	0	0	0	0	0	35.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	151,206	0	0	151,206	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	79,387	1.56	26,462	41,281		30.00
31.00	03100	INTENSIVE CARE UNIT	5,944	4.63	2,637	12,209		31.00
32.00	03200	CORONARY CARE UNIT	6,020	0.00	2,587	0		32.00
35.00	02060	NI CU	7,883	0.00	0	0		35.00
43.00	04300	NURSERY	6,204	0.00	0	0		43.00
200.00		Total (lines 30-199)	105,438		31,686	53,490		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0231	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/21/2017 12:30 pm
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Cost Center Description		Title XVIII				Hospital		PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	27,492	0	27,492	50.00
50.02	03330	ENDOSCOPY	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630	ULTRASOUND	0	0	0	0	0	54.01
54.02	03440	WOMENS IMAGING CENTER	0	0	0	0	0	54.02
54.03	05401	SPECIAL PROCEDURES	0	0	0	0	0	54.03
54.04	05402	IMAGING CENTER	0	0	0	0	0	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	72,166	0	72,166	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	13,746	0	13,746	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
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	03140	CARDIOLOGY OUTREACH	0	0	0	0	0	69.01
69.02	03290	EMG/NCV	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	20,619	0	20,619	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	WOUND OSTOMY	0	0	0	0	0	90.01
90.02	09002	URODYNAMICS	0	0	0	0	0	90.02
90.03	09003	PLAINFIELD CLINIC	0	0	0	0	0	90.03
90.04	09004	OSWEGO CLINIC	0	0	0	0	0	90.04
90.05	09005	BOLINGBROOK CLINIC	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SERVICES	0	0	0	0	0	90.06
91.00	09100	EMERGENCY	0	0	1,585,937	0	1,585,937	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	14,495	0	14,495	92.00
200.00		Total (lines 50-199)	0	0	1,734,455	0	1,734,455	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0231	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/21/2017 12:30 pm
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Cost Center Description		Title XVIII			Hospital		PPS
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	27,492	143,137,079	0.000192	0.000192	30,391,719	50.00
50.02	03330 ENDOSCOPY	0	31,206,943	0.000000	0.000000	3,001,234	50.02
51.00	05100 RECOVERY ROOM	0	32,654,453	0.000000	0.000000	3,968,643	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	34,040,096	0.000000	0.000000	39,412	52.00
53.00	05300 ANESTHESIOLOGY	0	59,309,469	0.000000	0.000000	7,876,574	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	76,656,520	0.000000	0.000000	11,052,117	54.00
54.01	03630 ULTRASOUND	0	49,825,442	0.000000	0.000000	6,099,812	54.01
54.02	03440 WOMENS IMAGING CENTER	0	18,266,627	0.000000	0.000000	18,371	54.02
54.03	05401 SPECIAL PROCEDURES	0	17,018,613	0.000000	0.000000	3,777,078	54.03
54.04	05402 IMAGING CENTER	0	41,036,561	0.000000	0.000000	91,676	54.04
55.00	05500 RADIOLOGY-THERAPEUTIC	0	181,357,548	0.000000	0.000000	595,133	55.00
56.00	05600 RADIOISOTOPE	0	18,384,750	0.000000	0.000000	1,332,397	56.00
57.00	05700 CT SCAN	0	184,102,000	0.000000	0.000000	23,046,862	57.00
58.00	05800 MRI	0	62,334,857	0.000000	0.000000	5,972,125	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	126,208,799	0.000000	0.000000	21,924,583	59.00
60.00	06000 LABORATORY	72,166	466,572,107	0.000155	0.000155	47,575,130	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	19,025,023	0.000000	0.000000	4,989,063	62.00
65.00	06500 RESPIRATORY THERAPY	13,746	61,953,239	0.000222	0.000222	22,790,061	65.00
66.00	06600 PHYSICAL THERAPY	0	49,659,910	0.000000	0.000000	10,664,776	66.00
68.00	06800 SPEECH PATHOLOGY	0	8,474,841	0.000000	0.000000	2,412,988	68.00
69.00	06900 ELECTROCARDIOLOGY	0	105,801,974	0.000000	0.000000	10,843,161	69.00
69.01	03140 RADIOLOGY OUTREACH	0	13,992,837	0.000000	0.000000	24,847	69.01
69.02	03290 EMG/NCV	0	1,731,663	0.000000	0.000000	40,061	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0	30,514,182	0.000000	0.000000	2,426,216	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	87,432,585	0.000000	0.000000	17,985,907	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	162,600,008	0.000000	0.000000	46,579,373	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	176,436,377	0.000000	0.000000	55,612,887	73.00
75.00	07500 ASC (NON-DISTINCT PART)	20,619	20,642,003	0.000999	0.000999	3,708,172	75.00
76.97	07697 CARDIAC REHABILITATION	0	8,970,332	0.000000	0.000000	147,987	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699 LI THOTRIPTY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	6,246,654	0.000000	0.000000	23,952	90.00
90.01	09001 WOUND OSTOMY	0	15,234,301	0.000000	0.000000	625,879	90.01
90.02	09002 URODYNAMICS	0	327,631,844	0.000000	0.000000	4,341,955	90.02
90.03	09003 PLAINFIELD CLINIC	0	25,438,881	0.000000	0.000000	15,488	90.03
90.04	09004 OSWEGO CLINIC	0	18,028,437	0.000000	0.000000	45,292	90.04
90.05	09005 BOLINGBROOK CLINIC	0	10,228,975	0.000000	0.000000	20,603	90.05
90.06	09006 OUTPATIENT SERVICES	0	13,317,924	0.000000	0.000000	0	90.06
91.00	09100 EMERGENCY	1,585,937	300,980,718	0.005269	0.005269	31,142,948	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	14,495	16,543,375	0.000876	0.000876	992,653	92.00
200.00	Total (Lines 50-199)	1,734,455	3,022,997,947			382,197,135	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0231	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/21/2017 12:30 pm
Title XVIII		Hospital	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	5,835	9,553,512	1,834	50.00
50.02	03330 ENDOSCOPY	0	6,427,897	0	50.02
51.00	05100 RECOVERY ROOM	0	3,592,007	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	14,519	0	52.00
53.00	05300 ANESTHESIOLOGY	0	8,471,345	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	10,309,524	0	54.00
54.01	03630 ULTRASOUND	0	6,720,566	0	54.01
54.02	03440 WOMENS IMAGING CENTER	0	1,790,308	0	54.02
54.03	05401 SPECIAL PROCEDURES	0	3,627,211	0	54.03
54.04	05402 IMAGING CENTER	0	8,497,965	0	54.04
55.00	05500 RADIOLOGY-THERAPEUTIC	0	65,804,970	0	55.00
56.00	05600 RADIOISOTOPE	0	5,820,460	0	56.00
57.00	05700 CT SCAN	0	35,582,281	0	57.00
58.00	05800 MRI	0	10,034,898	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	32,374,408	0	59.00
60.00	06000 LABORATORY	7,374	31,878,018	4,941	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	1,755,190	0	62.00
65.00	06500 RESPIRATORY THERAPY	5,059	1,702,629	378	65.00
66.00	06600 PHYSICAL THERAPY	0	738,057	0	66.00
68.00	06800 SPEECH PATHOLOGY	0	125,406	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	23,611,763	0	69.00
69.01	03140 CARDIOLOGY OUTREACH	0	4,222,861	0	69.01
69.02	03290 EMG/NCV	0	291,062	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0	3,876,714	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	10,197,128	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	23,822,305	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	8,038,785	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	3,704	4,235,297	4,231	75.00
76.97	07697 CARDIAC REHABILITATION	0	3,709,561	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699 LI THOTRIPSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	1,845,577	0	90.00
90.01	09001 WOUND OSTOMY	0	5,396,766	0	90.01
90.02	09002 URODYNAMICS	0	67,771,993	0	90.02
90.03	09003 PLAINFIELD CLINIC	0	2,272,205	0	90.03
90.04	09004 OSWEGO CLINIC	0	789,553	0	90.04
90.05	09005 BOLINGBROOK CLINIC	0	478,767	0	90.05
90.06	09006 OUTPATIENT SERVICES	0	3,811,941	0	90.06
91.00	09100 EMERGENCY	164,092	34,643,993	182,539	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	870	4,207,462	3,686	92.00
200.00	Total (Lines 50-199)	186,934	448,044,904	197,609	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0231	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part V Date/Time Prepared: 11/21/2017 12:30 pm
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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	0.176708	9,553,512	0	193	1,688,182	50.00
50.02	03330	ENDOSCOPY	0.164395	6,427,897	0	3	1,056,714	50.02
51.00	05100	RECOVERY ROOM	0.173932	3,592,007	0	0	624,765	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.485786	14,519	0	0	7,053	52.00
53.00	05300	ANESTHESIOLOGY	0.033671	8,471,345	0	19	285,239	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.103291	10,309,524	0	127	1,064,881	54.00
54.01	03630	ULTRASOUND	0.055321	6,720,566	0	0	371,788	54.01
54.02	03440	WOMENS IMAGING CENTER	0.102874	1,790,308	0	0	184,176	54.02
54.03	05401	SPECIAL PROCEDURES	0.105025	3,627,211	0	367	380,948	54.03
54.04	05402	IMAGING CENTER	0.054628	8,497,965	0	873	464,227	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	0.215473	65,804,970	0	141,314	14,179,194	55.00
56.00	05600	RADIOISOTOPE	0.169080	5,820,460	0	55	984,123	56.00
57.00	05700	CT SCAN	0.030756	35,582,281	0	9,864	1,094,369	57.00
58.00	05800	MRI	0.052735	10,034,898	0	2,005	529,190	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.045711	32,374,408	0	4,139	1,479,867	59.00
60.00	06000	LABORATORY	0.037931	31,878,018	48,430	0	1,209,165	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.186933	1,755,190	0	2	328,103	62.00
65.00	06500	RESPIRATORY THERAPY	0.096772	1,702,629	0	12	164,767	65.00
66.00	06600	PHYSICAL THERAPY	0.182980	738,057	0	0	135,050	66.00
68.00	06800	SPEECH PATHOLOGY	0.168576	125,406	0	0	21,140	68.00
69.00	06900	ELECTROCARDIOLOGY	0.104804	23,611,763	0	533	2,474,607	69.00
69.01	03140	CARDIOLOGY OUTREACH	0.042002	4,222,861	0	138	177,369	69.01
69.02	03290	EMG/NCV	0.086008	291,062	0	0	25,034	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.146947	3,876,714	0	138	569,671	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.587678	10,197,128	0	0	5,992,628	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.449099	23,822,305	0	0	10,698,573	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.172316	8,038,785	11	76,824	1,385,211	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.445001	4,235,297	0	0	1,884,711	75.00
76.97	07697	CARDIAC REHABILITATION	0.265489	3,709,561	0	0	984,848	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.627038	1,845,577	0	0	1,157,247	90.00
90.01	09001	WOUND OSTOMY	0.310085	5,396,766	0	2,087	1,673,456	90.01
90.02	09002	URODYNAMICS	0.106221	67,771,993	0	85,273	7,198,809	90.02
90.03	09003	PLAINFIELD CLINIC	0.153664	2,272,205	0	254	349,156	90.03
90.04	09004	OSWEGO CLINIC	0.122312	789,553	0	0	96,572	90.04
90.05	09005	BOLINGBROOK CLINIC	0.226906	478,767	0	0	108,635	90.05
90.06	09006	OUTPATIENT SERVICES	0.530943	3,811,941	0	0	2,023,923	90.06
91.00	09100	EMERGENCY	0.076326	34,643,993	0	3	2,644,237	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.686649	4,207,462	0	0	2,889,050	92.00
200.00		Subtotal (see instructions)		448,044,904	48,441	324,223	68,586,678	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		448,044,904	48,441	324,223	68,586,678	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0231	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part V Date/Time Prepared: 11/21/2017 12:30 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	34	50.00
50.02	03330	ENDOSCOPY	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	13	54.00
54.01	03630	ULTRASOUND	0	0	54.01
54.02	03440	WOMENS IMAGING CENTER	0	0	54.02
54.03	05401	SPECIAL PROCEDURES	0	39	54.03
54.04	05402	IMAGING CENTER	0	48	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	0	30,449	55.00
56.00	05600	RADIOISOTOPE	0	9	56.00
57.00	05700	CT SCAN	0	303	57.00
58.00	05800	MRI	0	106	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	189	59.00
60.00	06000	LABORATORY	1,837	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	1	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	56	69.00
69.01	03140	CARDIOLOGY OUTREACH	0	6	69.01
69.02	03290	EMG/NCV	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	20	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2	13,238	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	WOUND OSTOMY	0	647	90.01
90.02	09002	URODYNAMICS	0	9,058	90.02
90.03	09003	PLAINFIELD CLINIC	0	39	90.03
90.04	09004	OSWEGO CLINIC	0	0	90.04
90.05	09005	BOLINGBROOK CLINIC	0	0	90.05
90.06	09006	OUTPATIENT SERVICES	0	0	90.06
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00		Subtotal (see instructions)	1,839	54,256	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 +/- line 201)	1,839	54,256	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0231		Period: From 07/01/2016 To 06/30/2017		Worksheet D Part III Date/Time Prepared: 11/21/2017 12:30 pm		
Cost Center Description			Title XIX			Hospital		Cost	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)		
			1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	135,714	0	0	135,714	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	30,159	0	0	30,159	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00	
35.00	02060	NICU	0	0	0	0	0	35.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30-199)	0	165,873	0	0	165,873	200.00	
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)			
			6.00	7.00	8.00	9.00			
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	79,387	1.71	1,607	2,748	30.00		
31.00	03100	INTENSIVE CARE UNIT	5,944	5.07	176	892	31.00		
32.00	03200	CORONARY CARE UNIT	6,020	0.00	125	0	32.00		
35.00	02060	NICU	7,883	0.00	284	0	35.00		
43.00	04300	NURSERY	6,204	0.00	1,221	0	43.00		
200.00		Total (lines 30-199)	105,438		3,413	3,640	200.00		

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0231	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/21/2017 12:30 pm
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Cost Center Description		Title XIX				Hospital		Total Cost (sum of col 1 through col 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Cost			
		1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	30,159	0	30,159	50.00	
50.02	03330	ENDOSCOPY	0	0	0	0	0	50.02	
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00	
54.01	03630	ULTRASOUND	0	0	0	0	0	54.01	
54.02	03440	WOMENS IMAGING CENTER	0	0	0	0	0	54.02	
54.03	05401	SPECIAL PROCEDURES	0	0	0	0	0	54.03	
54.04	05402	IMAGING CENTER	0	0	0	0	0	54.04	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00	
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00	
57.00	05700	CT SCAN	0	0	0	0	0	57.00	
58.00	05800	MRI	0	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00	
60.00	06000	LABORATORY	0	0	79,166	0	79,166	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00	
65.00	06500	RESPIRATORY THERAPY	0	0	15,079	0	15,079	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00	
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	03140	CARDIOLOGY OUTREACH	0	0	0	0	0	69.01	
69.02	03290	EMG/NCV	0	0	0	0	0	69.02	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	22,619	0	22,619	75.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97	
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98	
76.99	07699	LI THOTRI PSY	0	0	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	90.00	
90.01	09001	WOUND OSTOMY	0	0	0	0	0	90.01	
90.02	09002	URODYNAMICS	0	0	0	0	0	90.02	
90.03	09003	PLAINFIELD CLINIC	0	0	0	0	0	90.03	
90.04	09004	OSWEGO CLINIC	0	0	0	0	0	90.04	
90.05	09005	BOLINGBROOK CLINIC	0	0	0	0	0	90.05	
90.06	09006	OUTPATIENT SERVICES	0	0	0	0	0	90.06	
91.00	09100	EMERGENCY	0	0	1,739,773	0	1,739,773	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
200.00		Total (lines 50-199)	0	0	1,886,796	0	1,886,796	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0231	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/21/2017 12:30 pm
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Cost Center Description		Title XIX			Hospital		Cost
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	30,159	143,137,079	0.000211	0.000211	0	50.00
50.02	03330 ENDOSCOPY	0	31,206,943	0.000000	0.000000	0	50.02
51.00	05100 RECOVERY ROOM	0	32,654,453	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	34,040,096	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	59,309,469	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	76,656,520	0.000000	0.000000	0	54.00
54.01	03630 ULTRASOUND	0	49,825,442	0.000000	0.000000	0	54.01
54.02	03440 WOMENS IMAGING CENTER	0	18,266,627	0.000000	0.000000	0	54.02
54.03	05401 SPECIAL PROCEDURES	0	17,018,613	0.000000	0.000000	0	54.03
54.04	05402 IMAGING CENTER	0	41,036,561	0.000000	0.000000	0	54.04
55.00	05500 RADIOLOGY-THERAPEUTIC	0	181,357,548	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	18,384,750	0.000000	0.000000	0	56.00
57.00	05700 CT SCAN	0	184,102,000	0.000000	0.000000	0	57.00
58.00	05800 MRI	0	62,334,857	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	126,208,799	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	79,166	466,572,107	0.000170	0.000170	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	19,025,023	0.000000	0.000000	0	62.00
65.00	06500 RESPIRATORY THERAPY	15,079	61,953,239	0.000243	0.000243	0	65.00
66.00	06600 PHYSICAL THERAPY	0	49,659,910	0.000000	0.000000	0	66.00
68.00	06800 SPEECH PATHOLOGY	0	8,474,841	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	105,801,974	0.000000	0.000000	0	69.00
69.01	03140 CARDIOLOGY OUTREACH	0	13,992,837	0.000000	0.000000	0	69.01
69.02	03290 EMG/NCV	0	1,731,663	0.000000	0.000000	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0	30,514,182	0.000000	0.000000	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	87,432,585	0.000000	0.000000	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	162,600,008	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	176,436,377	0.000000	0.000000	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	22,619	20,642,003	0.001096	0.001096	0	75.00
76.97	07697 CARDIAC REHABILITATION	0	8,970,332	0.000000	0.000000	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699 LI THOTRIPSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	6,246,654	0.000000	0.000000	0	90.00
90.01	09001 WOUND OSTOMY	0	15,234,301	0.000000	0.000000	0	90.01
90.02	09002 URODYNAMICS	0	327,631,844	0.000000	0.000000	0	90.02
90.03	09003 PLAINFIELD CLINIC	0	25,438,881	0.000000	0.000000	0	90.03
90.04	09004 OSWEGO CLINIC	0	18,028,437	0.000000	0.000000	0	90.04
90.05	09005 BOLINGBROOK CLINIC	0	10,228,975	0.000000	0.000000	0	90.05
90.06	09006 OUTPATIENT SERVICES	0	13,317,924	0.000000	0.000000	0	90.06
91.00	09100 EMERGENCY	1,739,773	300,980,718	0.005780	0.005780	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	16,543,375	0.000000	0.000000	0	92.00
200.00	Total (Lines 50-199)	1,886,796	3,022,997,947			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0231	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/21/2017 12:30 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	Cost
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0	0		50.00
50.02	03330 ENDOSCOPY	0	0	0		50.02
51.00	05100 RECOVERY ROOM	0	0	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
54.01	03630 ULTRASOUND	0	0	0		54.01
54.02	03440 WOMENS IMAGING CENTER	0	0	0		54.02
54.03	05401 SPECIAL PROCEDURES	0	0	0		54.03
54.04	05402 IMAGING CENTER	0	0	0		54.04
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	05600 RADIOISOTOPE	0	0	0		56.00
57.00	05700 CT SCAN	0	0	0		57.00
58.00	05800 MRI	0	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000 LABORATORY	0	0	0		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0		62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0		69.00
69.01	03140 CARDIOLOGY OUTREACH	0	0	0		69.01
69.02	03290 EMG/NCV	0	0	0		69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0		75.00
76.97	07697 CARDIAC REHABILITATION	0	0	0		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0		76.98
76.99	07699 LI THOTRI PSY	0	0	0		76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0		90.00
90.01	09001 WOUND OSTOMY	0	0	0		90.01
90.02	09002 URODYNAMICS	0	0	0		90.02
90.03	09003 PLAINFIELD CLINIC	0	0	0		90.03
90.04	09004 OSWEGO CLINIC	0	0	0		90.04
90.05	09005 BOLINGBROOK CLINIC	0	0	0		90.05
90.06	09006 OUTPATIENT SERVICES	0	0	0		90.06
91.00	09100 EMERGENCY	0	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0		92.00
200.00	Total (lines 50-199)	0	0	0		200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0231	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/21/2017 12:30 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		79,387	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		79,387	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)		70,087	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)		26,462	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)		96,967,361	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)		96,967,361	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)		96,967,361	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)		1,221.45	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		32,322,010	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)		32,322,010	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0231	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/21/2017 12:30 pm		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	10,952,614	5,944	1,842.63	2,637	4,859,015	43.00
44.00	CORONARY CARE UNIT	15,239,165	6,020	2,531.42	2,587	6,548,784	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NICU	13,072,921	7,883	1,658.37	0	0	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					66,403,388	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					110,133,197	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)					5,234,113	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					3,246,428	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					8,480,541	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					101,652,656	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)					9,300	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,221.45	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					11,359,485	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0231		Period: From 07/01/2016 To 06/30/2017		Worksheet D-1 Date/Time Prepared: 11/21/2017 12:30 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	10,701,357	96,967,361	0.110360	11,359,485	1,253,633	90.00
91.00	Nursing School cost	0	96,967,361	0.000000	11,359,485	0	91.00
92.00	Allied health cost	123,714	96,967,361	0.001276	11,359,485	14,495	92.00
93.00	All other Medical Education	0	96,967,361	0.000000	11,359,485	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0231	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/21/2017 12:30 pm
Cost Center Description		Title XIX	Hospital	Cost
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		79,387	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		79,387	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)		70,087	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)		1,607	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)		6,204	15.00
16.00	Nursery days (title V or XIX only)		1,221	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)		96,967,361	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)		96,967,361	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)		96,967,361	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)		1,221.45	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,962,870	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,962,870	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0231		Period: From 07/01/2016 To 06/30/2017		Worksheet D-1	
		Title XIX		Hospital		Date/Time Prepared: 11/21/2017 12:30 pm	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	5,430,644	6,204	875.35	1,221	1,068,802	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	10,952,614	5,944	1,842.63	176	324,303	43.00
44.00	CORONARY CARE UNIT	15,239,165	6,020	2,531.42	125	316,428	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NICU	13,072,921	7,883	1,658.37	284	470,977	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,143,380	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)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	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)					9,300	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,221.45	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					11,359,485	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0231		Period: From 07/01/2016 To 06/30/2017		Worksheet D-1 Date/Time Prepared: 11/21/2017 12:30 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	10,701,357	96,967,361	0.110360	11,359,485	1,253,633	90.00
91.00	Nursing School cost	0	96,967,361	0.000000	11,359,485	0	91.00
92.00	Allied health cost	135,714	96,967,361	0.001400	11,359,485	15,903	92.00
93.00	All other Medical Education	0	96,967,361	0.000000	11,359,485	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0231	Period: From 07/01/2016 To 06/30/2017	Worksheet D-3 Date/Time Prepared: 11/21/2017 12:30 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		60,530,382	30.00
31.00	03100	INTENSIVE CARE UNIT		12,930,866	31.00
32.00	03200	CORONARY CARE UNIT		13,381,999	32.00
35.00	02060	NICU		0	35.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.176708	30,391,719	50.00
50.02	03330	ENDOSCOPY	0.164395	3,001,234	50.02
51.00	05100	RECOVERY ROOM	0.173932	3,968,643	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.486551	39,412	52.00
53.00	05300	ANESTHESIOLOGY	0.033671	7,876,574	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.103291	11,052,117	54.00
54.01	03630	ULTRASOUND	0.055321	6,099,812	54.01
54.02	03440	WOMENS IMAGING CENTER	0.102874	18,371	54.02
54.03	05401	SPECIAL PROCEDURES	0.105025	3,777,078	54.03
54.04	05402	IMAGING CENTER	0.054628	91,676	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	0.215473	595,133	55.00
56.00	05600	RADIOISOTOPE	0.169080	1,332,397	56.00
57.00	05700	CT SCAN	0.030756	23,046,862	57.00
58.00	05800	MRI	0.052735	5,972,125	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.045711	21,924,583	59.00
60.00	06000	LABORATORY	0.037931	47,575,130	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.186933	4,989,063	62.00
65.00	06500	RESPIRATORY THERAPY	0.096772	22,790,061	65.00
66.00	06600	PHYSICAL THERAPY	0.182980	10,664,776	66.00
68.00	06800	SPEECH PATHOLOGY	0.168576	2,412,988	68.00
69.00	06900	ELECTROCARDIOLOGY	0.104804	10,843,161	69.00
69.01	03140	CARDIOLOGY OUTREACH	0.042002	24,847	69.01
69.02	03290	EMG/NCV	0.095995	40,061	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.147566	2,426,216	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.587678	17,985,907	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.449099	46,579,373	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.172316	55,612,887	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.445001	3,708,172	75.00
76.97	07697	CARDIAC REHABILITATION	0.265489	147,987	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.627038	23,952	90.00
90.01	09001	WOUND OSTOMY	0.310085	625,879	90.01
90.02	09002	URODYNAMICS	0.106221	4,341,955	90.02
90.03	09003	PLAINFIELD CLINIC	0.153664	15,488	90.03
90.04	09004	OSWEGO CLINIC	0.122312	45,292	90.04
90.05	09005	BOLINGBROOK CLINIC	0.226906	20,603	90.05
90.06	09006	OUTPATIENT SERVICES	0.530943	0	90.06
91.00	09100	EMERGENCY	0.076326	31,142,948	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.686649	992,653	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		382,197,135	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		382,197,135	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0231	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Date/Time Prepared: 11/21/2017 12:30 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		16,954,625	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		57,649,951	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)		5,730,459	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)		272.52	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		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 Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		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)		1.56	30.00
31.00	Percentage of Medicaid patient days (see instructions)		9.14	31.00
32.00	Sum of lines 30 and 31		10.70	32.00
33.00	Allowable disproportionate share percentage (see instructions)		0.00	33.00
34.00	Disproportionate share adjustment (see instructions)		0	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0231	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Date/Time Prepared: 11/21/2017 12:30 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	7,647,644,885	6,406,145,534	35.00
35.01	Factor 3 (see instructions)	0.000224423	0.000216184	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	0	0	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	0	0	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	0	0	36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00
		Before 1/1	On/After 1/1	
		1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	80,335,035		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)		80,335,035	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		6,545,293	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		95,038	53.00
54.00	Special add-on payments for new technologies		67,857	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).		53,490	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		186,934	58.00
59.00	Total (sum of amounts on lines 49 through 58)		87,283,647	59.00
60.00	Primary payer payments		46,667	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		87,236,980	61.00
62.00	Deductibles billed to program beneficiaries		6,628,552	62.00
63.00	Coinurance billed to program beneficiaries		161,924	63.00
64.00	Allowable bad debts (see instructions)		531,090	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		345,209	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		210,832	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		80,791,713	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	RURAL DEMONSTRATION PROJECT		0	70.50
70.88	SCH or MDH volume decrease adjustment		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		211,441	70.93
70.94	HRR adjustment amount (see instructions)		-538,961	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0231	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Date/Time Prepared: 11/21/2017 12:30 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			866,207	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			79,597,986	71.00
71.01	Sequestration adjustment (see instructions)			1,591,960	71.01
72.00	Interim payments			77,926,792	72.00
73.00	Tentative settlement (for contractor use only)			0	73.00
74.00	Balance due provider (Program) (line 71 minus lines 71.01, 72, and 73)			79,234	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			158,270	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0231

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/21/2017 12:30 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	16,954,625	0	16,954,625		16,954,625	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	57,649,951	0		57,649,951	57,649,951	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	5,730,459	0	1,529,560	4,200,899	5,730,459	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0000	0.0000	0.0000	0.0000		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	0	0	0	0	0	11.00
11.01	Uncompensated care payments	36.00	0	0	0	0	0	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	80,335,035	0	18,484,185	61,850,850	80,335,035	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	80,335,035	0	18,484,185	61,850,850	80,335,035	15.00
16.00	Payment for inpatient program capital	50.00	6,545,293	0	1,504,220	5,041,073	6,545,293	16.00
17.00	Special add-on payments for new technologies	54.00	67,857	0	65,786	2,071	67,857	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0231

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/21/2017 12:30 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
19.00	SUBTOTAL			0	20,054,191	66,893,994	86,948,185	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	6,026,935	0	1,359,967	4,666,968	6,026,935	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	386,368	0	114,470	271,898	386,368	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0219	0.0219	0.0219	0.0219		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	131,990	0	29,783	102,207	131,990	25.00
26.00	Total prospective capital payments (see instructions)	12.00	6,545,293	0	1,504,220	5,041,073	6,545,293	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0231

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

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/21/2017 12:30 pm

		Title XVIII			Hospital	PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	16,954,625	16,954,625		16,954,625	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	57,649,951		57,649,951	57,649,951	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	5,730,459	1,529,560	4,200,899	5,730,459	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0000	0.0000	0.0000		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	0	0	0	0	11.00
11.01	Uncompensated care payments	36.00	0	0	0	0	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	80,335,035	18,484,185	61,850,850	80,335,035	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	80,335,035	18,484,185	61,850,850	80,335,035	15.00
16.00	Payment for inpatient program capital	50.00	6,545,293	1,504,220	5,041,073	6,545,293	16.00
17.00	Special add-on payments for new technologies	54.00	67,857	65,786	2,071	67,857	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			20,054,191	66,893,994	86,948,185	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0231

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

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/21/2017 12:30 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	6,026,935	1,359,967	4,666,968	6,026,935	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	386,368	114,470	271,898	386,368	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0219	0.0219	0.0219		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	131,990	29,783	102,207	131,990	25.00
26.00	Total prospective capital payments (see instructions)	12.00	6,545,293	1,504,220	5,041,073	6,545,293	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	211,441	-7,874	219,315	211,441	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-538,961	-112,336	-426,625	-538,961	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		199,340	666,867	866,207	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0231	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part B Date/Time Prepared: 11/21/2017 12:30 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		56,095	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		68,389,069	2.00
3.00	PPS payments		55,682,844	3.00
4.00	Outlier payment (see instructions)		397,221	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		197,609	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		56,095	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		372,664	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)		372,664	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)		372,664	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		316,569	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		56,095	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		56,277,674	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		10,427,625	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)		45,906,144	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)		45,906,144	30.00
31.00	Primary payer payments		2,776	31.00
32.00	Subtotal (line 30 minus line 31)		45,903,368	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)		758,108	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		492,770	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		421,009	36.00
37.00	Subtotal (see instructions)		46,396,138	37.00
38.00	MSP-LCC reconciliation amount from PS&R		68	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		14,928	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		46,396,070	40.00
40.01	Sequestration adjustment (see instructions)		927,921	40.01
41.00	Interim payments		45,474,618	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-6,469	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: 14-0231

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

Worksheet E-1
Part I
Date/Time Prepared:
11/21/2017 12:30 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		77,314,161		44,753,828	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		707,389		729,157	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM	01/26/2017	94,758	01/26/2017	8,367	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)		-94,758		-8,367	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)		77,926,792		45,474,618	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		79,234		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		6,469	6.02	
7.00	Total Medicare program liability (see instructions)		78,006,026		45,468,149	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: 14-0231

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

Worksheet E-1
Part II
Date/Time Prepared:
11/21/2017 12:30 pm

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			22,831 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			31,686 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			8,020 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			89,934 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			3,246,503,529 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			32,443,597 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			706,509 8.00
9.00	Sequestration adjustment amount (see instructions)			14,130 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			692,379 10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			679,078 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			13,301 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0231	Period: From 07/01/2016 To 06/30/2017	Worksheet E-3 Part VII Date/Time Prepared: 11/21/2017 12:30 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		4,143,380		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		4,143,380	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		4,143,380	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		0	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	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	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		4,143,380	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		4,143,380	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

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

Provider CCN: 14-0231

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

Worksheet G

Date/Time Prepared:
11/21/2017 12:30 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	-4,186,937	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	153,906,948	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	11,013,059	0	0	0	7.00
8.00	Prepaid expenses	3,817,171	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	6,049,005	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	170,599,246	0	0	0	11.00
FIXED ASSETS						
12.00	Land	10,325,443	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	528,400,839	0	0	0	15.00
16.00	Accumulated depreciation	-440,386,851	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	284,037,453	0	0	0	23.00
24.00	Accumulated depreciation	0	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)	382,376,884	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	481,514,085	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	43,680,954	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	525,195,039	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	1,078,171,169	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	20,572,069	0	0	0	37.00
38.00	Salaries, wages, and fees payable	39,286,620	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	5,345,000	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	151,548,032	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	216,751,721	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	61,365,325	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	47,995,887	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	109,361,212	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	326,112,933	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	752,058,236				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)	752,058,236	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	1,078,171,169	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0231

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

Worksheet G-1

Date/Time Prepared:
11/21/2017 12:30 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		464,600,472		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		84,638,274			2.00
3.00	Total (sum of line 1 and line 2)		549,238,746		0	3.00
4.00	TRANSFERS	202,929,696		0		4.00
5.00	MINORITY INTEREST	1,449,383		0		5.00
6.00	TEMP RESTRICTED NET ASSETS	2,171,507		0		6.00
7.00	PERM RESTRICTED NET ASSETS	312,462		0		7.00
8.00	DISTRIBUTIONS	344,300		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		207,207,348		0	10.00
11.00	Subtotal (line 3 plus line 10)		756,446,094		0	11.00
12.00		0		0		12.00
13.00	OTHER TRANSFER	4,387,857		0		13.00
14.00	RECONCILING ITEM	1		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)		4,387,858		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		752,058,236		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	TRANSFERS		0			4.00
5.00	MINORITY INTEREST		0			5.00
6.00	TEMP RESTRICTED NET ASSETS		0			6.00
7.00	PERM RESTRICTED NET ASSETS		0			7.00
8.00	DISTRIBUTIONS		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			0			12.00
13.00	OTHER TRANSFER		0			13.00
14.00	RECONCILING ITEM		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: 14-0231

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/21/2017 12:30 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	140,462,360		140,462,360	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	140,462,360		140,462,360	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	29,185,808		29,185,808	11.00
12.00	CORONARY CARE UNIT	31,240,887		31,240,887	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NICU	20,818,054		20,818,054	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	81,244,749		81,244,749	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	221,707,109		221,707,109	17.00
18.00	Ancillary services	986,578,435	0	986,578,435	18.00
19.00	Outpatient services	0	2,037,017,792	2,037,017,792	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NURSERY	7,048,509	0	7,048,509	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,215,334,053	2,037,017,792	3,252,351,845	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		628,989,798		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)		628,989,798		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0231

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

Worksheet G-3

Date/Time Prepared:
11/21/2017 12:30 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	3,252,351,845	1.00
2.00	Less contractual allowances and discounts on patients' accounts	2,628,200,586	2.00
3.00	Net patient revenues (line 1 minus line 2)	624,151,259	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	628,989,798	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-4,838,539	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	1,690,461	6.00
7.00	Income from investments	62,021,007	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	109,029	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	1,925,967	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	483,466	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	1,244,357	22.00
23.00	Governmental appropriations	0	23.00
24.00	MEANINGFUL USE	0	24.00
24.01	IHP DISTRIBUTIONS	177,366	24.01
24.02	CLINICAL INTEGRATION	621,631	24.02
24.03	CLINICAL TRIALS	429,167	24.03
24.04	PERINATAL HEALTH PROMOTIONS	77,220	24.04
24.05	LABORATORY OTHER REVENUE	12,671,076	24.05
24.06	SIMULATION AND TRAINING	210,064	24.06
24.07	CARDIOGRAPHICS OTHER REVENUE	626,397	24.07
24.08	OUTPATIENT PHARMACY	2,581,864	24.08
24.09	OCCUPATIONAL HEALTH	1,431,167	24.09
24.10	OFFSITE OTHER OPERATING INCOME	0	24.10
24.11	ER TRAUMA	182,909	24.11
24.12	OTHER REVENUE	2,993,662	24.12
25.00	Total other income (sum of lines 6-24)	89,476,810	25.00
26.00	Total (line 5 plus line 25)	84,638,271	26.00
27.00	ROUNDING	-3	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	-3	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	84,638,274	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0231	Period: From 07/01/2016 To 06/30/2017	Worksheet L Parts I-III Date/Time Prepared: 11/21/2017 12:30 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		6,026,935	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		386,368	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)		246.39	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)		1.56	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		9.14	8.00
9.00	Sum of lines 7 and 8		10.70	9.00
10.00	Allowable disproportionate share percentage (see instructions)		2.19	10.00
11.00	Disproportionate share adjustment (see instructions)		131,990	11.00
12.00	Total prospective capital payments (see instructions)		6,545,293	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