

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: 14-0233	Period: From 10/01/2016 To 09/30/2017	Worksheet S Parts I-III Date/Time Prepared: 2/27/2018 4:15 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: 2/27/2018	Time: 4:15 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 CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by SAINT ANTHONY MEDICAL CENTER (14-0233) for the cost reporting period beginning 10/01/2016 and ending 09/30/2017 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

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

 Title

 Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	1,301,204	16,916	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0	0	0		0	6.00
200.00 Total	0	1,301,204	16,916	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0233		Period: From 10/01/2016 To 09/30/2017		Worksheet S-2 Part I Date/Time Prepared: 2/27/2018 4:14 pm					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 5666 EAST STATE STREET		PO Box:						1.00		
2.00	City: ROCKFORD		State: IL		Zip Code: 61108-2472		County: WINNEBAGO		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		SAINT ANTHONY MEDICAL CENTER	140233	40420	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)					10/01/2016	09/30/2017		20.00		
21.00	Type of Control (see instructions)					1			21.00		
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickles amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	N		22.01		
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02		
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		22.03		
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3	N	23.00		
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00	6.00				
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	2,011	2,086	0	0	3,337	73		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 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.	0	0	0	0	0			25.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0233	Period: From 10/01/2016 To 09/30/2017	Worksheet S-2 Part I Date/Time Prepared: 2/27/2018 4:14 pm			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1					26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1					27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0					35.00
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.						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)(i) or (ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N				39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	Y				40.00
		V	XVIII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N			45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N			46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.	N	N	N			47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N			48.00
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y					56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N					57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N					58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N					59.00
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)	Y					60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		20.00	1			60.01
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		20.01	1			60.02
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		20.02	1			60.03
60.04	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		20.03	1			60.04

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0233		Period: From 10/01/2016 To 09/30/2017		Worksheet S-2 Part I Date/Time Prepared: 2/27/2018 4:14 pm	
	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
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06
			Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
			1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
						1.00	
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
63.00	Teaching Hospitals that Claim Residents in Nonprovider Settings						
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.						
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0233

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

Worksheet S-2
Part I
Date/Time Prepared:
2/27/2018 4:14 pm

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00	
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
				1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010								
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	4.36	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)	INTERNAL MEDICINE	1400	0.00	0.17	0.000000	67.00	
67.01				0.00	0.00	0.000000	67.01	
67.02				0.00	0.00	0.000000	67.02	
						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 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	71.00	
Inpatient Rehabilitation Facility PPS								
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				N		75.00	

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			1.00	2.00	3.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N	81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.			N	87.00
			V		XIX
			1.00		2.00
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. 1, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. 1, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	Y	98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?		N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00

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		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 Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N		110.00	
					1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.				N		111.00	
					1.00	2.00	3.00	
Miscellaneous Cost Reporting Information								
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.				N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.				N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.				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		4,949,108		1,812,720		118.01
					1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.				N			118.02
119.00	DO NOT USE THIS LINE							119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.				N	N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.				Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.				N			122.00
Transplant Center Information								
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.				N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.							134.00
All Providers								
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)				Y	149006		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0233		Period: From 10/01/2016 To 09/30/2017		Worksheet S-2 Part I Date/Time Prepared: 2/27/2018 4:14 pm								
1.00		2.00		3.00										
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.														
141.00	Name: OSF HEALTHCARE SYSTEM	Contractor's Name: WISCONSIN PHYSICIAN SERVICE		Contractor's Number: 06101				141.00						
142.00	Street: 800 N. E. GLEN OAK AVENUE	PO Box:						142.00						
143.00	City: PEORIA	State: IL		Zip Code: 61603				143.00						
144.00 Are provider based physicians' costs included in Worksheet A?														
Y								144.00						
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.								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.								146.00						
N								146.00						
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.								147.00						
N								147.00						
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.								148.00						
N								148.00						
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.								149.00						
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	N		N		N		N		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		N		161.00				
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.								165.00						
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)											166.00		
								0.00				166.00		
167.00 Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.								Y				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)											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)											169.00		
								9.99				169.00		
		Beginni ng		Endi ng										
		1.00		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)											170.00		
								10/01/2016		09/30/2017				170.00
								1.00		2.00				
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)											171.00		
								N						171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0233		Period: From 10/01/2016 To 09/30/2017		Worksheet S-2 Part II Date/Time Prepared: 2/27/2018 4:14 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		01/19/2018		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	Y	Y				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.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				N		15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	12/14/2017	Y	12/14/2017		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0233	Period: From 10/01/2016 To 09/30/2017	Worksheet S-2 Part II Date/Time Prepared: 2/27/2018 4:14 pm	
		Description	Y/N	Y/N	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	0	1.00	3.00	20.00
			N	N	
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
			1.00	2.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DEBRA		DI DI ER	41.00
42.00	Enter the employer/company name of the cost report preparer.	OSF HEALTHCARE SYSTEM			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	309-655-2855		DEBRA.DI DI ER@OSFHEALTHCARE.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0233	Period: From 10/01/2016 To 09/30/2017	Worksheet S-2 Part II Date/Time Prepared: 2/27/2018 4:14 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	GOVT REPORTING ANALYST		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0233

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

Worksheet S-3
Part I
Date/Time Prepared:
2/27/2018 4:14 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	199	72,635	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)		199	72,635	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	36	13,140	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		235	85,775	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)		235				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0233

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

Worksheet S-3
Part I
Date/Time Prepared:
2/27/2018 4:14 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)	19,145	1,598	40,581			1.00
2.00 HMO and other (see instructions)	8,774	5,423				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			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	19,145	1,598	40,581			7.00
8.00 INTENSIVE CARE UNIT	3,716	368	9,234			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		45	1,138			13.00
14.00 Total (see instructions)	22,861	2,011	50,953	1.27	1,966.05	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)				1.27	1,966.05	27.00
28.00 Observation Bed Days		595	3,823			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	73	149			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00
33.01 LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0233

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

Worksheet S-3
Part I
Date/Time Prepared:
2/27/2018 4:14 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	5,154	560	11,665	1.00
2.00 HMO and other (see instructions)			508	950		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	5,154	560	11,665	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			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0233

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

Worksheet S-3
Part II
Date/Time Prepared:
2/27/2018 4:14 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	102,547,415	-203,501	102,343,914	3,235,357.00	31.63
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		424,357	0	424,357	2,496.00	170.01
4.01	Physicians - Part A - Teaching		286,315	0	286,315	11,449.00	25.01
5.00	Physician and Non-Physician-Part B		5,511,531	0	5,511,531	22,860.00	241.10
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		7,663,966	-822,394	6,841,572	248,056.00	27.58
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		5,441,533	0	5,441,533	71,484.00	76.12
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		3,055,598	0	3,055,598	16,206.00	188.55
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		23,874,694	0	23,874,694	670,054.00	35.63
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		26,315,661	0	26,315,661		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		2,128,092	0	2,128,092		
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		66,524	0	66,524		
22.01	Physician Part A - Teaching		94,492	0	94,492		
23.00	Physician Part B		815,635	0	815,635		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		7,727,854	0	7,727,854		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	355	1	356	8.00	44.50
27.00	Administrative & General	5.00	11,339,919	100,169	11,440,088	359,243.00	31.84

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0233

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

Worksheet S-3
Part II
Date/Time Prepared:
2/27/2018 4:14 pm

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		0	0	0	15,269.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	1,520,992	4,985	1,525,977	56,544.00	26.99	29.00
30.00	Operation of Plant	7.00	590,561	1,936	592,497	20,515.00	28.88	30.00
31.00	Laundry & Linen Service	8.00	135,502	444	135,946	9,105.00	14.93	31.00
32.00	Housekeeping	9.00	1,798,742	-2,262	1,796,480	129,881.00	13.83	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,338,815	-1,005,977	332,838	21,351.00	15.59	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	247,949	1,004,634	1,252,583	82,966.00	15.10	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,870,171	4,953	1,875,124	46,124.00	40.65	38.00
39.00	Central Services and Supply	14.00	1,210,850	164	1,211,014	61,882.00	19.57	39.00
40.00	Pharmacy	15.00	2,552,117	50,293	2,602,410	68,415.00	38.04	40.00
41.00	Medical Records & Medical Records Library	16.00	1,679,044	2,391	1,681,435	66,400.00	25.32	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: 14-0233

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

Worksheet S-3
Part III
Date/Time Prepared:
2/27/2018 4:14 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries 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)	96,749,569	-203,501	96,546,068	3,216,317.00	30.02	1.00
2.00	Excluded area salaries (see instructions)	7,663,966	-822,394	6,841,572	248,056.00	27.58	2.00
3.00	Subtotal salaries (line 1 minus line 2)	89,085,603	618,893	89,704,496	2,968,261.00	30.22	3.00
4.00	Subtotal other wages & related costs (see inst.)	32,371,825	0	32,371,825	757,744.00	42.72	4.00
5.00	Subtotal wage-related costs (see inst.)	34,110,039	0	34,110,039	0.00	38.02	5.00
6.00	Total (sum of lines 3 thru 5)	155,567,467	618,893	156,186,360	3,726,005.00	41.92	6.00
7.00	Total overhead cost (see instructions)	24,285,017	161,731	24,446,748	937,703.00	26.07	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0233	Period: From 10/01/2016 To 09/30/2017	Worksheet S-3 Part IV Date/Time Prepared: 2/27/2018 4:14 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		4,959,368	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)		1,405,923	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)		15,612,685	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		0	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		150,063	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		47,019	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		6,624,465	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		39,060	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		17,747	22.00
23.00	Tuition Reimbursement		564,074	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		29,420,404	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 14-0233	Period: From 10/01/2016 To 09/30/2017	Worksheet S-3 Part V Date/Time Prepared: 2/27/2018 4:14 pm
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	5,441,533	29,420,404	1.00
2.00	Hospital	5,441,533	29,420,404	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 UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-0233	Period: From 10/01/2016 To 09/30/2017	Worksheet S-10 Date/Time Prepared: 2/27/2018 4:14 pm
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.207197	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		23,986,386	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		Y	4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		181,457,854	6.00	
7.00	Medicaid cost (line 1 times line 6)		37,597,523	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		13,611,137	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0	9.00	
10.00	Stand-alone CHIP charges		0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		13,611,137	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)	19,354,741	1,043,239	20,397,980	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	4,010,244	1,043,239	5,053,483	21.00
22.00	Payments received from patients for amounts previously written off as charity care	212,890	145,149	358,039	22.00
23.00	Cost of charity care (line 21 minus line 22)	3,797,354	898,090	4,695,444	23.00
			1.00		
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N		24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			16,633,831	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			1,139,892	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			1,753,680	27.01
28.00	Non-Medicare bad debt expense (line 26 minus line 27.01)			14,880,151	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			3,696,911	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			8,392,355	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			22,003,492	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0233

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

Worksheet A
Date/Time Prepared:
2/27/2018 4:14 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100		8,187,742	8,187,742	137,233	8,324,975	1.00
2.00	00200		5,649,967	5,649,967	95,659	5,745,626	2.00
3.00	00300		0	0	0	0	3.00
4.00	00400	355	32,770,900	32,771,255	674,709	33,445,964	4.00
5.00	00500	11,339,919	62,700,330	74,040,249	-90,927	73,949,322	5.00
6.00	00600	1,520,992	9,027,174	10,548,166	-924,960	9,623,206	6.00
7.00	00700	590,561	3,850,303	4,440,864	1,936	4,442,800	7.00
8.00	00800	135,502	765,754	901,256	444	901,700	8.00
9.00	00900	1,798,742	560,703	2,359,445	5,869	2,365,314	9.00
10.00	01000	1,338,815	1,591,699	2,930,514	-2,199,706	730,808	10.00
11.00	01100	247,949	3,053	251,002	2,204,885	2,455,887	11.00
13.00	01300	1,870,171	301,606	2,171,777	6,126	2,177,903	13.00
14.00	01400	1,210,850	507,365	1,718,215	3,873	1,722,088	14.00
15.00	01500	2,552,117	2,257,547	4,809,664	57,640	4,867,304	15.00
16.00	01600	1,679,044	383,526	2,062,570	5,493	2,068,063	16.00
17.00	01700	0	3,049	3,049	0	3,049	17.00
20.00	02000	3,177,541	564,559	3,742,100	10,397	3,752,497	20.00
20.01	02001	100,744	3,561	104,305	-104,305	0	20.01
20.02	02002	709,615	419,960	1,129,575	-344,842	784,733	20.02
20.03	02003	41,792	7,347	49,139	-49,139	0	20.03
22.00	02200	298,487	218,319	516,806	978	517,784	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	18,056,692	4,830,146	22,886,838	-2,267,413	20,619,425	30.00
31.00	03100	6,344,987	3,813,452	10,158,439	15,008	10,173,447	31.00
43.00	04300	0	0	0	577,326	577,326	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	6,517,358	27,933,517	34,450,875	-22,688,536	11,762,339	50.00
51.00	05100	1,113,486	55,000	1,168,486	-24,627	1,143,859	51.00
52.00	05200	0	1,763	1,763	1,457,303	1,459,066	52.00
53.00	05300	0	1,531,294	1,531,294	6,584	1,537,878	53.00
54.00	05400	3,269,801	2,113,784	5,383,585	-892,391	4,491,194	54.00
54.01	05401	1,284,720	251,072	1,535,792	115,620	1,651,412	54.01
55.00	05500	7,508,004	1,119,067	8,627,071	-118,647	8,508,424	55.00
56.00	05600	340,528	1,027,815	1,368,343	333,644	1,701,987	56.00
57.00	05700	958,025	1,138,511	2,096,536	434,865	2,531,401	57.00
58.00	05800	669,809	734,128	1,403,937	343,953	1,747,890	58.00
59.00	05900	2,278,772	9,607,594	11,886,366	-8,263,035	3,623,331	59.00
60.00	06000	6,596,637	2,586,909	9,183,546	-25,297	9,158,249	60.00
63.00	06300	0	1,945,943	1,945,943	0	1,945,943	63.00
65.00	06500	2,028,919	313,710	2,342,629	-207,390	2,135,239	65.00
66.00	06600	2,985,610	271,942	3,257,552	281,067	3,538,619	66.00
67.00	06700	414,616	-1,229	413,387	1,359	414,746	67.00
68.00	06800	192,284	-957	191,327	630	191,957	68.00
69.00	06900	350,318	57,311	407,629	1,124	408,753	69.00
70.00	07000	574,503	235,186	809,689	39,808	849,497	70.00
71.00	07100	0	-198,255	-198,255	12,218,713	12,020,458	71.00
72.00	07200	0	0	0	20,699,907	20,699,907	72.00
73.00	07300	0	29,643,808	29,643,808	50,662	29,694,470	73.00
75.01	07501	2,744,553	867,830	3,612,383	-421,809	3,190,574	75.01
76.00	03950	0	0	0	0	0	76.00
76.01	03340	668,313	634,777	1,303,090	-434,802	868,288	76.01
76.97	07697	463,872	129,590	593,462	37,966	631,428	76.97
76.99	07699	0	98,924	98,924	0	98,924	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	443,624	1,178,899	1,622,523	-319,676	1,302,847	90.00
91.00	09100	4,494,514	8,342,944	12,837,458	333,774	13,171,232	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	342,266	-361,895	-19,629	19,629	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		99,255,407	229,677,044	328,932,451	796,682	329,729,133	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	5,502	50,905	56,407	1,453	57,860	192.00
193.01	19301	0	0	0	0	0	193.01
193.02	19302	3,286,506	-2,156,019	1,130,487	-798,135	332,352	193.02
200.00		102,547,415	227,571,930	330,119,345	0	330,119,345	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0233

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

Worksheet A
Date/Time Prepared:
2/27/2018 4:14 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	926,637	9,251,612	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,216,054	6,961,680	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-1,587,855	31,858,109	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-13,728,361	60,220,961	5.00
6.00	00600	MAINTENANCE & REPAIRS	-154,894	9,468,312	6.00
7.00	00700	OPERATION OF PLANT	-207,052	4,235,748	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	901,700	8.00
9.00	00900	HOUSEKEEPING	0	2,365,314	9.00
10.00	01000	DIETARY	-76	730,732	10.00
11.00	01100	CAFETERIA	-828,912	1,626,975	11.00
13.00	01300	NURSING ADMINISTRATION	-500	2,177,403	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,722,088	14.00
15.00	01500	PHARMACY	-262,688	4,604,616	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-4,524	2,063,539	16.00
17.00	01700	SOCIAL SERVICE	0	3,049	17.00
20.00	02000	NURSING SCHOOL	-5,190,141	-1,437,644	20.00
20.01	02001	MEDTECH SCHOOL	0	0	20.01
20.02	02002	PARAMED TRAINING	-99,745	684,988	20.02
20.03	02003	PHARMACY RESIDENCY	0	0	20.03
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	-4,290	513,494	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-10,058	20,609,367	30.00
31.00	03100	INTENSIVE CARE UNIT	-187,634	9,985,813	31.00
43.00	04300	NURSERY	-7,432	569,894	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-314,550	11,447,789	50.00
51.00	05100	RECOVERY ROOM	0	1,143,859	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-18,715	1,440,351	52.00
53.00	05300	ANESTHESIOLOGY	-627,184	910,694	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-223,712	4,267,482	54.00
54.01	05401	ULTRASOUND	0	1,651,412	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	-4,080,360	4,428,064	55.00
56.00	05600	RADIOISOTOPE	-7,185	1,694,802	56.00
57.00	05700	CT SCAN	-19,806	2,511,595	57.00
58.00	05800	MRI	-10,684	1,737,206	58.00
59.00	05900	CARDIAC CATHETERIZATION	-70,604	3,552,727	59.00
60.00	06000	LABORATORY	-1,193,859	7,964,390	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,945,943	63.00
65.00	06500	RESPIRATORY THERAPY	0	2,135,239	65.00
66.00	06600	PHYSICAL THERAPY	-126,933	3,411,686	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	414,746	67.00
68.00	06800	SPEECH PATHOLOGY	0	191,957	68.00
69.00	06900	ELECTROCARDIOLOGY	0	408,753	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	849,497	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	12,020,458	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	20,699,907	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	29,694,470	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	-101,462	3,089,112	75.01
76.00	03950	DIABETIC SERVICE	0	0	76.00
76.01	03340	GASTROINTESTINAL SERVICES	-735	867,553	76.01
76.97	07697	CARDIAC REHABILITATION	0	631,428	76.97
76.99	07699	LITHOTRIpsy	0	98,924	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	1,302,847	90.00
91.00	09100	EMERGENCY	-6,414,897	6,756,335	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-33,342,157	296,386,976	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	57,860	192.00
193.01	19301	CONVENT	0	0	193.01
193.02	19302	MED TRANS / WELLNESS / FDN	0	332,352	193.02
200.00		TOTAL (SUM OF LINES 118 through 199)	-33,342,157	296,777,188	200.00

RECLASSIFICATIONS

Provider CCN: 14-0233

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

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		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
A - PROPERTY INSURANCE						
1.00	OTHER CAP REL COSTS	3.00	0	232,892	1.00	
2.00		0.00	0	0	2.00	
	0		0	232,892		
B - CAFETERIA RECLASS						
1.00	CAFETERIA	11.00	1,005,440	1,195,353	1.00	
	0		1,005,440	1,195,353		
C - NURSERY RECLASS						
1.00	NURSERY	43.00	379,140	196,950	1.00	
2.00	DELIVERY ROOM & LABOR ROOM	52.00	957,037	497,146	2.00	
	0		1,336,177	694,096		
D - IMAGING RECLASS						
1.00	ULTRASOUND	54.01	57,970	49,115	1.00	
2.00	RADIOISOTOPE	56.00	124,614	105,580	2.00	
3.00	CT SCAN	57.00	212,778	180,278	3.00	
4.00	MRI	58.00	133,572	113,170	4.00	
	0		528,934	448,143		
F - EMPLOYEE BENEFIT RECLASS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,010,190	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
	0		0	1,010,190		
G - PHONE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	36,588	1.00	
	0		0	36,588		
I - DRUGS CHARGED TO PATIENTS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	57,788	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
	0		0	57,788		
J - CARDIAC REHAB						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	1,119	312	1.00	
	0		1,119	312		
L - RCA & CFH RENT EXPENSE RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	18,795	1.00	
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	109,099	2.00	
3.00	ULTRASOUND	54.01	0	56,160	3.00	
4.00	RADIOISOTOPE	56.00	0	102,323	4.00	
5.00	CT SCAN	57.00	0	166,993	5.00	
6.00	MRI	58.00	0	96,530	6.00	
7.00	LABORATORY	60.00	0	153,844	7.00	
8.00	PHYSICAL THERAPY	66.00	0	271,282	8.00	
9.00	ELECTROENCEPHALOGRAPHY	70.00	0	37,925	9.00	
10.00	CARDIAC REHABILITATION	76.97	0	37,880	10.00	
	0		0	1,050,831		
O - DISABILITY						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,359	1.00	
2.00	HOUSEKEEPING	9.00	0	8,131	2.00	
3.00	DIETARY	10.00	0	1,624	3.00	
4.00	CAFETERIA	11.00	0	4,898	4.00	
5.00	NURSING ADMINISTRATION	13.00	0	1,173	5.00	
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	3,792	6.00	
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	3,102	8.00	
9.00	NURSING SCHOOL	20.00	0	5,204	9.00	
10.00	ADULTS & PEDIATRICS	30.00	0	67,740	10.00	
11.00	INTENSIVE CARE UNIT	31.00	0	4,712	11.00	
12.00	NURSERY	43.00	0	1,971	12.00	
13.00	OPERATING ROOM	50.00	0	7,097	13.00	
14.00	RECOVERY ROOM	51.00	0	2,060	14.00	
15.00	DELIVERY ROOM & LABOR ROOM	52.00	0	4,975	15.00	
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	537	16.00	
19.00	CARDIAC CATHETERIZATION	59.00	0	4,308	19.00	
20.00	LABORATORY	60.00	0	4,801	20.00	
21.00	RESPIRATORY THERAPY	65.00	0	3,956	21.00	

RECLASSIFICATIONS

Provider CCN: 14-0233

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

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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
23.00	ELECTROCARDIOLOGY	69.00	0	7,346	23.00
24.00	SURGERY/CARDIAC AMB DAY CARE	75.01	0	7,517	24.00
25.00	EMERGENCY	91.00	0	2,852	25.00
26.00	MED TRANS / WELLNESS / FDN	193.02	0	907	26.00
	0		0	150,062	
P - IMPLANTABLE MEDICAL DEVICES RECLASS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	20,699,907	1.00
2.00	ANESTHESIOLOGY	53.00	0	6,584	2.00
3.00	LABORATORY	60.00	0	542	3.00
4.00		0.00	0	0	4.00
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
	0		0	20,707,033	
Q - MEDICAL/SURGICAL SUPPLIES RECLASS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	12,222,201	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
	0		0	12,222,201	
R - NON-ALLOWED MED TECH					
1.00	ADMINISTRATIVE & GENERAL	5.00	100,744	3,561	1.00
2.00	PHARMACY	15.00	41,792	7,347	2.00
	0		142,536	10,908	
S - TO RECLASS PHYS SALARIES					
1.00	EMERGENCY	91.00	347,168	0	1.00
	TOTALS		347,168	0	
T - TO RECLASS AMB FROM OTHER TO SAL					
1.00	AMBULANCE SERVICES	95.00	0	352,333	1.00
	TOTALS		0	352,333	
U - RECLASS AMB ADMIN COSTS					
1.00	AMBULANCE SERVICES	95.00	0	18,507	1.00
	TOTALS		0	18,507	
Z - VACATION ACCRUAL					
1.00	ADMINISTRATIVE & GENERAL	5.00	37,372	0	1.00
2.00	MAINTENANCE & REPAIRS	6.00	4,985	0	2.00
3.00	OPERATION OF PLANT	7.00	1,936	0	3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	444	0	4.00
5.00	HOUSEKEEPING	9.00	5,869	0	5.00
6.00	DIETARY	10.00	1,087	0	6.00
7.00	CAFETERIA	11.00	4,092	0	7.00
8.00	NURSING ADMINISTRATION	13.00	6,126	0	8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	3,956	0	9.00
10.00	PHARMACY	15.00	8,501	0	10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	5,493	0	11.00
12.00	NURSING SCHOOL	20.00	10,397	0	12.00
13.00	PARAMED TRAINING	20.02	2,326	0	13.00
14.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00	978	0	14.00
15.00	ADULTS & PEDIATRICS	30.00	54,579	0	15.00
16.00	INTENSIVE CARE UNIT	31.00	20,780	0	16.00
17.00	NURSERY	43.00	1,236	0	17.00
18.00	OPERATING ROOM	50.00	21,337	0	18.00
19.00	RECOVERY ROOM	51.00	3,643	0	19.00
20.00	DELIVERY ROOM & LABOR ROOM	52.00	3,120	0	20.00
21.00	RADIOLOGY-DIAGNOSTIC	54.00	8,981	0	21.00
22.00	ULTRASOUND	54.01	4,401	0	22.00
23.00	RADIOLOGY-THERAPEUTIC	55.00	24,607	0	23.00

RECLASSIFICATIONS

Provider CCN: 14-0233

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

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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
24.00	RADIOISOTOPE	56.00	1,524	0	24.00
25.00	CT SCAN	57.00	3,837	0	25.00
26.00	MRI	58.00	2,633	0	26.00
27.00	CARDIAC CATHETERIZATION	59.00	7,454	0	27.00
28.00	LABORATORY	60.00	21,604	0	28.00
29.00	RESPIRATORY THERAPY	65.00	6,637	0	29.00
30.00	PHYSICAL THERAPY	66.00	9,785	0	30.00
31.00	OCCUPATIONAL THERAPY	67.00	1,359	0	31.00
32.00	SPEECH PATHOLOGY	68.00	630	0	32.00
33.00	ELECTROCARDIOLOGY	69.00	1,124	0	33.00
34.00	ELECTROENCEPHALOGRAPHY	70.00	1,883	0	34.00
35.00	SURGERY/CARDIAC AMB DAY CARE	75.01	8,971	0	35.00
36.00	GASTROINTESTINAL SERVICES	76.01	2,190	0	36.00
37.00	CARDIAC REHABILITATION	76.97	1,517	0	37.00
38.00	CLINIC	90.00	1,454	0	38.00
39.00	EMERGENCY	91.00	14,721	0	39.00
40.00	AMBULANCE SERVICES	95.00	1,122	0	40.00
41.00	PHYSICIANS' PRIVATE OFFICES	192.00	22	0	41.00
42.00	MED TRANS / WELLNESS / FDN	193.02	10,768	0	42.00
43.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1	0	43.00
			335,482	0	
500.00	Grand Total: Increases		3,696,856	38,187,237	500.00

RECLASSIFICATIONS

Provider CCN: 14-0233

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

Worksheet A-6
Date/Time Prepared:
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - PROPERTY INSURANCE							
1.00		0.00	0	0	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	232,892	9		2.00
			0	232,892			
B - CAFETERIA RECLASS							
1.00	DIETARY	10.00	1,005,440	1,195,353	0		1.00
			1,005,440	1,195,353			
C - NURSERY RECLASS							
1.00	ADULTS & PEDIATRICS	30.00	1,336,177	694,096	0		1.00
2.00		0.00	0	0	0		2.00
			1,336,177	694,096			
D - IMAGING RECLASS							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	528,934	448,143	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
			528,934	448,143			
F - EMPLOYEE BENEFIT RECLASS							
1.00		0.00	0	0	0		1.00
2.00	MED TRANS / WELLNESS / FDN	193.02	0	808,903	0		2.00
3.00	LABORATORY	60.00	0	201,287	0		3.00
			0	1,010,190			
G - PHONE							
1.00	ADMINISTRATIVE & GENERAL	5.00	36,588	0	0		1.00
			36,588	0			
I - DRUGS CHARGED TO PATIENTS							
1.00	ADULTS & PEDIATRICS	30.00	0	12,450	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	3,453	0		2.00
3.00	OPERATING ROOM	50.00	0	4,586	0		3.00
4.00	RECOVERY ROOM	51.00	0	12	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	16,691	0		5.00
6.00	RADIOLOGY-THERAPEUTIC	55.00	0	4,832	0		6.00
7.00	RADIOISOTOPE	56.00	0	397	0		7.00
8.00	CT SCAN	57.00	0	7,908	0		8.00
9.00	MRI	58.00	0	1,952	0		9.00
10.00	CARDIAC CATHETERIZATION	59.00	0	1,778	0		10.00
11.00	SURGERY/CARDIAC AMB DAY CARE	75.01	0	261	0		11.00
12.00	GASTRO INTESTINAL SERVICES	76.01	0	467	0		12.00
13.00	EMERGENCY	91.00	0	3,001	0		13.00
			0	57,788			
J - CARDIAC REHAB							
1.00	CARDIAC REHABILITATION	76.97	1,119	312	0		1.00
			1,119	312			
L - RCA & CFH RENT EXPENSE RECLASS							
1.00	MAINTENANCE & REPAIRS	6.00	0	929,945	0		1.00
2.00	CT SCAN	57.00	0	120,886	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
			0	1,050,831			
O - DISABILITY							
1.00	ADMINISTRATIVE & GENERAL	5.00	1,359	0	0		1.00
2.00	HOUSEKEEPING	9.00	8,131	0	0		2.00
3.00	DIETARY	10.00	1,624	0	0		3.00
4.00	CAFETERIA	11.00	4,898	0	0		4.00
5.00	NURSING ADMINISTRATION	13.00	1,173	0	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	3,792	0	0		6.00
8.00	MEDICAL RECORDS & LIBRARY	16.00	3,102	0	0		8.00
9.00	NURSING SCHOOL	20.00	5,204	0	0		9.00
10.00	ADULTS & PEDIATRICS	30.00	67,740	0	0		10.00
11.00	INTENSIVE CARE UNIT	31.00	4,712	0	0		11.00
12.00	NURSERY	43.00	1,971	0	0		12.00
13.00	OPERATING ROOM	50.00	7,097	0	0		13.00
14.00	RECOVERY ROOM	51.00	2,060	0	0		14.00
15.00	DELIVERY ROOM & LABOR ROOM	52.00	4,975	0	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	537	0	0		16.00
19.00	CARDIAC CATHETERIZATION	59.00	4,308	0	0		19.00
20.00	LABORATORY	60.00	4,801	0	0		20.00
21.00	RESPIRATORY THERAPY	65.00	3,956	0	0		21.00

RECLASSIFICATIONS

Provider CCN: 14-0233

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

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Date/Time Prepared:
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Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
23.00	ELECTROCARDIOLOGY	69.00	7,346	0	0	23.00	
24.00	SURGERY/CARDIAC AMB DAY CARE	75.01	7,517	0	0	24.00	
25.00	EMERGENCY	91.00	2,852	0	0	25.00	
26.00	MED TRANS / WELLNESS / FDN	193.02	907	0	0	26.00	
	O		150,062	0			
P - IMPLANTABLE MEDICAL DEVICES RECLASS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	83	0	1.00	
2.00	ADULTS & PEDIATRICS	30.00	0	680	0	2.00	
3.00	INTENSIVE CARE UNIT	31.00	0	2,319	0	3.00	
4.00	OPERATING ROOM	50.00	0	15,586,559	0	4.00	
6.00	RADIOLOGY-THERAPEUTIC	55.00	0	35	0	6.00	
7.00	CARDIAC CATHETERIZATION	59.00	0	4,647,909	0	7.00	
8.00	RESPIRATORY THERAPY	65.00	0	1,813	0	8.00	
9.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	3,488	0	9.00	
10.00	SURGERY/CARDIAC AMB DAY CARE	75.01	0	93,242	0	10.00	
11.00	GASTRO INTESTINAL SERVICES	76.01	0	42,627	0	11.00	
12.00	CLINIC	90.00	0	321,130	0	12.00	
13.00	EMERGENCY	91.00	0	22	0	13.00	
14.00	DRUGS CHARGED TO PATIENTS	73.00	0	7,126	0	14.00	
	O		0	20,707,033			
Q - MEDICAL/SURGICAL SUPPLIES RECLASS							
1.00	ADULTS & PEDIATRICS	30.00	0	278,589	0	1.00	
2.00	OPERATING ROOM	50.00	0	7,118,728	0	2.00	
3.00	RECOVERY ROOM	51.00	0	28,258	0	3.00	
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	16,703	0	4.00	
5.00	ULTRASOUND	54.01	0	52,026	0	5.00	
6.00	RADIOLOGY-THERAPEUTIC	55.00	0	138,387	0	6.00	
7.00	CT SCAN	57.00	0	227	0	7.00	
8.00	CARDIAC CATHETERIZATION	59.00	0	3,620,802	0	8.00	
9.00	RESPIRATORY THERAPY	65.00	0	212,214	0	9.00	
10.00	SURGERY/CARDIAC AMB DAY CARE	75.01	0	337,277	0	10.00	
11.00	GASTRO INTESTINAL SERVICES	76.01	0	393,898	0	11.00	
12.00	EMERGENCY	91.00	0	25,092	0	12.00	
	O		0	12,222,201			
R - NON-ALLOWED MED TECH							
1.00	MEDTECH SCHOOL	20.01	100,744	3,561	0	1.00	
2.00	PHARMACY RESIDENCY	20.03	41,792	7,347	0	2.00	
	O		142,536	10,908			
S - TO RECLASS PHYS SALARIES							
1.00	PARAMED TRAINING	20.02	347,168	0	0	1.00	
	TOTALS		347,168	0			
T - TO RECLASS AMB FROM OTHER TO SAL							
1.00	AMBULANCE SERVICES	95.00	352,333	0	0	1.00	
	TOTALS		352,333	0			
U - RECLASS AMB ADMIN COSTS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	18,507	0	1.00	
	TOTALS		0	18,507			
Z - VACATION ACCRUAL							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	335,482	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00		0.00	0	0	0	4.00	
5.00		0.00	0	0	0	5.00	
6.00		0.00	0	0	0	6.00	
7.00		0.00	0	0	0	7.00	
8.00		0.00	0	0	0	8.00	
9.00		0.00	0	0	0	9.00	
10.00		0.00	0	0	0	10.00	
11.00		0.00	0	0	0	11.00	
12.00		0.00	0	0	0	12.00	
13.00		0.00	0	0	0	13.00	
14.00		0.00	0	0	0	14.00	
15.00		0.00	0	0	0	15.00	
16.00		0.00	0	0	0	16.00	
17.00		0.00	0	0	0	17.00	
18.00		0.00	0	0	0	18.00	
19.00		0.00	0	0	0	19.00	
20.00		0.00	0	0	0	20.00	
21.00		0.00	0	0	0	21.00	
22.00		0.00	0	0	0	22.00	
23.00		0.00	0	0	0	23.00	
24.00		0.00	0	0	0	24.00	
25.00		0.00	0	0	0	25.00	

RECLASSIFICATIONS

Provider CCN: 14-0233

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

Worksheet A-6

Date/Time Prepared:
2/27/2018 4:14 pm

	Decreases				Wkst. A-7 Ref.		
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00
33.00		0.00	0	0	0		33.00
34.00		0.00	0	0	0		34.00
35.00		0.00	0	0	0		35.00
36.00		0.00	0	0	0		36.00
37.00		0.00	0	0	0		37.00
38.00		0.00	0	0	0		38.00
39.00		0.00	0	0	0		39.00
40.00		0.00	0	0	0		40.00
41.00		0.00	0	0	0		41.00
42.00		0.00	0	0	0		42.00
43.00		0.00	0	0	0		43.00
	0		0	335,482			
500.00	Grand Total: Decreases		3,900,357	37,983,736			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0233

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

Worksheet A-7
Part I
Date/Time Prepared:
2/27/2018 4:14 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	4,152,456	0	0	0	1.00
2.00	Land Improvements	2,181,751	0	0	0	2.00
3.00	Buildings and Fixtures	129,453,513	10,423,795	0	10,423,795	3.00
4.00	Building Improvements	254,040	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	91,906,721	9,262,561	0	9,262,561	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	227,948,481	19,686,356	0	19,686,356	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	227,948,481	19,686,356	0	19,686,356	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	4,152,456	0			1.00
2.00	Land Improvements	2,181,751	0			2.00
3.00	Buildings and Fixtures	139,858,740	0			3.00
4.00	Building Improvements	254,040	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	97,666,480	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	244,113,467	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	244,113,467	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0233

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

Worksheet A-7
Part II
Date/Time Prepared:
2/27/2018 4:14 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	8,187,742	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	5,649,967	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	13,837,709	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	8,187,742				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	5,649,967				2.00
3.00	Total (sum of lines 1-2)	0	13,837,709				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0233

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

Worksheet A-7
Part III
Date/Time Prepared:
2/27/2018 4:14 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	140,112,780	0	140,112,780	0.589256	137,233	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	97,666,480	0	97,666,480	0.410744	95,659	2.00
3.00	Total (sum of lines 1-2)	237,779,260	0	237,779,260	1.000000	232,892	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col.s. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	137,233	9,114,379	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	95,659	6,866,021	0	2.00
3.00	Total (sum of lines 1-2)	0	0	232,892	15,980,400	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of col.s. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	137,233	0	0	9,251,612	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	95,659	0	0	6,961,680	2.00
3.00	Total (sum of lines 1-2)	0	232,892	0	0	16,213,292	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0233

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

Worksheet A-8

Date/Time Prepared:
2/27/2018 4:14 pm

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
				3.00	4.00		
1.00	2.00	3.00	4.00	5.00			
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0 1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0 2.00
3.00	Investment income - other (chapter 2)	B	-605		ADMINISTRATIVE & GENERAL	5.00	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	-37,024		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	-13,379,471				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	-4,042,435				0 12.00
13.00	Laundry and linen service		0			0.00	0 13.00
14.00	Cafeteria-employees and guests	B	-828,912		CAFETERIA	11.00	0 14.00
15.00	Rental of quarters to employee and others		0			0.00	0 15.00
16.00	Sale of medical and surgical supplies to other than patients		0			0.00	0 16.00
17.00	Sale of drugs to other than patients		0			0.00	0 17.00
18.00	Sale of medical records and abstracts	B	-4,524		MEDICAL RECORDS & LIBRARY	16.00	0 18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)	B	-5,149,979		NURSING SCHOOL	20.00	0 19.00
20.00	Vending machines		0			0.00	0 20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	B	-194,464		ADMINISTRATIVE & GENERAL	5.00	0 21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0 22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0		RESPIRATORY THERAPY	65.00	23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0		PHYSICAL THERAPY	66.00	24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0		*** Cost Center Deleted ***	114.00	25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0 26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0 27.00
28.00	Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00	28.00
29.00	Physicians' assistant			0		0.00	0 29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0		OCCUPATIONAL THERAPY	67.00	30.00
30.99	Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00	30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0		SPEECH PATHOLOGY	68.00	31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0		0.00	0 32.00
33.00	OTHER REVENUE - HEALTH ED	B		0	MEDICAL RECORDS & LIBRARY	16.00	0 33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0233

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

Worksheet A-8

Date/Time Prepared:
2/27/2018 4:14 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.01 OTHER REVENUE OFFSETS - ADMIN	B	-190,456	ADMINISTRATIVE & GENERAL		5.00	0 33.01
33.04 OTHER REVENUE OFFSETS - MAINT AND RE	B	-40	MAINTENANCE & REPAIRS		6.00	0 33.04
33.05 OTHER REVENUE OFFSETS - OPERATION OF PLANT	B	-4,380	OPERATION OF PLANT		7.00	0 33.05
33.06 OTHER REVENUE OFFSETS - HOUSEKEEPING	B	0	HOUSEKEEPING		9.00	0 33.06
33.07 OTHER REVENUE OFFSETS - DIETARY	B	-76	DIETARY		10.00	0 33.07
33.08 OTHER REVENUE OFFSETS - NURSING ADMINISTRATION	B	-500	NURSING ADMINISTRATION		13.00	0 33.08
33.09 OTHER REVENUE OFFSETS - HEALTHCARE	B	-73,001	PARAMED TRAINING		20.02	0 33.09
33.10 OTHER REVENUE OFFSETS - ALTBIRTH CT	B	-427	ADULTS & PEDIATRICS		30.00	0 33.10
33.11 OTHER REVENUE OFFSETS - ALTBIRTH CT	B	-344	NURSERY		43.00	0 33.11
33.13 OTHER REVENUE OFFSETS - SURGERY	B	-8,688	OPERATING ROOM		50.00	0 33.13
33.17 OTHER REVENUE OFFSETS - ALTBIRTH CT	B	-867	DELIVERY ROOM & LABOR ROOM		52.00	0 33.17
33.19 OTHER REVENUE OFFSETS - RESIDENT EDUCATION	B	-4,290	I&R SERVICES-OTHER PRGM. COSTS APPRVD		22.00	0 33.19
33.21 OTHER REVENUE OFFSETS - RADIOLOGY	B	-33,515	RADIOLOGY-THERAPEUTIC		55.00	0 33.21
33.23 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 33.23
33.24 OTHER REVENUE OFFSETS - PT	B	-126,933	PHYSICAL THERAPY		66.00	0 33.24
33.25 OTHER REVENUE OFFSETS - SURGERY / AM	B	-7,060	SURGERY/CARDIAC AMB DAY CARE		75.01	0 33.25
33.26 MEDICAID PROVIDER TAX EXPENSE	A	-7,803,744	ADMINISTRATIVE & GENERAL		5.00	0 33.26
33.28 PHYSICIAN RECRUITMENT	A	-499	ADMINISTRATIVE & GENERAL		5.00	0 33.28
33.32 MARKETING AND ADVERTISING	A	-9,886	ADMINISTRATIVE & GENERAL		5.00	0 33.32
33.36 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 33.36
33.37 MARKETING AND ADVERTISING	A	-151	PHARMACY		15.00	0 33.37
33.38 MARKETING AND ADVERTISING	A	-40,162	NURSING SCHOOL		20.00	0 33.38
33.39 MARKETING AND ADVERTISING	A	-233	PHARMACY		15.00	0 33.39
33.40 MARKETING AND ADVERTISING	A	-810	ADULTS & PEDIATRICS		30.00	0 33.40
33.41 MARKETING AND ADVERTISING	A	-50	RADIOLOGY-DIAGNOSTIC		54.00	0 33.41
33.42 MARKETING AND ADVERTISING	A	-105	RADIOLOGY-THERAPEUTIC		55.00	0 33.42
33.43 MARKETING AND ADVERTISING	A	-50	LABORATORY		60.00	0 33.43
33.44 MARKETING AND ADVERTISING	A	-735	GASTROINTESTINAL SERVICES		76.01	0 33.44
33.45 MARKETING AND ADVERTISING	A	-2,300	EMERGENCY		91.00	0 33.45
33.46 LOBBYING EXPENSES	A	-48,688	ADMINISTRATIVE & GENERAL		5.00	0 33.46
33.47 PRE-EMPLOYMENT PHYSICALS	A	-78	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.47
33.48 OCCUP MED PORTION OF EE HEALTHSERVI	A	-161,198	ADMINISTRATIVE & GENERAL		5.00	0 33.48
33.49 UNEMPLOYMENT COMPENSATION	A	39,060	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.49
33.50 NON-PATIENT RELATED PROPERTY TAXES	A	-26,744	PARAMED TRAINING		20.02	0 33.50
37.01 NON-PATIENT RELATED PROPERTY TAXES	A	-154,854	MAINTENANCE & REPAIRS		6.00	0 37.01
37.02 NON-PATIENT RELATED PROPERTY TAXES	A	-94,287	OPERATION OF PLANT		7.00	0 37.02
37.03 PHYSICIAN EMPLOYEE BENEFIT OFFSET	A	-936,960	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 37.03
37.07 TELEPHONE OVERHEAD NON-ALLOWABLE EB	A	-11,692	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 37.07
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-33,342,157				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: 14-0233
 Period: From 10/01/2016 To 09/30/2017
 Worksheet A-8-1
 Date/Time Prepared: 2/27/2018 4:14 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	CORP OFFICE CHARGES	926,637	0
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	CORP OFFICE CHARGES	5,599,849	4,383,795
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	CORP OFFICE CHARGES	4,522,589	5,200,774
3.01	5.00	ADMINISTRATIVE & GENERAL	CORP OFFICE CHARGES	32,850,902	37,777,063
4.00	7.00	OPERATION OF PLANT	CORP OFFICE CHARGES	722,785	831,170
4.01	54.00	RADIOLOGY-DIAGNOSTIC	SFI PURCHASED MAINTAINANCE	279,164	289,909
4.02	55.00	RADIOLOGY-THERAPEUTIC	SFI PURCHASED MAINTAINANCE	28,150	29,233
4.03	56.00	RADIOISOTOPE	SFI PURCHASED MAINTAINANCE	186,683	193,868
4.04	57.00	CT SCAN	SFI PURCHASED MAINTAINANCE	424,933	441,289
4.05	58.00	MRI	SFI PURCHASED SERVICES	277,594	288,078
4.06	59.00	CARDIAC CATHETERIZATION	SFI PURCHASED MAINTAINANCE	275,477	286,081
4.08	60.00	LABORATORY	SFI PURCHASED SERVICE - LAB	688,266	688,266
4.09	31.00	INTENSIVE CARE UNIT	SFI PURCHASED SERVICE - EICU	1,086,062	1,248,922
4.10	15.00	PHARMACY	CORP OFFICE CHARGES	1,686,358	1,939,236
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			49,555,449	53,597,884

* 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	OSF HEALTHCARE	100.00	OSF HEALTHCARE	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:	B				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: 14-0233

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

Worksheet A-8-1

Date/Time Prepared:
2/27/2018 4:14 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	926,637	9		1.00
2.00	1,216,054	9		2.00
3.00	-678,185	0		3.00
3.01	-4,926,161	0		3.01
4.00	-108,385	0		4.00
4.01	-10,745	0		4.01
4.02	-1,083	0		4.02
4.03	-7,185	0		4.03
4.04	-16,356	0		4.04
4.05	-10,684	0		4.05
4.06	-10,604	0		4.06
4.08	0	0		4.08
4.09	-162,860	0		4.09
4.10	-252,878	0		4.10
5.00	-4,042,435			5.00

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

Related Organization(s) and/or Home Office	Type of Business		
	6.00		

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

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

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

6.00	HEALTHCARE		6.00
7.00			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: 14-0233

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

Worksheet A-8-2

Date/Time Prepared:
2/27/2018 4:14 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	479,324	304,838	174,486	171,400	1,501	1.00
2.00	15.00	PHARMACY	25,000	0	25,000	171,400	189	2.00
3.00	30.00	ADULTS & PEDIATRICS	14,155	595	13,560	154,100	72	3.00
4.00	31.00	INTENSIVE CARE UNIT	24,774	24,774	0	0	0	4.00
5.00	43.00	NURSERY	11,385	478	10,907	154,100	58	5.00
6.00	50.00	OPERATING ROOM	419,000	200,000	219,000	204,100	1,153	6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	28,739	1,207	27,532	154,100	147	7.00
8.00	53.00	ANESTHESIOLOGY	963,457	309,977	653,480	200,300	3,492	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	212,917	212,917	0	0	0	9.00
10.00	55.00	RADIOLOGY-THERAPEUTIC	4,161,540	3,891,326	270,214	231,100	1,043	10.00
11.00	57.00	CT SCAN	3,450	3,450	0	0	0	11.00
12.00	59.00	CARDIAC CATHETERIZATION	60,000	60,000	0	0	0	12.00
13.00	60.00	LABORATORY	1,193,809	1,193,809	0	0	0	13.00
14.00	75.01	SURGERY/CARDIAC AMB DAY CARE	110,593	77,593	33,000	204,100	165	14.00
15.00	91.00	EMERGENCY	7,435,146	5,095,654	2,339,492	171,400	12,409	15.00
200.00			15,143,289	11,376,618	3,766,671		20,229	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	123,688	6,184	0	0	0	1.00
2.00	15.00	PHARMACY	15,574	779	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	5,334	267	0	0	0	3.00
4.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	4.00
5.00	43.00	NURSERY	4,297	215	0	0	0	5.00
6.00	50.00	OPERATING ROOM	113,138	5,657	0	0	0	6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	10,891	545	0	0	0	7.00
8.00	53.00	ANESTHESIOLOGY	336,273	16,814	0	0	0	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	9.00
10.00	55.00	RADIOLOGY-THERAPEUTIC	115,883	5,794	0	0	0	10.00
11.00	57.00	CT SCAN	0	0	0	0	0	11.00
12.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	12.00
13.00	60.00	LABORATORY	0	0	0	0	0	13.00
14.00	75.01	SURGERY/CARDIAC AMB DAY CARE	16,191	810	0	0	0	14.00
15.00	91.00	EMERGENCY	1,022,549	51,127	0	0	0	15.00
200.00			1,763,818	88,192	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	123,688	50,798	355,636		1.00
2.00	15.00	PHARMACY	0	15,574	9,426	9,426		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	5,334	8,226	8,821		3.00
4.00	31.00	INTENSIVE CARE UNIT	0	0	0	24,774		4.00
5.00	43.00	NURSERY	0	4,297	6,610	7,088		5.00
6.00	50.00	OPERATING ROOM	0	113,138	105,862	305,862		6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	0	10,891	16,641	17,848		7.00
8.00	53.00	ANESTHESIOLOGY	0	336,273	317,207	627,184		8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	212,917		9.00
10.00	55.00	RADIOLOGY-THERAPEUTIC	0	115,883	154,331	4,045,657		10.00
11.00	57.00	CT SCAN	0	0	0	3,450		11.00
12.00	59.00	CARDIAC CATHETERIZATION	0	0	0	60,000		12.00
13.00	60.00	LABORATORY	0	0	0	1,193,809		13.00
14.00	75.01	SURGERY/CARDIAC AMB DAY CARE	0	16,191	16,809	94,402		14.00
15.00	91.00	EMERGENCY	0	1,022,549	1,316,943	6,412,597		15.00
200.00			0	1,763,818	2,002,853	13,379,471		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0233

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

Worksheet B
Part I
Date/Time Prepared:
2/27/2018 4:14 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	9,251,612	9,251,612			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	6,961,680		6,961,680		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	31,858,109	0	0	31,858,109	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	60,220,961	1,238,214	1,587,564	3,667,802	5.00
6.00 00600	MAINTENANCE & REPAIRS	9,468,312	978,288	195,496	502,005	6.00
7.00 00700	OPERATION OF PLANT	4,235,748	171,823	169,890	194,916	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	901,700	2,189	0	44,723	8.00
9.00 00900	HOUSEKEEPING	2,365,314	137,311	14,473	590,993	9.00
10.00 01000	DIETARY	730,732	64,976	5,488	109,495	10.00
11.00 01100	CAFETERIA	1,626,975	195,959	19,747	412,066	11.00
13.00 01300	NURSING ADMINISTRATION	2,177,403	35,413	137,705	616,865	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	1,722,088	89,940	169,381	398,391	14.00
15.00 01500	PHARMACY	4,604,616	79,362	63,107	856,123	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,063,539	79,418	2,492	553,147	16.00
17.00 01700	SOCIAL SERVICE	3,049	8,021	0	0	17.00
20.00 02000	NURSING SCHOOL	-1,437,644	855,345	30,020	1,047,034	20.00
20.01 02001	MEDTECH SCHOOL	0	0	0	0	20.01
20.02 02002	PARAMED TRAINING	684,988	0	0	120,000	20.02
20.03 02003	PHARMACY RESIDENCY	0	0	0	0	20.03
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	513,494	0	0	98,516	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	20,609,367	1,122,351	391,856	5,496,116	30.00
31.00 03100	INTENSIVE CARE UNIT	9,985,813	429,834	60,579	2,084,465	31.00
43.00 04300	NURSERY	569,894	47,886	13,826	124,328	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	11,447,789	596,782	638,206	2,148,719	50.00
51.00 05100	RECOVERY ROOM	1,143,859	164,428	33,877	366,827	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,440,351	118,878	34,899	313,832	52.00
53.00 05300	ANESTHESIOLOGY	910,694	2,999	162,786	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	4,267,482	325,379	346,440	904,449	54.00
54.01 05401	ULTRASOUND	1,651,412	56,238	259,223	443,156	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	4,428,064	445,600	531,337	1,197,885	55.00
56.00 05600	RADIOISOTOPE	1,694,802	23,124	43,000	153,521	56.00
57.00 05700	CT SCAN	2,511,595	25,773	38,948	386,425	57.00
58.00 05800	MRI	1,737,206	110,177	121,197	265,157	58.00
59.00 05900	CARDIAC CATHETERIZATION	3,552,727	143,897	815,996	750,690	59.00
60.00 06000	LABORATORY	7,964,390	212,884	198,686	1,782,913	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	1,945,943	0	12,512	0	63.00
65.00 06500	RESPIRATORY THERAPY	2,135,239	65,786	120,508	668,341	65.00
66.00 06600	PHYSICAL THERAPY	3,411,686	238,805	15,880	985,404	66.00
67.00 06700	OCCUPATIONAL THERAPY	414,746	26,583	0	136,845	67.00
68.00 06800	SPEECH PATHOLOGY	191,957	5,519	568	63,463	68.00
69.00 06900	ELECTROCARDIOLOGY	408,753	21,450	10,884	113,198	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	849,497	28,423	34,752	189,615	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,020,458	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	20,699,907	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	29,694,470	4,562	2,316	0	73.00
75.01 07501	SURGERY/CARDIAC AMB DAY CARE	3,089,112	90,364	250,063	903,362	75.01
76.00 03950	DIABETIC SERVICE	0	0	0	0	76.00
76.01 03340	GASTROINTESTINAL SERVICES	867,553	95,459	120,169	220,577	76.01
76.97 07697	CARDIAC REHABILITATION	631,428	4,728	18,187	152,732	76.97
76.99 07699	LITHOTRIPSY	98,924	9,695	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	1,302,847	0	1,925	146,419	90.00
91.00 09100	EMERGENCY	6,756,335	266,970	136,551	1,560,993	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	296,386,976	8,620,833	6,810,534	30,771,508	294,518,450
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	57,860	504,009	6,710	2,185	570,764
193.01 19301	CONVENT	0	6,623	0	0	6,623
193.02 19302	MED TRANS / WELLNESS / FDN	332,352	120,147	144,436	1,084,416	1,681,351
200.00	Cross Foot Adjustments					0
201.00	Negative Cost Centers		0	0	0	0
202.00	TOTAL (sum lines 118 through 201)	296,777,188	9,251,612	6,961,680	31,858,109	296,777,188

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0233

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

Worksheet B
Part I
Date/Time Prepared:
2/27/2018 4:14 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	66,714,541					5.00
6.00	00600	MAINTENANCE & REPAIRS	3,231,611	14,375,712				6.00
7.00	00700	OPERATION OF PLANT	1,383,913	351,108	6,507,398			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	275,082	4,473	2,076	1,230,243		8.00
9.00	00900	HOUSEKEEPING	901,297	280,585	130,191	0	4,420,164	9.00
10.00	01000	DIETARY	264,086	132,774	61,607	0	42,715	10.00
11.00	01100	CAFETERIA	653,841	400,428	185,798	0	128,822	11.00
13.00	01300	NURSING ADMINISTRATION	860,494	72,364	33,577	0	23,280	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	690,104	183,786	85,277	28,976	59,126	14.00
15.00	01500	PHARMACY	1,624,841	162,171	75,247	0	52,172	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	782,550	162,284	75,300	0	52,209	16.00
17.00	01700	SOCIAL SERVICE	3,210	16,390	7,605	0	5,273	17.00
20.00	02000	NURSING SCHOOL	143,471	1,747,831	810,992	0	562,297	20.00
20.01	02001	MEDTECH SCHOOL	0	0	0	0	0	20.01
20.02	02002	PARAMED TRAINING	233,434	0	0	0	0	20.02
20.03	02003	PHARMACY RESIDENCY	0	0	0	0	0	20.03
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	177,473	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,009,268	2,293,444	1,064,152	393,211	737,827	30.00
31.00	03100	INTENSIVE CARE UNIT	3,642,399	878,333	407,545	91,759	282,569	31.00
43.00	04300	NURSERY	219,209	97,851	45,403	9,674	31,480	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,300,897	1,219,479	565,836	152,526	392,320	50.00
51.00	05100	RECOVERY ROOM	495,580	335,996	155,902	23,318	108,094	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	553,278	242,918	112,714	24,536	78,150	52.00
53.00	05300	ANESTHESIOLOGY	312,162	6,127	2,843	0	1,971	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,694,594	664,886	308,506	23,521	213,901	54.00
54.01	05401	ULTRASOUND	698,870	114,918	53,322	10,812	36,970	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,914,731	910,549	422,494	44,000	292,934	55.00
56.00	05600	RADIOISOTOPE	555,159	47,253	21,925	2,798	15,202	56.00
57.00	05700	CT SCAN	859,147	52,666	24,437	21,214	16,943	57.00
58.00	05800	MRI	647,748	225,137	104,463	8,371	72,429	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,526,276	294,043	136,436	51,383	94,597	59.00
60.00	06000	LABORATORY	2,945,911	435,012	201,845	311	139,948	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	567,921	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	867,016	134,428	62,375	4	43,247	65.00
66.00	06600	PHYSICAL THERAPY	1,348,940	487,979	226,422	0	156,988	66.00
67.00	06700	OCCUPATIONAL THERAPY	167,661	54,320	25,204	0	17,475	67.00
68.00	06800	SPEECH PATHOLOGY	75,833	11,278	5,233	0	3,628	68.00
69.00	06900	ELECTROCARDIOLOGY	160,734	43,832	20,338	6,239	14,101	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	319,646	58,079	26,949	377	18,685	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,485,740	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,002,642	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,612,967	9,323	4,326	0	2,999	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	1,256,472	184,651	85,678	90,342	59,404	75.01
76.00	03950	DIABETIC SERVICE	0	0	0	0	0	76.00
76.01	03340	GASTROINTESTINAL SERVICES	378,069	195,064	90,509	9,890	62,754	76.01
76.97	07697	CARDIAC REHABILITATION	234,039	9,661	4,483	0	3,108	76.97
76.99	07699	LITHOTRIPSY	31,498	19,811	9,192	0	6,373	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	420,822	0	0	0	0	90.00
91.00	09100	EMERGENCY	2,528,907	545,532	253,126	236,981	175,504	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	66,059,543	13,086,764	5,909,328	1,230,243	4,005,495	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	165,512	1,029,903	477,874	0	331,331	192.00
193.01	19301	CONVENT	1,921	13,533	6,279	0	4,354	193.01
193.02	19302	MED TRANS / WELLNESS / FDN	487,565	245,512	113,917	0	78,984	193.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	66,714,541	14,375,712	6,507,398	1,230,243	4,420,164	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 14-0233	Period: From 10/01/2016 To 09/30/2017	Worksheet B Part I Date/Time Prepared: 2/27/2018 4:14 pm
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	1,411,873					10.00
11.00	01100	0	3,623,636				11.00
13.00	01300	0	61,592	4,018,693			13.00
14.00	01400	0	83,509	167,571	3,678,149		14.00
15.00	01500	0	100,988	202,285	0	7,820,912	15.00
16.00	01600	0	100,156	0	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
20.00	02000	0	112,640	0	1,304	87	20.00
20.01	02001	0	0	0	0	0	20.01
20.02	02002	0	19,421	0	299	0	20.02
20.03	02003	0	0	0	0	0	20.03
22.00	02200	0	15,814	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,146,558	852,294	1,706,693	115,197	3,275	30.00
31.00	03100	138,580	299,357	600,067	107,406	908	31.00
43.00	04300	10,093	18,588	37,389	4,270	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	410	274,388	550,079	0	1,206	50.00
51.00	05100	0	36,899	73,680	0	3	51.00
52.00	05200	25,484	47,165	94,381	0	183	52.00
53.00	05300	0	0	0	62,193	32,466	53.00
54.00	05400	0	116,802	0	70,561	4,391	54.00
54.01	05401	0	46,887	0	0	0	54.01
55.00	05500	30,599	144,268	289,196	19,235	1,271	55.00
56.00	05600	0	16,369	0	1,372	104	56.00
57.00	05700	0	48,274	0	57,237	2,080	57.00
58.00	05800	0	26,912	0	29,161	514	58.00
59.00	05900	14,132	96,826	0	109,780	468	59.00
60.00	06000	0	275,775	0	11,124	0	60.00
63.00	06300	0	0	0	0	0	63.00
65.00	06500	0	86,006	0	0	757	65.00
66.00	06600	0	125,403	0	7,153	12	66.00
67.00	06700	0	13,317	0	1,917	0	67.00
68.00	06800	0	6,659	0	222	0	68.00
69.00	06900	0	22,473	0	4,114	150	69.00
70.00	07000	0	26,912	0	4,091	0	70.00
71.00	07100	0	0	0	2,860,413	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	1,305	7,771,731	73.00
75.01	07501	11,014	107,369	215,300	46,552	69	75.01
76.00	03950	0	0	0	0	0	76.00
76.01	03340	0	23,582	46,986	17,379	123	76.01
76.97	07697	0	19,698	0	1,075	0	76.97
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	17,479	35,066	32,386	324	90.00
91.00	09100	35,003	195,595	0	111,059	790	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00							
	SUBTOTALS (SUM OF LINES 1 through 117)	1,411,873	3,439,417	4,018,693	3,676,805	7,820,912	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	277	0	2	0	192.00
193.01	19301	0	0	0	0	0	193.01
193.02	19302	0	183,942	0	1,342	0	193.02
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	1,411,873	3,623,636	4,018,693	3,678,149	7,820,912	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0233

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

Worksheet B
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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	MEDTECH SCHOOL	PARAMED TRAINING	
			16.00	17.00	20.00	20.01	20.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
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	3,871,095					16.00
17.00	01700	SOCIAL SERVICE	0	43,548				17.00
20.00	02000	NURSING SCHOOL	0	0	3,873,377			20.00
20.01	02001	MEDTECH SCHOOL	0	0	0	0		20.01
20.02	02002	PARAMED TRAINING	0	0	0	0	1,058,142	20.02
20.03	02003	PHARMACY RESIDENCY	0	0	0	0	0	20.03
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	290,246	34,709	2,293,461	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	165,783	7,869	1,008,560	0	0	31.00
43.00	04300	NURSERY	6,548	970	47,998	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	221,175	0	49,404	0	0	50.00
51.00	05100	RECOVERY ROOM	21,405	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,529	0	121,300	0	0	52.00
53.00	05300	ANESTHESIOLOGY	72,433	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	137,798	0	0	0	0	54.00
54.01	05401	ULTRASOUND	123,788	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	171,107	0	14,460	0	0	55.00
56.00	05600	RADIOISOTOPE	72,513	0	0	0	0	56.00
57.00	05700	CT SCAN	230,112	0	0	0	0	57.00
58.00	05800	MRI	67,189	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	189,868	0	37,354	0	0	59.00
60.00	06000	LABORATORY	529,472	0	0	0	0	60.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	30,575	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	67,958	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	46,433	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,138	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,371	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	31,802	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	25,721	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	293,998	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	313,070	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	466,723	0	0	0	0	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	30,941	0	103,627	0	0	75.01
76.00	03950	DIABETIC SERVICE	0	0	0	0	0	76.00
76.01	03340	GASTROINTESTINAL SERVICES	21,598	0	22,894	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	4,734	0	26,509	0	0	76.97
76.99	07699	LITHOTRIPSY	1,565	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	10,794	0	0	0	0	90.00
91.00	09100	EMERGENCY	197,708	0	147,810	0	1,058,142	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,871,095	43,548	3,873,377	0	1,058,142	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.01	19301	CONVENT	0	0	0	0	0	193.01
193.02	19302	MED TRANS / WELLNESS / FDN	0	0	0	0	0	193.02
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,871,095	43,548	3,873,377	0	1,058,142	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0233

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	PHARMACY RESIDENCY	INTERNS & RESIDENTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		SERVICES-OTHER PRGM. COSTS				
	20.03	22.00	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
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
20.00 02000	NURSING SCHOOL					20.00
20.01 02001	MEDTECH SCHOOL					20.01
20.02 02002	PARAMED TRAINING					20.02
20.03 02003	PHARMACY RESIDENCY	0				20.03
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD		805,297			22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	71,280	46,631,305	-71,280	46,560,025
31.00 03100	INTENSIVE CARE UNIT	0	0	20,191,826	0	20,191,826
43.00 04300	NURSERY	0	0	1,285,407	0	1,285,407
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	272,742	22,831,958	-272,742	22,559,216
51.00 05100	RECOVERY ROOM	0	0	2,959,868	0	2,959,868
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	3,224,598	0	3,224,598
53.00 05300	ANESTHESIOLOGY	0	11,662	1,578,336	-11,662	1,566,674
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	4,998	9,083,708	-4,998	9,078,710
54.01 05401	ULTRASOUND	0	0	3,495,596	0	3,495,596
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	10,857,730	0	10,857,730
56.00 05600	RADIOISOTOPE	0	0	2,647,142	0	2,647,142
57.00 05700	CT SCAN	0	0	4,274,851	0	4,274,851
58.00 05800	MRI	0	0	3,415,661	0	3,415,661
59.00 05900	CARDIAC CATHETERIZATION	0	0	7,814,473	0	7,814,473
60.00 06000	LABORATORY	0	21,777	14,720,048	-21,777	14,698,271
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	2,556,951	0	2,556,951
65.00 06500	RESPIRATORY THERAPY	0	0	4,251,665	0	4,251,665
66.00 06600	PHYSICAL THERAPY	0	0	7,051,105	0	7,051,105
67.00 06700	OCCUPATIONAL THERAPY	0	0	866,206	0	866,206
68.00 06800	SPEECH PATHOLOGY	0	0	367,731	0	367,731
69.00 06900	ELECTROCARDIOLOGY	0	0	858,068	0	858,068
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	1,582,747	0	1,582,747
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	18,660,609	0	18,660,609
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	27,015,619	0	27,015,619
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	46,570,722	0	46,570,722
75.01 07501	SURGERY/CARDIAC AMB DAY CARE	0	0	6,524,320	0	6,524,320
76.00 03950	DIABETIC SERVICE	0	0	0	0	0
76.01 03340	GASTROINTESTINAL SERVICES	0	0	2,172,606	0	2,172,606
76.97 07697	CARDIAC REHABILITATION	0	0	1,110,382	0	1,110,382
76.99 07699	LITHOTRIPSY	0	0	177,058	0	177,058
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	97,538	2,065,600	-97,538	1,968,062
91.00 09100	EMERGENCY	0	61,720	14,268,726	-61,720	14,207,006
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART				0	
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	541,717	291,112,622	-541,717	290,570,905
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	263,580	2,839,243	-263,580	2,575,663
193.01 19301	CONVENT	0	0	32,710	0	32,710
193.02 19302	MED TRANS / WELLNESS / FDN	0	0	2,792,613	0	2,792,613
200.00	Cross Foot Adjustments	0	0	0	0	0
201.00	Negative Cost Centers	0	0	0	0	0
202.00	TOTAL (sum lines 118 through 201)	0	805,297	296,777,188	-805,297	295,971,891

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0233

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

Worksheet B
Part II
Date/Time Prepared:
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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	0	0	0	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	478,768	1,238,214	1,587,564	3,304,546	5.00
6.00 00600	MAINTENANCE & REPAIRS	1,085,188	978,288	195,496	2,258,972	6.00
7.00 00700	OPERATION OF PLANT	94,287	171,823	169,890	436,000	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	2,189	0	2,189	8.00
9.00 00900	HOUSEKEEPING	0	137,311	14,473	151,784	9.00
10.00 01000	DIETARY	5,200	64,976	5,488	75,664	10.00
11.00 01100	CAFETERIA	0	195,959	19,747	215,706	11.00
13.00 01300	NURSING ADMINISTRATION	0	35,413	137,705	173,118	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	55,510	89,940	169,381	314,831	14.00
15.00 01500	PHARMACY	222,701	79,362	63,107	365,170	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	79,418	2,492	81,910	16.00
17.00 01700	SOCIAL SERVICE	0	8,021	0	8,021	17.00
20.00 02000	NURSING SCHOOL	0	855,345	30,020	885,365	20.00
20.01 02001	MEDTECH SCHOOL	0	0	0	0	20.01
20.02 02002	PARAMED TRAINING	26,744	0	0	26,744	20.02
20.03 02003	PHARMACY RESIDENCY	0	0	0	0	20.03
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	1,122,351	391,856	1,514,207	30.00
31.00 03100	INTENSIVE CARE UNIT	0	429,834	60,579	490,413	31.00
43.00 04300	NURSERY	0	47,886	13,826	61,712	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	1,165,987	596,782	638,206	2,400,975	50.00
51.00 05100	RECOVERY ROOM	0	164,428	33,877	198,305	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	118,878	34,899	153,777	52.00
53.00 05300	ANESTHESIOLOGY	0	2,999	162,786	165,785	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,075,504	325,379	346,440	1,747,323	54.00
54.01 05401	ULTRASOUND	0	56,238	259,223	315,461	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	1,150	445,600	531,337	978,087	55.00
56.00 05600	RADIOISOTOPE	137,057	23,124	43,000	203,181	56.00
57.00 05700	CT SCAN	689,323	25,773	38,948	754,044	57.00
58.00 05800	MRI	585,818	110,177	121,197	817,192	58.00
59.00 05900	CARDIAC CATHETERIZATION	2,500	143,897	815,996	962,393	59.00
60.00 06000	LABORATORY	356,413	212,884	198,686	767,983	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	12,512	12,512	63.00
65.00 06500	RESPIRATORY THERAPY	10,676	65,786	120,508	196,970	65.00
66.00 06600	PHYSICAL THERAPY	32,007	238,805	15,880	286,692	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	26,583	0	26,583	67.00
68.00 06800	SPEECH PATHOLOGY	0	5,519	568	6,087	68.00
69.00 06900	ELECTROCARDIOLOGY	0	21,450	10,884	32,334	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	108,218	28,423	34,752	171,393	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	328,146	0	0	328,146	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	4,562	2,316	6,878	73.00
75.01 07501	SURGERY/CARDIAC AMB DAY CARE	0	90,364	250,063	340,427	75.01
76.00 03950	DIABETIC SERVICE	0	0	0	0	76.00
76.01 03340	GASTROINTESTINAL SERVICES	0	95,459	120,169	215,628	76.01
76.97 07697	CARDIAC REHABILITATION	100,581	4,728	18,187	123,496	76.97
76.99 07699	LITHOTRIpsy	0	9,695	0	9,695	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	149,520	0	1,925	151,445	90.00
91.00 09100	EMERGENCY	23,054	266,970	136,551	426,575	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	6,734,352	8,620,833	6,810,534	22,165,719	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	504,009	6,710	510,719	192.00
193.01 19301	CONVENT	0	6,623	0	6,623	193.01
193.02 19302	MED TRANS / WELLNESS / FDN	7	120,147	144,436	264,590	193.02
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	6,734,359	9,251,612	6,961,680	22,947,651	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0233	Period: From 10/01/2016 To 09/30/2017	Worksheet B Part II Date/Time Prepared: 2/27/2018 4:14 pm		
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
			5.00	6.00	7.00	8.00	9.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	3,304,546				5.00
6.00	00600	MAINTENANCE & REPAIRS	160,074	2,419,046			6.00
7.00	00700	OPERATION OF PLANT	68,550	59,082	563,632		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	13,626	753	180	16,748	8.00
9.00	00900	HOUSEKEEPING	44,645	47,215	11,276	0	254,920
10.00	01000	DIETARY	13,081	22,342	5,336	0	2,463
11.00	01100	CAFETERIA	32,387	67,381	16,093	0	7,429
13.00	01300	NURSING ADMINISTRATION	42,624	12,177	2,908	0	1,343
14.00	01400	CENTRAL SERVICES & SUPPLY	34,183	30,926	7,386	394	3,410
15.00	01500	PHARMACY	80,484	27,289	6,517	0	3,009
16.00	01600	MEDICAL RECORDS & LIBRARY	38,763	27,308	6,522	0	3,011
17.00	01700	SOCIAL SERVICE	159	2,758	659	0	304
20.00	02000	NURSING SCHOOL	7,107	294,113	70,243	0	32,429
20.01	02001	MEDTECH SCHOOL	0	0	0	0	0
20.02	02002	PARAMED TRAINING	11,563	0	0	0	0
20.03	02003	PHARMACY RESIDENCY	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	8,791	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	396,729	385,922	92,171	5,354	42,551
31.00	03100	INTENSIVE CARE UNIT	180,422	147,800	35,299	1,249	16,296
43.00	04300	NURSERY	10,858	16,466	3,933	132	1,816
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	213,040	205,205	49,009	2,076	22,626
51.00	05100	RECOVERY ROOM	24,548	56,539	13,503	317	6,234
52.00	05200	DELIVERY ROOM & LABOR ROOM	27,406	40,877	9,763	334	4,507
53.00	05300	ANESTHESIOLOGY	15,463	1,031	246	0	114
54.00	05400	RADIOLOGY-DIAGNOSTIC	83,940	111,883	26,721	320	12,336
54.01	05401	ULTRASOUND	34,618	19,338	4,618	147	2,132
55.00	05500	RADIOLOGY-THERAPEUTIC	94,844	153,221	36,594	599	16,894
56.00	05600	RADIOISOTOPE	27,499	7,951	1,899	38	877
57.00	05700	CT SCAN	42,557	8,862	2,117	289	977
58.00	05800	MRI	32,085	37,885	9,048	114	4,177
59.00	05900	CARDIAC CATHETERIZATION	75,602	49,480	11,817	700	5,456
60.00	06000	LABORATORY	145,922	73,201	17,483	4	8,071
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	28,131	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	42,947	22,621	5,403	0	2,494
66.00	06600	PHYSICAL THERAPY	66,818	82,114	19,611	0	9,054
67.00	06700	OCCUPATIONAL THERAPY	8,305	9,141	2,183	0	1,008
68.00	06800	SPEECH PATHOLOGY	3,756	1,898	453	0	209
69.00	06900	ELECTROCARDIOLOGY	7,962	7,376	1,762	85	813
70.00	07000	ELECTROENCEPHALOGRAPHY	15,833	9,773	2,334	5	1,078
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	172,662	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	297,333	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	426,556	1,569	375	0	173
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	62,238	31,072	7,421	1,230	3,426
76.00	03950	DIABETIC SERVICE	0	0	0	0	0
76.01	03340	GASTROINTESTINAL SERVICES	18,727	32,824	7,839	135	3,619
76.97	07697	CARDIAC REHABILITATION	11,593	1,626	388	0	179
76.99	07699	LITHOTRIPSY	1,560	3,334	796	0	368
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	20,845	0	0	0	0
91.00	09100	EMERGENCY	125,266	91,798	21,924	3,226	10,122
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,272,102	2,202,151	511,830	16,748	231,005
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	8,198	173,305	41,391	0	19,109
193.01	19301	CONVENT	95	2,277	544	0	251
193.02	19302	MED TRANS / WELLNESS / FDN	24,151	41,313	9,867	0	4,555
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	3,304,546	2,419,046	563,632	16,748	254,920

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0233		Period: From 10/01/2016 To 09/30/2017		Worksheet B Part II Date/Time Prepared: 2/27/2018 4:14 pm	
Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	118,886					10.00
11.00	01100	CAFETERIA	0	338,996				11.00
13.00	01300	NURSING ADMINISTRATION	0	5,762	237,932			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	7,812	9,921	408,863		14.00
15.00	01500	PHARMACY	0	9,448	11,977	0	503,894	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	9,370	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
20.00	02000	NURSING SCHOOL	0	10,538	0	145	6	20.00
20.01	02001	MEDTECH SCHOOL	0	0	0	0	0	20.01
20.02	02002	PARAMED TRAINING	0	1,817	0	33	0	20.02
20.03	02003	PHARMACY RESIDENCY	0	0	0	0	0	20.03
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	1,479	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	96,545	79,733	101,047	12,805	211	30.00
31.00	03100	INTENSIVE CARE UNIT	11,669	28,005	35,528	11,939	59	31.00
43.00	04300	NURSERY	850	1,739	2,214	475	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	35	25,669	32,568	0	78	50.00
51.00	05100	RECOVERY ROOM	0	3,452	4,362	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,146	4,412	5,588	0	12	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	6,913	2,092	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	10,927	0	7,844	283	54.00
54.01	05401	ULTRASOUND	0	4,386	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	2,577	13,497	17,122	2,138	82	55.00
56.00	05600	RADIOISOTOPE	0	1,531	0	153	7	56.00
57.00	05700	CT SCAN	0	4,516	0	6,362	134	57.00
58.00	05800	MRI	0	2,518	0	3,242	33	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,190	9,058	0	12,203	30	59.00
60.00	06000	LABORATORY	0	25,799	0	1,237	0	60.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	8,046	0	0	49	65.00
66.00	06600	PHYSICAL THERAPY	0	11,732	0	795	1	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,246	0	213	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	623	0	25	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,102	0	457	10	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,518	0	455	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	317,963	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	145	500,723	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	927	10,045	12,747	5,175	4	75.01
76.00	03950	DIABETIC SERVICE	0	0	0	0	0	76.00
76.01	03340	GASTROINTESTINAL SERVICES	0	2,206	2,782	1,932	8	76.01
76.97	07697	CARDIAC REHABILITATION	0	1,843	0	120	0	76.97
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	1,635	2,076	3,600	21	90.00
91.00	09100	EMERGENCY	2,947	18,298	0	12,345	51	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118,886	321,762	237,932	408,714	503,894	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	26	0	0	0	192.00
193.01	19301	CONVENT	0	0	0	0	0	193.01
193.02	19302	MED TRANS / WELLNESS / FDN	0	17,208	0	149	0	193.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	118,886	338,996	237,932	408,863	503,894	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0233	Period: From 10/01/2016 To 09/30/2017	Worksheet B Part II Date/Time Prepared: 2/27/2018 4:14 pm		
Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	MEDTECH SCHOOL	PARAMED TRAINING
			16.00	17.00	20.00	20.01	20.02
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
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	166,884				16.00
17.00	01700	SOCIAL SERVICE	0	11,901			17.00
20.00	02000	NURSING SCHOOL	0	0	948,063		20.00
20.01	02001	MEDTECH SCHOOL	0	0	0	0	20.01
20.02	02002	PARAMED TRAINING	0	0	0	40,157	20.02
20.03	02003	PHARMACY RESIDENCY	0	0	0	0	20.03
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	12,514	9,486			30.00
31.00	03100	INTENSIVE CARE UNIT	7,148	2,150			31.00
43.00	04300	NURSEY	282	265			43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	9,536	0			50.00
51.00	05100	RECOVERY ROOM	923	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	713	0			52.00
53.00	05300	ANESTHESIOLOGY	3,123	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,941	0			54.00
54.01	05401	ULTRASOUND	5,337	0			54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	7,377	0			55.00
56.00	05600	RADIOISOTOPE	3,126	0			56.00
57.00	05700	CT SCAN	9,921	0			57.00
58.00	05800	MRI	2,897	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	8,186	0			59.00
60.00	06000	LABORATORY	22,812	0			60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,318	0			63.00
65.00	06500	RESPIRATORY THERAPY	2,930	0			65.00
66.00	06600	PHYSICAL THERAPY	2,002	0			66.00
67.00	06700	OCCUPATIONAL THERAPY	351	0			67.00
68.00	06800	SPEECH PATHOLOGY	145	0			68.00
69.00	06900	ELECTROCARDIOLOGY	1,371	0			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,109	0			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,676	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,498	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	20,123	0			73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	1,334	0			75.01
76.00	03950	DIABETIC SERVICE	0	0			76.00
76.01	03340	GASTROINTESTINAL SERVICES	931	0			76.01
76.97	07697	CARDIAC REHABILITATION	204	0			76.97
76.99	07699	LITHOTRIpsy	67	0			76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	465	0			90.00
91.00	09100	EMERGENCY	8,524	0			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0			95.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	166,884	11,901	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0			190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0			192.00
193.01	19301	CONVENT	0	0			193.01
193.02	19302	MED TRANS / WELLNESS / FDN	0	0			193.02
200.00		Cross Foot Adjustments			948,063	0	200.00
201.00		Negative Cost Centers	0	0	351,883	0	201.00
202.00		TOTAL (sum lines 118 through 201)	166,884	11,901	1,299,946	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0233	Period: From 10/01/2016 To 09/30/2017	Worksheet B Part II Date/Time Prepared: 2/27/2018 4:14 pm	
Cost Center Description	PHARMACY RESIDENCY	INTERNS & RESIDENTS SERVICES-OTHER PRGM. COSTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	20.03	22.00				
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
20.00	02000	NURSING SCHOOL				20.00
20.01	02001	MEDTECH SCHOOL				20.01
20.02	02002	PARAMED TRAINING				20.02
20.03	02003	PHARMACY RESIDENCY	0			20.03
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD		10,270		22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		2,749,275	0	30.00
31.00	03100	INTENSIVE CARE UNIT		967,977	0	31.00
43.00	04300	NURSERY		100,742	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM		2,960,817	0	50.00
51.00	05100	RECOVERY ROOM		308,183	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		249,535	0	52.00
53.00	05300	ANESTHESIOLOGY		194,767	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		2,007,518	0	54.00
54.01	05401	ULTRASOUND		386,037	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC		1,323,032	0	55.00
56.00	05600	RADIOISOTOPE		246,262	0	56.00
57.00	05700	CT SCAN		829,779	0	57.00
58.00	05800	MRI		909,191	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		1,136,115	0	59.00
60.00	06000	LABORATORY		1,062,512	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		41,961	0	63.00
65.00	06500	RESPIRATORY THERAPY		281,460	0	65.00
66.00	06600	PHYSICAL THERAPY		478,819	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		49,030	0	67.00
68.00	06800	SPEECH PATHOLOGY		13,196	0	68.00
69.00	06900	ELECTROCARDIOLOGY		54,272	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		204,498	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		831,447	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		310,831	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		956,542	0	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE		476,046	0	75.01
76.00	03950	DIABETIC SERVICE		0	0	76.00
76.01	03340	GASTROINTESTINAL SERVICES		286,631	0	76.01
76.97	07697	CARDIAC REHABILITATION		139,449	0	76.97
76.99	07699	LITHOTRIPSY		15,820	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC		180,087	0	90.00
91.00	09100	EMERGENCY		721,076	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES		0	0	95.00
SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	20,472,907	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES		752,748	0	192.00
193.01	19301	CONVENT		9,790	0	193.01
193.02	19302	MED TRANS / WELLNESS / FDN		361,833	0	193.02
200.00		Cross Foot Adjustments	0	10,270	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	10,270	22,947,651	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0233

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	502,901				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		7,106,277			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	96,840,972		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	67,307	1,620,536	11,149,250	-66,714,541	5.00
6.00 00600	MAINTENANCE & REPAIRS	53,178	199,557	1,525,977	0	6.00
7.00 00700	OPERATION OF PLANT	9,340	173,419	592,497	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	119	0	135,946	0	8.00
9.00 00900	HOUSEKEEPING	7,464	14,774	1,796,479	0	9.00
10.00 01000	DIETARY	3,532	5,602	332,838	0	10.00
11.00 01100	CAFETERIA	10,652	20,157	1,252,583	0	11.00
13.00 01300	NURSING ADMINISTRATION	1,925	140,565	1,875,123	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	4,889	172,899	1,211,014	0	14.00
15.00 01500	PHARMACY	4,314	64,418	2,602,410	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	4,317	2,544	1,681,435	0	16.00
17.00 01700	SOCIAL SERVICE	436	0	0	0	17.00
20.00 02000	NURSING SCHOOL	46,495	30,644	3,182,735	0	20.00
20.01 02001	MEDTECH SCHOOL	0	0	0	0	20.01
20.02 02002	PARAMED TRAINING	0	0	364,773	0	20.02
20.03 02003	PHARMACY RESIDENCY	0	0	0	0	20.03
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	299,465	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	61,009	399,995	16,706,759	0	30.00
31.00 03100	INTENSIVE CARE UNIT	23,365	61,837	6,336,281	0	31.00
43.00 04300	NURSERY	2,603	14,113	377,927	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	32,440	651,462	6,531,598	0	50.00
51.00 05100	RECOVERY ROOM	8,938	34,581	1,115,068	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	6,462	35,624	953,975	0	52.00
53.00 05300	ANESTHESIOLOGY	163	166,167	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	17,687	353,636	2,749,312	0	54.00
54.01 05401	ULTRASOUND	3,057	264,607	1,347,090	0	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	24,222	542,373	3,641,286	0	55.00
56.00 05600	RADIOISOTOPE	1,257	43,893	466,666	0	56.00
57.00 05700	CT SCAN	1,401	39,757	1,174,640	0	57.00
58.00 05800	MRI	5,989	123,714	806,014	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	7,822	832,945	2,281,919	0	59.00
60.00 06000	LABORATORY	11,572	202,813	5,419,632	0	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	12,772	0	0	63.00
65.00 06500	RESPIRATORY THERAPY	3,576	123,011	2,031,599	0	65.00
66.00 06600	PHYSICAL THERAPY	12,981	16,210	2,995,395	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	1,445	0	415,975	0	67.00
68.00 06800	SPEECH PATHOLOGY	300	580	192,914	0	68.00
69.00 06900	ELECTROCARDIOLOGY	1,166	11,110	344,096	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	1,545	35,474	576,386	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	248	2,364	0	0	73.00
75.01 07501	SURGERY/CARDIAC AMB DAY CARE	4,912	255,257	2,746,007	0	75.01
76.00 03950	DIABETIC SERVICE	0	0	0	0	76.00
76.01 03340	GASTROINTESTINAL SERVICES	5,189	122,665	670,503	0	76.01
76.97 07697	CARDIAC REHABILITATION	257	18,565	464,270	0	76.97
76.99 07699	LITHOTRIPSY	527	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	1,965	445,078	0	90.00
91.00 09100	EMERGENCY	14,512	139,387	4,745,048	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	468,613	6,951,992	93,537,963	-66,714,541	227,803,909
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	27,397	6,849	6,642	0	570,764
193.01 19301	CONVENT	360	0	0	0	6,623
193.02 19302	MED TRANS / WELLNESS / FDN	6,531	147,436	3,296,367	0	1,681,351
200.00	Cross Foot Adjustments					
201.00	Negative Cost Centers					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0233

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
202.00	Cost to be allocated (per Wkst. B, Part I)	9,251,612	6,961,680	31,858,109	66,714,541	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	18.396488	0.979652	0.328973	0.289984	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			0	3,304,546	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000000	0.014364	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0233

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

Worksheet B-1

Date/Time Prepared:
2/27/2018 4:14 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600	382,416					6.00
7.00	00700	9,340	373,076				7.00
8.00	00800	119	119	1,339,546			8.00
9.00	00900	7,464	7,464	0	365,493		9.00
10.00	01000	3,532	3,532	0	3,532	154,850	10.00
11.00	01100	10,652	10,652	0	10,652	0	11.00
13.00	01300	1,925	1,925	0	1,925	0	13.00
14.00	01400	4,889	4,889	31,550	4,889	0	14.00
15.00	01500	4,314	4,314	0	4,314	0	15.00
16.00	01600	4,317	4,317	0	4,317	0	16.00
17.00	01700	436	436	0	436	0	17.00
20.00	02000	46,495	46,495	0	46,495	0	20.00
20.01	02001	0	0	0	0	0	20.01
20.02	02002	0	0	0	0	0	20.02
20.03	02003	0	0	0	0	0	20.03
22.00	02200	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	61,009	61,009	428,146	61,009	125,751	30.00
31.00	03100	23,365	23,365	99,911	23,365	15,199	31.00
43.00	04300	2,603	2,603	10,534	2,603	1,107	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	32,440	32,440	166,077	32,440	45	50.00
51.00	05100	8,938	8,938	25,390	8,938	0	51.00
52.00	05200	6,462	6,462	26,716	6,462	2,795	52.00
53.00	05300	163	163	0	163	0	53.00
54.00	05400	17,687	17,687	25,611	17,687	0	54.00
54.01	05401	3,057	3,057	11,773	3,057	0	54.01
55.00	05500	24,222	24,222	47,909	24,222	3,356	55.00
56.00	05600	1,257	1,257	3,047	1,257	0	56.00
57.00	05700	1,401	1,401	23,099	1,401	0	57.00
58.00	05800	5,989	5,989	9,115	5,989	0	58.00
59.00	05900	7,822	7,822	55,948	7,822	1,550	59.00
60.00	06000	11,572	11,572	339	11,572	0	60.00
63.00	06300	0	0	0	0	0	63.00
65.00	06500	3,576	3,576	4	3,576	0	65.00
66.00	06600	12,981	12,981	0	12,981	0	66.00
67.00	06700	1,445	1,445	0	1,445	0	67.00
68.00	06800	300	300	0	300	0	68.00
69.00	06900	1,166	1,166	6,793	1,166	0	69.00
70.00	07000	1,545	1,545	410	1,545	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	248	248	0	248	0	73.00
75.01	07501	4,912	4,912	98,369	4,912	1,208	75.01
76.00	03950	0	0	0	0	0	76.00
76.01	03340	5,189	5,189	10,769	5,189	0	76.01
76.97	07697	257	257	0	257	0	76.97
76.99	07699	527	527	0	527	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
91.00	09100	14,512	14,512	258,036	14,512	3,839	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		348,128	338,788	1,339,546	331,205	154,850	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	27,397	27,397	0	27,397	0	192.00
193.01	19301	360	360	0	360	0	193.01
193.02	19302	6,531	6,531	0	6,531	0	193.02
200.00							200.00
201.00							201.00
202.00		14,375,712	6,507,398	1,230,243	4,420,164	1,411,873	202.00
203.00		37.591816	17.442553	0.918403	12.093704	9.117682	203.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 14-0233			Period: From 10/01/2016 To 09/30/2017		Worksheet B-1 Date/Time Prepared: 2/27/2018 4:14 pm	
Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)		
		6.00	7.00	8.00	9.00	10.00		
204.00	Cost to be allocated (per Wkst. B, Part II)	2,419,046	563,632	16,748	254,920	118,886	204.00	
205.00	Unit cost multiplier (Wkst. B, Part II)	6.325692	1.510770	0.012503	0.697469	0.767749	205.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0233

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

Worksheet B-1

Date/Time Prepared:
2/27/2018 4:14 pm

Cost Center Description			CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	
			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
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	13,061					11.00
13.00	01300	NURSING ADMINISTRATION	222	1,503,360				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	301	62,687	16,038,658			14.00
15.00	01500	PHARMACY	364	75,673	0	29,727,886		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	361	0	2	0	1,402,384,270	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
20.00	02000	NURSING SCHOOL	406	0	5,687	329	0	20.00
20.01	02001	MEDTECH SCHOOL	0	0	0	0	0	20.01
20.02	02002	PARAMED TRAINING	70	0	1,304	0	0	20.02
20.03	02003	PHARMACY RESIDENCY	0	0	0	0	0	20.03
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	57	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,072	638,460	502,318	12,450	105,161,510	30.00
31.00	03100	INTENSIVE CARE UNIT	1,079	224,480	468,345	3,453	60,066,127	31.00
43.00	04300	NURSERY	67	13,987	18,621	0	2,372,504	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	989	205,780	0	4,586	80,135,810	50.00
51.00	05100	RECOVERY ROOM	133	27,563	0	12	7,755,558	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	170	35,307	0	695	5,988,751	52.00
53.00	05300	ANESTHESIOLOGY	0	0	271,195	123,407	26,243,893	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	421	0	307,685	16,691	49,926,692	54.00
54.01	05401	ULTRASOUND	169	0	0	0	44,850,853	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	520	108,186	83,876	4,832	61,995,375	55.00
56.00	05600	RADIOISOTOPE	59	0	5,983	397	26,272,658	56.00
57.00	05700	CT SCAN	174	0	249,583	7,908	83,373,942	57.00
58.00	05800	MRI	97	0	127,158	1,952	24,343,791	58.00
59.00	05900	CARDIAC CATHETERIZATION	349	0	478,700	1,778	68,792,645	59.00
60.00	06000	LABORATORY	994	0	48,507	0	191,651,730	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	11,077,761	63.00
65.00	06500	RESPIRATORY THERAPY	310	0	0	2,877	24,622,411	65.00
66.00	06600	PHYSICAL THERAPY	452	0	31,192	44	16,823,604	66.00
67.00	06700	OCCUPATIONAL THERAPY	48	0	8,360	0	2,948,572	67.00
68.00	06800	SPEECH PATHOLOGY	24	0	969	0	1,221,475	68.00
69.00	06900	ELECTROCARDIOLOGY	81	0	17,941	569	11,522,444	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	97	0	17,838	0	9,319,201	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	12,472,881	0	106,520,922	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	113,431,291	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	5,690	29,540,947	169,102,507	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	387	80,542	202,993	261	11,210,558	75.01
76.00	03950	DIABETIC SERVICE	0	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	85	17,577	75,782	467	7,825,327	76.01
76.97	07697	CARDIAC REHABILITATION	71	0	4,689	0	1,715,063	76.97
76.99	07699	LITHOTRIpsy	0	0	0	0	567,204	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	63	13,118	141,220	1,230	3,910,887	90.00
91.00	09100	EMERGENCY	705	0	484,277	3,001	71,633,204	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	12,397	1,503,360	16,032,796	29,727,886	1,402,384,270	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1	0	10	0	0	192.00
193.01	19301	CONVENT	0	0	0	0	0	193.01
193.02	19302	MED TRANS / WELLNESS / FDN	663	0	5,852	0	0	193.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,623,636	4,018,693	3,678,149	7,820,912	3,871,095	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	277.439400	2.673141	0.229330	0.263083	0.002760	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0233

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

Worksheet B-1

Date/Time Prepared:
2/27/2018 4:14 pm

Cost Center Description		CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	
		11.00	13.00	14.00	15.00	16.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	338,996	237,932	408,863	503,894	166,884	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	25.954827	0.158267	0.025492	0.016950	0.000119	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0233

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		SOCIAL SERVICE (PATIENT DAYS)	NURSING SCHOOL (ASSIGNED TIME)	MEDTECH SCHOOL (ASSIGNED TIME)	PARAMED TRAINING (ASSIGNED TIME)	PHARMACY RESIDENCY (ASSIGNED TIME)	
		17.00	20.00	20.01	20.02	20.03	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500						15.00
16.00	01600						16.00
17.00	01700	51,102					17.00
20.00	02000	0	19,287				20.00
20.01	02001	0		0			20.01
20.02	02002	0			100		20.02
20.03	02003	0				100	20.03
22.00	02200	0					22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	40,730	11,420	0	0	0	30.00
31.00	03100	9,234	5,022	0	0	0	31.00
43.00	04300	1,138	239	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	246	0	0	0	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	604	0	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	0	0	0	0	0	54.00
54.01	05401	0	0	0	0	0	54.01
55.00	05500	0	72	0	0	0	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	186	0	0	0	59.00
60.00	06000	0	0	0	0	0	60.00
63.00	06300	0	0	0	0	0	63.00
65.00	06500	0	0	0	0	0	65.00
66.00	06600	0	0	0	0	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	0	0	0	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	100	73.00
75.01	07501	0	516	0	0	0	75.01
76.00	03950	0	0	0	0	0	76.00
76.01	03340	0	114	0	0	0	76.01
76.97	07697	0	132	0	0	0	76.97
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
91.00	09100	0	736	0	100	0	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		51,102	19,287	0	100	100	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
193.01	19301	0	0	0	0	0	193.01
193.02	19302	0	0	0	0	0	193.02
200.00							200.00
201.00							201.00
202.00		43,548	3,873,377	0	1,058,142	0	202.00
203.00		0.852178	200.828382	0.000000	10,581.420000	0.000000	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0233

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

Worksheet B-1

Date/Time Prepared:
2/27/2018 4:14 pm

Cost Center Description		SOCIAL SERVICE	NURSING SCHOOL	MEDTECH SCHOOL	PARAMED TRAINING	PHARMACY RESIDENCY	
		(PATIENT DAYS)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	
		17.00	20.00	20.01	20.02	20.03	
204.00	Cost to be allocated (per Wkst. B, Part II)	11,901	1,299,946	0	40,157	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.232887	49.155545	0.000000	401.570000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0233

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

Worksheet B-1
Date/Time Prepared:
2/27/2018 4:14 pm

Cost Center Description		INTERNS & RESIDENTS		
		SERVICES-OTHER PRGM. COSTS (ASSIGNED TIME) 22.00		
203.00	Unit cost multiplier (Wkst. B, Part I)	39.665895		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	10,270		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.505861		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0233

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

Worksheet C
Part I
Date/Time Prepared:
2/27/2018 4:14 pm

		Title XVIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	46,560,025		46,560,025	8,226	46,568,251	30.00
31.00	03100 INTENSIVE CARE UNIT	20,191,826		20,191,826	0	20,191,826	31.00
43.00	04300 NURSERY	1,285,407		1,285,407	6,610	1,292,017	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	22,559,216		22,559,216	105,862	22,665,078	50.00
51.00	05100 RECOVERY ROOM	2,959,868		2,959,868	0	2,959,868	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,224,598		3,224,598	16,641	3,241,239	52.00
53.00	05300 ANESTHESIOLOGY	1,566,674		1,566,674	317,207	1,883,881	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	9,078,710		9,078,710	0	9,078,710	54.00
54.01	05401 ULTRASOUND	3,495,596		3,495,596	0	3,495,596	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	10,857,730		10,857,730	154,331	11,012,061	55.00
56.00	05600 RADIOISOTOPE	2,647,142		2,647,142	0	2,647,142	56.00
57.00	05700 CT SCAN	4,274,851		4,274,851	0	4,274,851	57.00
58.00	05800 MRI	3,415,661		3,415,661	0	3,415,661	58.00
59.00	05900 CARDIAC CATHETERIZATION	7,814,473		7,814,473	0	7,814,473	59.00
60.00	06000 LABORATORY	14,698,271		14,698,271	0	14,698,271	60.00
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.	2,556,951		2,556,951	0	2,556,951	63.00
65.00	06500 RESPIRATORY THERAPY	4,251,665	0	4,251,665	0	4,251,665	65.00
66.00	06600 PHYSICAL THERAPY	7,051,105	0	7,051,105	0	7,051,105	66.00
67.00	06700 OCCUPATIONAL THERAPY	866,206	0	866,206	0	866,206	67.00
68.00	06800 SPEECH PATHOLOGY	367,731	0	367,731	0	367,731	68.00
69.00	06900 ELECTROCARDIOLOGY	858,068		858,068	0	858,068	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,582,747		1,582,747	0	1,582,747	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	18,660,609		18,660,609	0	18,660,609	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	27,015,619		27,015,619	0	27,015,619	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	46,570,722		46,570,722	0	46,570,722	73.00
75.01	07501 SURGERY/CARDIAC AMB DAY CARE	6,524,320		6,524,320	16,809	6,541,129	75.01
76.00	03950 DIABETIC SERVICE	0		0	0	0	76.00
76.01	03340 GASTROINTESTINAL SERVICES	2,172,606		2,172,606	0	2,172,606	76.01
76.97	07697 CARDIAC REHABILITATION	1,110,382		1,110,382	0	1,110,382	76.97
76.99	07699 LI THOTRI PSY	177,058		177,058	0	177,058	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	1,968,062		1,968,062	0	1,968,062	90.00
91.00	09100 EMERGENCY	14,207,006		14,207,006	1,316,943	15,523,949	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	4,009,333		4,009,333		4,009,333	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0		0	0	0	95.00
200.00	Subtotal (see instructions)	294,580,238	0	294,580,238	1,942,629	296,522,867	200.00
201.00	Less Observation Beds	4,009,333		4,009,333		4,009,333	201.00
202.00	Total (see instructions)	290,570,905	0	290,570,905	1,942,629	292,513,534	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0233		Period: From 10/01/2016 To 09/30/2017		Worksheet C Part I Date/Time Prepared: 2/27/2018 4:14 pm		
			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	96,237,765		96,237,765				30.00
31.00	03100	INTENSIVE CARE UNIT	59,967,919		59,967,919				31.00
43.00	04300	NURSERY	2,372,504		2,372,504				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	44,916,485	35,219,325	80,135,810	0.281512	0.000000		50.00
51.00	05100	RECOVERY ROOM	3,196,189	4,559,369	7,755,558	0.381645	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,813,818	174,933	5,988,751	0.538442	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	13,414,244	12,829,649	26,243,893	0.059697	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,517,028	38,409,664	49,926,692	0.181841	0.000000		54.00
54.01	05401	ULTRASOUND	12,907,314	31,943,539	44,850,853	0.077938	0.000000		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,313,882	60,681,493	61,995,375	0.175138	0.000000		55.00
56.00	05600	RADIOISOTOPE	3,222,024	23,050,634	26,272,658	0.100757	0.000000		56.00
57.00	05700	CT SCAN	28,136,873	55,237,070	83,373,943	0.051273	0.000000		57.00
58.00	05800	MRI	6,540,369	17,803,422	24,343,791	0.140309	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	30,204,265	38,588,380	68,792,645	0.113595	0.000000		59.00
60.00	06000	LABORATORY	82,390,283	109,261,448	191,651,731	0.076693	0.000000		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,098,172	2,979,589	11,077,761	0.230818	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	22,580,045	2,042,366	24,622,411	0.172675	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	5,827,575	10,996,029	16,823,604	0.419120	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	2,142,867	805,705	2,948,572	0.293771	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	842,938	378,537	1,221,475	0.301055	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	3,070,358	8,452,086	11,522,444	0.074469	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	803,742	8,515,459	9,319,201	0.169837	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	65,670,982	40,849,940	106,520,922	0.175183	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	80,317,838	33,113,452	113,431,290	0.238167	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	56,756,227	112,346,280	169,102,507	0.275399	0.000000		73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	2,092,376	9,118,182	11,210,558	0.581980	0.000000		75.01
76.00	03950	DIABETIC SERVICE	0	0	0	0.000000	0.000000		76.00
76.01	03340	GASTROINTESTINAL SERVICES	2,655,919	5,169,408	7,825,327	0.277638	0.000000		76.01
76.97	07697	CARDIAC REHABILITATION	646	1,714,417	1,715,063	0.647429	0.000000		76.97
76.99	07699	LITHOTRIPSY	43,230	523,974	567,204	0.312159	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	33,420	3,877,467	3,910,887	0.503227	0.000000		90.00
91.00	09100	EMERGENCY	27,732,254	43,900,950	71,633,204	0.198330	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,435,982	6,589,832	9,025,814	0.444207	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000		95.00
200.00		Subtotal (see instructions)	683,255,533	719,132,599	1,402,388,132				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	683,255,533	719,132,599	1,402,388,132				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0233	Period: From 10/01/2016 To 09/30/2017	Worksheet C Part I Date/Time Prepared: 2/27/2018 4:14 pm
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.282833		50.00
51.00	05100 RECOVERY ROOM	0.381645		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.541221		52.00
53.00	05300 ANESTHESIOLOGY	0.071784		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.181841		54.00
54.01	05401 ULTRASOUND	0.077938		54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.177627		55.00
56.00	05600 RADIOISOTOPE	0.100757		56.00
57.00	05700 CT SCAN	0.051273		57.00
58.00	05800 MRI	0.140309		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.113595		59.00
60.00	06000 LABORATORY	0.076693		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.230818		63.00
65.00	06500 RESPIRATORY THERAPY	0.172675		65.00
66.00	06600 PHYSICAL THERAPY	0.419120		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.293771		67.00
68.00	06800 SPEECH PATHOLOGY	0.301055		68.00
69.00	06900 ELECTROCARDIOLOGY	0.074469		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.169837		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.175183		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.238167		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.275399		73.00
75.01	07501 SURGERY/CARDIAC AMB DAY CARE	0.583479		75.01
76.00	03950 DIABETIC SERVICE	0.000000		76.00
76.01	03340 GASTROINTESTINAL SERVICES	0.277638		76.01
76.97	07697 CARDIAC REHABILITATION	0.647429		76.97
76.99	07699 LI THOTRI PSY	0.312159		76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.503227		90.00
91.00	09100 EMERGENCY	0.216714		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.444207		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
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: 14-0233

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

Worksheet C
Part I
Date/Time Prepared:
2/27/2018 4:14 pm

		Title XIX		Hospital		Cost
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		46,560,025	8,226	46,568,251	30.00
31.00	03100 INTENSIVE CARE UNIT		20,191,826	0	20,191,826	31.00
43.00	04300 NURSERY		1,285,407	6,610	1,292,017	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		22,559,216	105,862	22,665,078	50.00
51.00	05100 RECOVERY ROOM		2,959,868	0	2,959,868	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		3,224,598	16,641	3,241,239	52.00
53.00	05300 ANESTHESIOLOGY		1,566,674	317,207	1,883,881	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		9,078,710	0	9,078,710	54.00
54.01	05401 ULTRASOUND		3,495,596	0	3,495,596	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC		10,857,730	154,331	11,012,061	55.00
56.00	05600 RADIOISOTOPE		2,647,142	0	2,647,142	56.00
57.00	05700 CT SCAN		4,274,851	0	4,274,851	57.00
58.00	05800 MRI		3,415,661	0	3,415,661	58.00
59.00	05900 CARDIAC CATHETERIZATION		7,814,473	0	7,814,473	59.00
60.00	06000 LABORATORY		14,698,271	0	14,698,271	60.00
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.		2,556,951	0	2,556,951	63.00
65.00	06500 RESPIRATORY THERAPY	0	4,251,665	0	4,251,665	65.00
66.00	06600 PHYSICAL THERAPY	0	7,051,105	0	7,051,105	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	866,206	0	866,206	67.00
68.00	06800 SPEECH PATHOLOGY	0	367,731	0	367,731	68.00
69.00	06900 ELECTROCARDIOLOGY		858,068	0	858,068	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		1,582,747	0	1,582,747	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		18,660,609	0	18,660,609	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		27,015,619	0	27,015,619	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		46,570,722	0	46,570,722	73.00
75.01	07501 SURGERY/CARDIAC AMB DAY CARE		6,524,320	16,809	6,541,129	75.01
76.00	03950 DIABETIC SERVICE		0	0	0	76.00
76.01	03340 GASTROINTESTINAL SERVICES		2,172,606	0	2,172,606	76.01
76.97	07697 CARDIAC REHABILITATION		1,110,382	0	1,110,382	76.97
76.99	07699 LI THOTRI PSY		177,058	0	177,058	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC		1,968,062	0	1,968,062	90.00
91.00	09100 EMERGENCY		14,207,006	1,316,943	15,523,949	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		4,009,333		4,009,333	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES		0	0	0	95.00
200.00	Subtotal (see instructions)		294,580,238	1,942,629	296,522,867	200.00
201.00	Less Observation Beds		4,009,333		4,009,333	201.00
202.00	Total (see instructions)		290,570,905	1,942,629	292,513,534	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0233		Period: From 10/01/2016 To 09/30/2017		Worksheet C Part I Date/Time Prepared: 2/27/2018 4:14 pm		
			Title XIX			Hospital		Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	96,237,765		96,237,765				30.00
31.00	03100	INTENSIVE CARE UNIT	59,967,919		59,967,919				31.00
43.00	04300	NURSERY	2,372,504		2,372,504				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	44,916,485	35,219,325	80,135,810	0.281512	0.000000		50.00
51.00	05100	RECOVERY ROOM	3,196,189	4,559,369	7,755,558	0.381645	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,813,818	174,933	5,988,751	0.538442	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	13,414,244	12,829,649	26,243,893	0.059697	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,517,028	38,409,664	49,926,692	0.181841	0.000000		54.00
54.01	05401	ULTRASOUND	12,907,314	31,943,539	44,850,853	0.077938	0.000000		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,313,882	60,681,493	61,995,375	0.175138	0.000000		55.00
56.00	05600	RADIOISOTOPE	3,222,024	23,050,634	26,272,658	0.100757	0.000000		56.00
57.00	05700	CT SCAN	28,136,873	55,237,070	83,373,943	0.051273	0.000000		57.00
58.00	05800	MRI	6,540,369	17,803,422	24,343,791	0.140309	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	30,204,265	38,588,380	68,792,645	0.113595	0.000000		59.00
60.00	06000	LABORATORY	82,390,283	109,261,448	191,651,731	0.076693	0.000000		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,098,172	2,979,589	11,077,761	0.230818	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	22,580,045	2,042,366	24,622,411	0.172675	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	5,827,575	10,996,029	16,823,604	0.419120	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	2,142,867	805,705	2,948,572	0.293771	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	842,938	378,537	1,221,475	0.301055	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	3,070,358	8,452,086	11,522,444	0.074469	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	803,742	8,515,459	9,319,201	0.169837	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	65,670,982	40,849,940	106,520,922	0.175183	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	80,317,838	33,113,452	113,431,290	0.238167	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	56,756,227	112,346,280	169,102,507	0.275399	0.000000		73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	2,092,376	9,118,182	11,210,558	0.581980	0.000000		75.01
76.00	03950	DIABETIC SERVICE	0	0	0	0.000000	0.000000		76.00
76.01	03340	GASTROINTESTINAL SERVICES	2,655,919	5,169,408	7,825,327	0.277638	0.000000		76.01
76.97	07697	CARDIAC REHABILITATION	646	1,714,417	1,715,063	0.647429	0.000000		76.97
76.99	07699	LITHOTRIPSY	43,230	523,974	567,204	0.312159	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	33,420	3,877,467	3,910,887	0.503227	0.000000		90.00
91.00	09100	EMERGENCY	27,732,254	43,900,950	71,633,204	0.198330	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,435,982	6,589,832	9,025,814	0.444207	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000		95.00
200.00		Subtotal (see instructions)	683,255,533	719,132,599	1,402,388,132				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	683,255,533	719,132,599	1,402,388,132				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0233	Period: From 10/01/2016 To 09/30/2017	Worksheet C Part I Date/Time Prepared: 2/27/2018 4:14 pm
		Title XIX	Hospital	Cost

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
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	05401 ULTRASOUND	0.000000		54.01
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
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
75.01	07501 SURGERY/CARDIAC AMB DAY CARE	0.000000		75.01
76.00	03950 DIABETIC SERVICE	0.000000		76.00
76.01	03340 GASTROINTESTINAL SERVICES	0.000000		76.01
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
76.99	07699 LI THOTRI PSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
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: 14-0233		Period: From 10/01/2016 To 09/30/2017		Worksheet D Part I Date/Time Prepared: 2/27/2018 4:14 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4) PPS	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	2,749,275	0	2,749,275	44,404	61.92	30.00
31.00	INTENSIVE CARE UNIT	967,977		967,977	9,234	104.83	31.00
43.00	NURSERY	100,742		100,742	1,138	88.53	43.00
200.00	Total (Lines 30 through 199)	3,817,994		3,817,994	54,776		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	19,145	1,185,458				
31.00	INTENSIVE CARE UNIT	3,716	389,548				
43.00	NURSERY	0	0				
200.00	Total (Lines 30 through 199)	22,861	1,575,006				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0233	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part II Date/Time Prepared: 2/27/2018 4:14 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
Title XVIII Hospital PPS							
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,960,817	80,135,810	0.036947	16,506,903	609,881	50.00
51.00	05100 RECOVERY ROOM	308,183	7,755,558	0.039737	1,170,470	46,511	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	249,535	5,988,751	0.041667	42,609	1,775	52.00
53.00	05300 ANESTHESIOLOGY	194,767	26,243,893	0.007421	4,973,184	36,906	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,007,518	49,926,692	0.040209	5,746,300	231,053	54.00
54.01	05401 ULTRASOUND	386,037	44,850,853	0.008607	6,358,716	54,729	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	1,323,032	61,995,375	0.021341	527,320	11,254	55.00
56.00	05600 RADIOISOTOPE	246,262	26,272,658	0.009373	1,704,683	15,978	56.00
57.00	05700 CT SCAN	829,779	83,373,943	0.009952	12,238,570	121,798	57.00
58.00	05800 MRI	909,191	24,343,791	0.037348	2,973,388	111,050	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,136,115	68,792,645	0.016515	12,747,890	210,531	59.00
60.00	06000 LABORATORY	1,062,512	191,651,731	0.005544	37,937,801	210,327	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	41,961	11,077,761	0.003788	3,502,065	13,266	63.00
65.00	06500 RESPIRATORY THERAPY	281,460	24,622,411	0.011431	10,765,486	123,060	65.00
66.00	06600 PHYSICAL THERAPY	478,819	16,823,604	0.028461	2,868,212	81,632	66.00
67.00	06700 OCCUPATIONAL THERAPY	49,030	2,948,572	0.016628	1,014,508	16,869	67.00
68.00	06800 SPEECH PATHOLOGY	13,196	1,221,475	0.010803	483,623	5,225	68.00
69.00	06900 ELECTROCARDIOLOGY	54,272	11,522,444	0.004710	1,435,132	6,759	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	204,498	9,319,201	0.021944	798,429	17,521	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	831,447	106,520,922	0.007805	27,350,165	213,468	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	310,831	113,431,290	0.002740	32,641,576	89,438	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	956,542	169,102,507	0.005657	23,351,688	132,100	73.00
75.01	07501 SURGERY/CARDIAC AMB DAY CARE	476,046	11,210,558	0.042464	983,481	41,763	75.01
76.00	03950 DIABETIC SERVICE	0	0	0.000000	0	0	76.00
76.01	03340 GASTROINTESTINAL SERVICES	286,631	7,825,327	0.036629	1,325,388	48,548	76.01
76.97	07697 CARDIAC REHABILITATION	139,449	1,715,063	0.081308	0	0	76.97
76.99	07699 LI THOTRI PSY	15,820	567,204	0.027891	43,230	1,206	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	180,087	3,910,887	0.046048	5,831	269	90.00
91.00	09100 EMERGENCY	721,076	71,633,204	0.010066	11,888,364	119,668	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	236,703	9,025,814	0.026225	1,320,097	34,620	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	16,891,616	1,243,809,944		222,705,109	2,607,205	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0233		Period: From 10/01/2016 To 09/30/2017		Worksheet D Part III Date/Time Prepared: 2/27/2018 4:14 pm		
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	2,293,461	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	1,008,560	0	0	0	31.00	
43.00	04300	NURSERY	0	47,998	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	3,350,019	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 + col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	2,293,461	44,404	51.65	19,145	30.00	
31.00	03100	INTENSIVE CARE UNIT		1,008,560	9,234	109.22	3,716	31.00	
43.00	04300	NURSERY		47,998	1,138	42.18	0	43.00	
200.00		Total (lines 30 through 199)		3,350,019	54,776		22,861	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	988,839						30.00
31.00	03100	INTENSIVE CARE UNIT	405,862						31.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	1,394,701						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0233	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part IV Date/Time Prepared: 2/27/2018 4:14 pm
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Cost Center Description	Title XVIII			Hospital		PPS
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
	1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	49,404	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	121,300	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 05401 ULTRASOUND	0	0	0	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	14,460	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	37,354	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.01 07501 SURGERY/CARDIAC AMB DAY CARE	0	0	103,627	0	0	75.01
76.00 03950 DIABETIC SERVICE	0	0	0	0	0	76.00
76.01 03340 GASTROINTESTINAL SERVICES	0	0	22,894	0	0	76.01
76.97 07697 CARDIAC REHABILITATION	0	0	26,509	0	0	76.97
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
91.00 09100 EMERGENCY	0	0	1,205,952	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	197,456	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00 Total (lines 50 through 199)	0	0	1,778,956	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0233	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part IV Date/Time Prepared: 2/27/2018 4:14 pm
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Cost Center Description		Title XVIII			Hospital	PPS		
		All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	49,404	49,404	80,135,810	0.000617	50.00
51.00	05100	RECOVERY ROOM	0	0	0	7,755,558	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	121,300	121,300	5,988,751	0.020255	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	26,243,893	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	49,926,692	0.000000	54.00
54.01	05401	ULTRASOUND	0	0	0	44,850,853	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	14,460	14,460	61,995,375	0.000233	55.00
56.00	05600	RADIOISOTOPE	0	0	0	26,272,658	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	83,373,943	0.000000	57.00
58.00	05800	MRI	0	0	0	24,343,791	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	37,354	37,354	68,792,645	0.000543	59.00
60.00	06000	LABORATORY	0	0	0	191,651,731	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	11,077,761	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	24,622,411	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	16,823,604	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,948,572	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,221,475	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	11,522,444	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	9,319,201	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	106,520,922	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	113,431,290	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	169,102,507	0.000000	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	0	103,627	103,627	11,210,558	0.009244	75.01
76.00	03950	DIABETIC SERVICE	0	0	0	0	0.000000	76.00
76.01	03340	GASTROINTESTINAL SERVICES	0	22,894	22,894	7,825,327	0.002926	76.01
76.97	07697	CARDIAC REHABILITATION	0	26,509	26,509	1,715,063	0.015457	76.97
76.99	07699	LI THOTRI PSY	0	0	0	567,204	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	3,910,887	0.000000	90.00
91.00	09100	EMERGENCY	0	1,205,952	1,205,952	71,633,204	0.016835	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	197,456	197,456	9,025,814	0.021877	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	1,778,956	1,778,956	1,243,809,944		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0233	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part IV Date/Time Prepared: 2/27/2018 4:14 pm
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Cost Center Description		Title XVIII					
		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000617	16,506,903	10,185	8,138,565	5,021	50.00
51.00	05100 RECOVERY ROOM	0.000000	1,170,470	0	913,602	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.020255	42,609	863	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	4,973,184	0	3,195,800	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	5,746,300	0	11,982,863	0	54.00
54.01	05401 ULTRASOUND	0.000000	6,358,716	0	9,669,624	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000233	527,320	123	24,377,754	5,680	55.00
56.00	05600 RADIOISOTOPE	0.000000	1,704,683	0	7,312,324	0	56.00
57.00	05700 CT SCAN	0.000000	12,238,570	0	19,640,929	0	57.00
58.00	05800 MRI	0.000000	2,973,388	0	3,305,515	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000543	12,747,890	6,922	18,579,229	10,089	59.00
60.00	06000 LABORATORY	0.000000	37,937,801	0	17,504,110	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	3,502,065	0	1,280,439	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.000000	10,765,486	0	644,922	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	2,868,212	0	86,082	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	1,014,508	0	33,496	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	483,623	0	2,080	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	1,435,132	0	2,882,344	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	798,429	0	2,427,830	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	27,350,165	0	13,639,307	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	32,641,576	0	11,843,911	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	23,351,688	0	44,315,119	0	73.00
75.01	07501 SURGERY/CARDIAC AMB DAY CARE	0.009244	983,481	9,091	2,348,512	21,710	75.01
76.00	03950 DIABETIC SERVICE	0.000000	0	0	0	0	76.00
76.01	03340 GASTROINTESTINAL SERVICES	0.002926	1,325,388	3,878	1,878,683	5,497	76.01
76.97	07697 CARDIAC REHABILITATION	0.015457	0	0	738,687	11,418	76.97
76.99	07699 LI THOTRI PSY	0.000000	43,230	0	43,230	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	5,831	0	1,501,754	0	90.00
91.00	09100 EMERGENCY	0.016835	11,888,364	200,141	11,117,044	187,155	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.021877	1,320,097	28,880	1,753,862	38,369	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		222,705,109	260,083	221,157,617	284,939	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0233	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part V Date/Time Prepared: 2/27/2018 4:14 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.281512	8,138,565	0	0	2,291,104	50.00
51.00	05100	RECOVERY ROOM	0.381645	913,602	0	0	348,672	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.538442	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.059697	3,195,800	0	0	190,780	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.181841	11,982,863	0	0	2,178,976	54.00
54.01	05401	ULTRASOUND	0.077938	9,669,624	0	0	753,631	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.175138	24,377,754	0	160	4,269,471	55.00
56.00	05600	RADIO SOTOPE	0.100757	7,312,324	0	0	736,768	56.00
57.00	05700	CT SCAN	0.051273	19,640,929	0	0	1,007,049	57.00
58.00	05800	MRI	0.140309	3,305,515	0	0	463,794	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.113595	18,579,229	0	0	2,110,508	59.00
60.00	06000	LABORATORY	0.076693	17,504,110	5,710	0	1,342,443	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.230818	1,280,439	0	0	295,548	63.00
65.00	06500	RESPIRATORY THERAPY	0.172675	644,922	0	0	111,362	65.00
66.00	06600	PHYSICAL THERAPY	0.419120	86,082	0	0	36,079	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.293771	33,496	0	0	9,840	67.00
68.00	06800	SPEECH PATHOLOGY	0.301055	2,080	0	0	626	68.00
69.00	06900	ELECTROCARDIOLOGY	0.074469	2,882,344	0	0	214,645	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.169837	2,427,830	0	0	412,335	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.175183	13,639,307	0	0	2,389,375	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.238167	11,843,911	0	0	2,820,829	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.275399	44,315,119	360	149,918	12,204,339	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	0.581980	2,348,512	0	0	1,366,787	75.01
76.00	03950	DIABETIC SERVICE	0.000000	0	0	0	0	76.00
76.01	03340	GASTROINTESTINAL SERVICES	0.277638	1,878,683	0	0	521,594	76.01
76.97	07697	CARDIAC REHABILITATION	0.647429	738,687	0	0	478,247	76.97
76.99	07699	LITHOTRIPSY	0.312159	43,230	0	0	13,495	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.503227	1,501,754	0	0	755,723	90.00
91.00	09100	EMERGENCY	0.198330	11,117,044	0	0	2,204,843	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.444207	1,753,862	0	0	779,078	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
200.00		Subtotal (see instructions)		221,157,617	6,070	150,078	40,307,941	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		221,157,617	6,070	150,078	40,307,941	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0233	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part V Date/Time Prepared: 2/27/2018 4:14 pm
Title XVIII		Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05401 ULTRASOUND	0	0		54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	28		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	438	0		60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	99	41,287		73.00
75.01 07501 SURGERY/CARDIAC AMB DAY CARE	0	0		75.01
76.00 03950 DIABETIC SERVICE	0	0		76.00
76.01 03340 GASTROINTESTINAL SERVICES	0	0		76.01
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.99 07699 LI THOTRI PSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0			95.00
200.00 Subtotal (see instructions)	537	41,315		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	537	41,315		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0233	Period: From 10/01/2016 To 09/30/2017	Worksheet D-1 Date/Time Prepared: 2/27/2018 4:14 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		44,404	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		44,404	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)		40,581	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)		19,145	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)		46,568,251	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)		46,568,251	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)		46,568,251	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)		1,048.74	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		20,078,127	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)		20,078,127	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0233		Period: From 10/01/2016 To 09/30/2017		Worksheet D-1 Date/Time Prepared: 2/27/2018 4:14 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)	PPS
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	20,191,826	9,234	2,186.68	3,716	8,125,703	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					40,376,725	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					68,580,555	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)					2,969,707	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,867,288	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					5,836,995	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					62,743,560	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)					3,823	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,048.74	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,009,333	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0233		Period: From 10/01/2016 To 09/30/2017		Worksheet D-1 Date/Time Prepared: 2/27/2018 4:14 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,749,275	46,568,251	0.059038	4,009,333	236,703	90.00
91.00	Nursing School cost	2,293,461	46,568,251	0.049249	4,009,333	197,456	91.00
92.00	Allied health cost	0	46,568,251	0.000000	4,009,333	0	92.00
93.00	All other Medical Education	0	46,568,251	0.000000	4,009,333	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0233	Period: From 10/01/2016 To 09/30/2017	Worksheet D-3 Date/Time Prepared: 2/27/2018 4:14 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		44,109,951	30.00
31.00	03100	INTENSIVE CARE UNIT		24,600,555	31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.282833	16,506,903	50.00
51.00	05100	RECOVERY ROOM	0.381645	1,170,470	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.541221	42,609	52.00
53.00	05300	ANESTHESIOLOGY	0.071784	4,973,184	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.181841	5,746,300	54.00
54.01	05401	ULTRASOUND	0.077938	6,358,716	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.177627	527,320	55.00
56.00	05600	RADIOISOTOPE	0.100757	1,704,683	56.00
57.00	05700	CT SCAN	0.051273	12,238,570	57.00
58.00	05800	MRI	0.140309	2,973,388	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.113595	12,747,890	59.00
60.00	06000	LABORATORY	0.076693	37,937,801	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.230818	3,502,065	63.00
65.00	06500	RESPIRATORY THERAPY	0.172675	10,765,486	65.00
66.00	06600	PHYSICAL THERAPY	0.419120	2,868,212	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.293771	1,014,508	67.00
68.00	06800	SPEECH PATHOLOGY	0.301055	483,623	68.00
69.00	06900	ELECTROCARDIOLOGY	0.074469	1,435,132	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.169837	798,429	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.175183	27,350,165	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.238167	32,641,576	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.275399	23,351,688	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	0.583479	983,481	75.01
76.00	03950	DIABETIC SERVICE	0.000000	0	76.00
76.01	03340	GASTROINTESTINAL SERVICES	0.277638	1,325,388	76.01
76.97	07697	CARDIAC REHABILITATION	0.647429	0	76.97
76.99	07699	LI THOTRI PSY	0.312159	43,230	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.503227	5,831	90.00
91.00	09100	EMERGENCY	0.216714	11,888,364	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.444207	1,320,097	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		222,705,109	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)		222,705,109	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0233	Period: From 10/01/2016 To 09/30/2017	Worksheet E Part A Date/Time Prepared: 2/27/2018 4:14 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		48,649,559	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)		943,053	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		4,751,065	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		224.53	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		6.42	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		-4.62	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		1.80	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		1.27	10.00
11.00	FTE count for residents in dental and podiatric programs.		3.73	11.00
12.00	Current year allowable FTE (see instructions)		5.00	12.00
13.00	Total allowable FTE count for the prior year.		6.53	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.		4.97	14.00
15.00	Sum of lines 12 through 14 divided by 3.		5.50	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		5.50	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.024496	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.028853	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.024496	21.00
22.00	IME payment adjustment (see instructions)		646,942	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		63,180	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		-0.53	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)		646,942	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		63,180	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.55	30.00
31.00	Percentage of Medicaid patient days (see instructions)		14.69	31.00
32.00	Sum of lines 30 and 31		17.24	32.00
33.00	Allowable disproportionate share percentage (see instructions)		3.96	33.00
34.00	Disproportionate share adjustment (see instructions)		481,631	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0233	Period: From 10/01/2016 To 09/30/2017	Worksheet E Part A Date/Time Prepared: 2/27/2018 4:14 pm	
		Title XVIII	Hospital	PPS	
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0	5,977,483,147	35.00
35.01	Factor 3 (see instructions)		0.000000000	0.000141791	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	847,553	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	847,553	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		847,553		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)		51,568,738		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)			51,631,918	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			4,180,594	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).			207,321	52.00
53.00	Nursing and Allied Health Managed Care payment			1,440,233	53.00
54.00	Special add-on payments for new technologies			16,643	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).			1,394,701	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			260,083	58.00
59.00	Total (sum of amounts on lines 49 through 58)			59,131,493	59.00
60.00	Primary payer payments			12,396	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			59,119,097	61.00
62.00	Deductibles billed to program beneficiaries			4,768,708	62.00
63.00	Coinurance billed to program beneficiaries			153,461	63.00
64.00	Allowable bad debts (see instructions)			804,491	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			522,919	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			606,722	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			54,719,847	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			439	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)			0	70.50
70.87	Demonstration payment adjustment amount before sequestration			0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)			0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			-265,796	70.93
70.94	HRR adjustment amount (see instructions)			-340,665	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0233	Period: From 10/01/2016 To 09/30/2017	Worksheet E Part A Date/Time Prepared: 2/27/2018 4:14 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
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	1.00	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			538,638	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			53,574,309	71.00
71.01	Sequestration adjustment (see instructions)			1,071,486	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
72.00	Interim payments			51,201,619	72.00
73.00	Tentative settlement (for contractor use only)			0	73.00
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)			1,301,204	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			1,077,221	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	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)			0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the \$410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (line 209 plus line 210) (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0233	Period: From 10/01/2016 To 09/30/2017	Worksheet E Part B Date/Time Prepared: 2/27/2018 4:14 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		41,852	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		40,023,002	2.00
3.00	OPPS payments		34,781,147	3.00
4.00	Outlier payment (see instructions)		224,539	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		284,939	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		41,852	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		156,148	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)		156,148	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)		156,148	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		114,296	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (see instructions)		41,852	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		35,290,625	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		72	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		6,350,826	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)		28,981,579	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		121,987	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)		29,103,566	30.00
31.00	Primary payer payments		4,411	31.00
32.00	Subtotal (line 30 minus line 31)		29,099,155	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)		949,189	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		616,973	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		685,898	36.00
37.00	Subtotal (see instructions)		29,716,128	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		29,716,128	40.00
40.01	Sequestration adjustment (see instructions)		594,323	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		29,104,889	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		16,916	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		55,177	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: 14-0233

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

Worksheet E-1
Part I
Date/Time Prepared:
2/27/2018 4:14 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		51,008,019		29,032,989	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	04/12/2017	193,600	04/12/2017	71,900	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		193,600		71,900	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)		51,201,619		29,104,889	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		1,301,204		16,916	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		52,502,823		29,121,805	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: 14-0233	Period: From 10/01/2016 To 09/30/2017	Worksheet E-1 Part II Date/Time Prepared: 2/27/2018 4:14 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0233	Period: From 10/01/2016 To 09/30/2017	Worksheet E-4 Date/Time Prepared: 2/27/2018 4:14 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			8.42	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			-6.62	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			1.80	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			1.27	6.00
7.00	Enter the lesser of line 5 or line 6			1.27	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.17	1.08	1.25	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.17	1.08	1.25	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		3.73		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	0.17	4.81		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	6.25		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	4.77		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.06	5.28		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	0.06	5.28		17.00
18.00	Per resident amount	106,862.17	101,308.48		18.00
19.00	Approved amount for resident costs	6,412	534,909	541,321	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			541,321	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	22,861	8,774		26.00
27.00	Total Inpatient Days (see instructions)	49,964	49,964		27.00
28.00	Ratio of inpatient days to total inpatient days	0.457549	0.175606		28.00
29.00	Program direct GME amount	247,681	95,059		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		13,432		30.00
31.00	Net Program direct GME amount			329,308	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0233	Period: From 10/01/2016 To 09/30/2017	Worksheet E-4 Date/Time Prepared: 2/27/2018 4:14 pm
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		68,580,555	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		12,396	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		68,568,159	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		40,349,793	42.00
43.00	Primary payer payments (see instructions)		4,411	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		40,345,382	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		108,913,541	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.629565	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.370435	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		329,308	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		207,321	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		121,987	50.00

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

Provider CCN: 14-0233

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

Worksheet G

Date/Time Prepared:
2/27/2018 4:14 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	3,382,222	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	288,101,895	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-218,642,664	0	0	0	6.00
7.00	Inventory	7,140,849	0	0	0	7.00
8.00	Prepaid expenses	888,027	0	0	0	8.00
9.00	Other current assets	8,081,418	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	88,951,747	0	0	0	11.00
FIXED ASSETS						
12.00	Land	4,152,456	0	0	0	12.00
13.00	Land improvements	2,181,751	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	140,672,538	0	0	0	15.00
16.00	Accumulated depreciation	-84,213,808	0	0	0	16.00
17.00	Leasehold improvements	254,040	0	0	0	17.00
18.00	Accumulated depreciation	-2,167,021	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	98,972,250	0	0	0	23.00
24.00	Accumulated depreciation	-75,482,510	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	55,273,420	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	139,643,116	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	21,410,605	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	311,651	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	21,722,256	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	250,317,119	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	11,709,159	0	0	0	37.00
38.00	Salaries, wages, and fees payable	13,732,319	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	97,069,593	0	0	0	40.00
41.00	Deferred income	1,610,905	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	58,671	0	0	0	43.00
44.00	Other current liabilities	18,042,140	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	142,222,787	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	669,613	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	669,613	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	142,892,400	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	107,424,719	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	107,424,719	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	250,317,119	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0233

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

Worksheet G-1

Date/Time Prepared:
2/27/2018 4:14 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		121,355,456		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		23,854,754			2.00
3.00	Total (sum of line 1 and line 2)		145,210,210		0	3.00
4.00	CONTRIBUTION ACTIVITY	1,581,875		0		4.00
5.00	ROUNDING	-1		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		1,581,874		0	10.00
11.00	Subtotal (line 3 plus line 10)		146,792,084		0	11.00
12.00	EQUITY TRANSFER	39,367,365		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		39,367,365		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		107,424,719		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	CONTRIBUTION ACTIVITY		0			4.00
5.00	ROUNDING		0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	EQUITY TRANSFER		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0233

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
2/27/2018 4:14 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	98,610,269		98,610,269	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)	98,610,269		98,610,269	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	59,967,919		59,967,919	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	59,967,919		59,967,919	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	158,578,188		158,578,188	17.00
18.00	Ancillary services	519,781,753	698,799,151	1,218,580,904	18.00
19.00	Outpatient services	4,825,591	20,403,448	25,229,039	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	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PROFESSIONAL FEES	2,599,117	18,010,454	20,609,571	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	685,784,649	737,213,053	1,422,997,702	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		330,119,345		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)		330,119,345		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 14-0233	Period: From 10/01/2016 To 09/30/2017	Worksheet G-3 Date/Time Prepared: 2/27/2018 4:14 pm
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		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,422,997,702	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,077,678,723	2.00
3.00	Net patient revenues (line 1 minus line 2)	345,318,979	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	330,119,345	4.00
5.00	Net income from service to patients (line 3 minus line 4)	15,199,634	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	460,123	6.00
7.00	Income from investments	1,401,577	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	828,912	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	4,524	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	5,142,284	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	108,661	21.00
22.00	Rental of hospital space	20,726	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUES	688,312	24.00
25.00	Total other income (sum of lines 6-24)	8,655,119	25.00
26.00	Total (line 5 plus line 25)	23,854,753	26.00
27.00	ROUNDING	-1	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	-1	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	23,854,754	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0233	Period: From 10/01/2016 To 09/30/2017	Worksheet L Parts I-III Date/Time Prepared: 2/27/2018 4:14 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,938,838	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		0	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		57,024	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		136.89	3.00
4.00	Number of interns & residents (see instructions)		5.50	4.00
5.00	Indirect medical education percentage (see instructions)		1.14	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)		44,903	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		2.55	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		14.69	8.00
9.00	Sum of lines 7 and 8		17.24	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.55	10.00
11.00	Disproportionate share adjustment (see instructions)		139,829	11.00
12.00	Total prospective capital payments (see instructions)		4,180,594	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