

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: 14-0291	Period: From 01/01/2017 To 12/31/2017	Worksheet S Parts I-III Date/Time Prepared: 5/24/2018 3:48 pm
--------------------------------------------------------------------------------------------	-----------------------	---------------------------------------	---------------------------------------------------------------

**PART I - COST REPORT STATUS**

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

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

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

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

Date: 5/24/2018 Time: 3:48 pm

**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 GOOD SHEPHERD HOSPITAL ( 14-0291 ) for the cost reporting period beginning 01/01/2017 and ending 12/31/2017 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

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

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	713,909	294,082	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
4.00 SUBPROVIDER I						4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00 Total	0	713,909	294,082	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: 14-0291		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part I Date/Time Prepared: 5/24/2018 3:44 pm				
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IL		4.00 Zip Code: 60010-		County: LAKE		
1.00 Street: 450 W. HIGHWAY 22		2.00 City: BARRINGTON		3.00 State: IL		4.00 Zip Code: 60010-		County: LAKE		
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		
3.00 Hospital and Hospital-Based Component Identification:										
3.00 Hospital		GOOD SHEPHERD HOSPITAL	140291	29404	1	10/17/1979	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
17.10 Hospital-Based (CORF) I										17.10
18.00 Renal Dialysis										18.00
19.00 Other										19.00
					From:	To:				
					1.00	2.00				
20.00 Cost Reporting Period (mm/dd/yyyy)					01/01/2017	12/31/2017		20.00		
21.00 Type of Control (see instructions)					1			21.00		
Inpatient PPS Information										
22.00 Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					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.		568	116	20	0	1,558	0		24.00	
25.00 If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid 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	0		25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0291	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/24/2018 3:44 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)					37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N			39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N			40.00
		V	XVIII	XIX		
		1.00	2.00	3.00		
<b>Prospective Payment System (PPS)-Capital</b>						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	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
<b>Teaching Hospitals</b>						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					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)		23.00	1		60.01
		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
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)					61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)					61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)					61.03

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0291		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part I Date/Time Prepared: 5/24/2018 3:44 pm		
	Y/N	IME	Direct GME	IME	Direct GME			
	1.00	2.00	3.00	4.00	5.00			
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04	
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05	
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06	
	Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count			
	1.00		2.00	3.00	4.00			
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.						61.10	0.00 0.00
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.						61.20	0.00 0.00
							1.00	
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>								
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)						62.00	0.00
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)						62.01	0.00
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>								
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)						63.00	N
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))			
			1.00	2.00	3.00			
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)						64.00	0.00 0.00 0.000000
		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		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0291		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part I Date/Time Prepared: 5/24/2018 3:44 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	0.00	0.000000		66.00
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		67.00
					1.00	2.00	3.00
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N		0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	76.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0291	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/24/2018 3:44 pm		
				1.00		
<b>Long Term Care Hospital PPS</b>						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00	
<b>TEFRA Providers</b>						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00	
			V	XIX		
			1.00	2.00		
<b>Title V and XIX Services</b>						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	Y	Y		90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N		91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.06	
<b>Rural Providers</b>						
105.00	Does this hospital qualify as a CAH?	N			105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.	N			107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00	
			Physical	Occupational	Speech	Respiratory
			1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00
				1.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.		N			110.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0291	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/24/2018 3:44 pm	
		1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N			111.00
		1.00	2.00	3.00	
<b>Miscellaneous Cost Reporting Information</b>					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	233,796	380,001	369,732	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.	Y		5.05	122.00
<b>Transplant Center Information</b>					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
<b>All Providers</b>					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		14H036	140.00



HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0291		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part II Date/Time Prepared: 5/24/2018 3:44 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)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		03/09/2018		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				Y		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				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	03/27/2018	Y	03/27/2018		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0291	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part II Date/Time Prepared: 5/24/2018 3:44 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	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	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.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	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			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	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.			N	33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			N	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.			N	35.00
			Y/N	Date	
			1.00	2.00	
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			Y	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			Y	40.00
		1.00		2.00	
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SCOTT		MI TCHELL	41.00
42.00	Enter the employer/company name of the cost report preparer.	ADVOCATE HEALTH CARE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	6309295761		SCOTT.MI TCHELL@ADVOCATEHEALTH.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0291	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part II Date/Time Prepared: 5/24/2018 3:44 pm
		3.00		
<b>Cost Report Preparer Contact Information</b>				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SENIOR REIMBURSEMENT SPECIALIST		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0291

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/24/2018 3:44 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	138	50,370	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)		138	50,370	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	18	6,570	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)		156	56,940	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		156				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: 14-0291

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/24/2018 3:44 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	16,723	519	33,198			1.00
2.00 HMO and other (see instructions)	2,221	1,558				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)	16,723	519	33,198			7.00
8.00 INTENSIVE CARE UNIT	2,913	93	5,081			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		72	2,357			13.00
14.00 Total (see instructions)	19,636	684	40,636	0.00	1,028.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER		0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	1,028.00	27.00
28.00 Observation Bed Days		117	6,383			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	18	331			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: 14-0291

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/24/2018 3:44 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	4,455	144	9,880	1.00	
2.00 HMO and other (see instructions)			521	414		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	4,455	144	9,880	14.00	
15.00 CAH visits						15.00	
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00	
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	17.00	
18.00 SUBPROVIDER	0.00	0		0	0	18.00	
19.00 SKILLED NURSING FACILITY						19.00	
20.00 NURSING FACILITY						20.00	
21.00 OTHER LONG TERM CARE						21.00	
22.00 HOME HEALTH AGENCY	0.00					22.00	
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00	
24.00 HOSPICE						24.00	
24.10 HOSPICE (non-distinct part)						24.10	
25.00 CMHC - CMHC						25.00	
25.10 CMHC - CORF	0.00					25.10	
26.00 RURAL HEALTH CLINIC	0.00					26.00	
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25	
27.00 Total (sum of lines 14-26)	0.00					27.00	
28.00 Observation Bed Days						28.00	
29.00 Ambulance Trips						29.00	
30.00 Employee discount days (see instruction)						30.00	
31.00 Employee discount days - IRF						31.00	
32.00 Labor & delivery days (see instructions)						32.00	
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01	
33.00 LTCH non-covered days			0			33.00	
33.01 LTCH site neutral days and discharges			0			33.01	

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 14-0291	Period: From 01/01/2017 To 12/31/2017	Worksheet S-3 Part II Date/Time Prepared: 5/24/2018 3:44 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		
<b>PART II - WAGE DATA</b>								
<b>SALARIES</b>								
1.00	Total salaries (see instructions)	200.00	75,666,834	0	75,666,834	2,137,720.00	35.40	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		255,885	246,369	502,254	20,256.00	24.80	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11.00	Contract Labor: Direct Patient Care		305,408	0	305,408	6,669.00	45.80	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract Labor: Physician-Part A - Administrative		1,052,041	0	1,052,041	8,290.25	126.90	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		9,167,824	0	9,167,824	134,779.00	68.02	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
<b>WAGE-RELATED COSTS</b>								
17.00	Wage-related costs (core) (see instructions)		20,562,023	0	20,562,023			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		25,401	0	25,401			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related (core)		1,604,025	0	1,604,025			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26.00	Employee Benefits Department	4.00	1,340,071	-1,070,730	269,341	2,954.00	91.18	26.00
27.00	Administrative & General	5.00	9,042,587	293,070	9,335,657	215,803.00	43.26	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0291

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/24/2018 3:44 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.)		773,017	0	773,017	3,710.00	208.36	28.00
29.00	Maintenance & Repairs	6.00	1,352,938	43,005	1,395,943	41,350.00	33.76	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	87,818	583	88,401	6,032.00	14.66	31.00
32.00	Housekeeping	9.00	1,467,244	13,492	1,480,736	92,331.00	16.04	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,518,234	11,429	1,529,663	81,411.00	18.79	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,689,071	30,479	1,719,550	35,797.00	48.04	38.00
39.00	Central Services and Supply	14.00	524,151	3,732	527,883	28,870.00	18.28	39.00
40.00	Pharmacy	15.00	3,694,502	40,301	3,734,803	73,632.00	50.72	40.00
41.00	Medical Records & Medical Records Library	16.00	201,088	311	201,399	4,493.00	44.83	41.00
42.00	Social Service	17.00	459,873	2,604	462,477	11,835.00	39.08	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0291

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/24/2018 3:44 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	76,439,851	0	76,439,851	2,141,430.00	35.70	1.00
2.00	Excluded area salaries (see instructions)	255,885	246,369	502,254	20,256.00	24.80	2.00
3.00	Subtotal salaries (line 1 minus line 2)	76,183,966	-246,369	75,937,597	2,121,174.00	35.80	3.00
4.00	Subtotal other wages & related costs (see inst.)	10,525,273	0	10,525,273	149,738.25	70.29	4.00
5.00	Subtotal wage-related costs (see inst.)	22,166,048	0	22,166,048	0.00	29.19	5.00
6.00	Total (sum of lines 3 thru 5)	108,875,287	-246,369	108,628,918	2,270,912.25	47.83	6.00
7.00	Total overhead cost (see instructions)	22,150,594	-631,724	21,518,870	598,218.00	35.97	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 14-0291	Period: From 01/01/2017 To 12/31/2017	Worksheet S-3 Part IV Date/Time Prepared: 5/24/2018 3:44 pm
-----------------------------	-----------------------	---------------------------------------------	----------------------------------------------------------------------

		Amount Reported	
		1.00	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	1,634,118	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)	1,441,446	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
<b>HEALTH AND INSURANCE COST</b>			
8.00	Health Insurance (Purchased or Self Funded)	7,106,158	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	1,950,109	9.00
10.00	Dental, Hearing and Vision Plan	240,153	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	86,597	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)	498,087	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,493,100	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	5,365,946	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	122,314	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
<b>OTHER</b>			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	366,544	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	282,852	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	20,587,424	24.00
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 14-0291	Period: From 01/01/2017 To 12/31/2017	Worksheet S-3 Part V Date/Time Prepared: 5/24/2018 3:44 pm
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost		305,408	20,587,424 1.00
2.00	Hospital		305,408	20,587,424 2.00
3.00	Subprovider - IPF		0	0 3.00
4.00	Subprovider - IRF		0	0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA		0	0 11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC		0	0 14.00
15.00	Hospital-Based Health Clinic FQHC		0	0 15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10		0	0 16.10
17.00	Renal Dialysis			17.00
18.00	Other		0	0 18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-0291	Period: From 01/01/2017 To 12/31/2017	Worksheet S-10 Date/Time Prepared: 5/24/2018 3:44 pm
-----------------------------------------------	-----------------------	---------------------------------------------	------------------------------------------------------------

			1.00		
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.272461	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		1,916,257	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		47,171,875	6.00	
7.00	Medicaid cost (line 1 times line 6)		12,852,496	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)		10,936,239	8.00	
<b>Children's Health Insurance Program (CHIP) (see instructions for each line)</b>					
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	
<b>Other state or local government indigent care program (see instructions for each line)</b>					
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	
<b>Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)</b>					
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)		10,936,239	19.00	
			Uninsured patients	Insured patients	Total (col. 1 + col. 2)
			1.00	2.00	3.00
<b>Uncompensated Care (see instructions for each line)</b>					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	5,225,209	848,302	6,073,511	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,423,666	848,302	2,271,968	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,423,666	848,302	2,271,968	23.00
			1.00		
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?				24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			8,145,331	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			566,525	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			871,576	27.01
28.00	Non-Medicare bad debt expense (see instructions)			7,273,755	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			2,286,866	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			4,558,834	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			15,495,073	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 14-0291		Period: From 01/01/2017 To 12/31/2017		Worksheet A	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		0	0	12,738,964	12,738,964	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	10,350,615	10,350,615	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,340,071	14,882,520	16,222,591	-1,070,739	15,151,852	4.00
5.01	00540	NONPATIENT TELEPHONES	225,342	612,262	837,604	1,019	838,623	5.01
5.02	00550	DATA PROCESSING	0	2,402,975	2,402,975	-366,002	2,036,973	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	481,830	1,041,225	1,523,055	-127,022	1,396,033	5.03
5.04	00570	ADMINISTRATIVE	897,742	105,399	1,003,141	-8,169	994,972	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	471,034	20,875,869	21,346,903	35,755	21,382,658	5.05
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL	6,966,639	48,120,411	55,087,050	-12,959,917	42,127,133	5.06
6.00	00600	MAINTENANCE & REPAIRS	1,352,938	8,232,416	9,585,354	-780,745	8,804,609	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	87,818	675,092	762,910	583	763,493	8.00
9.00	00900	HOUSEKEEPING	1,467,244	1,081,869	2,549,113	-15,466	2,533,647	9.00
10.00	01000	DIETARY	1,518,234	1,465,271	2,983,505	-28,108	2,955,397	10.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,689,071	337,403	2,026,474	1,600	2,028,074	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	524,151	4,002,667	4,526,818	-3,107,225	1,419,593	14.00
15.00	01500	PHARMACY	3,694,502	16,243,593	19,938,095	-14,989,954	4,948,141	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	201,088	252,730	453,818	-5,142	448,676	16.00
17.00	01700	SOCIAL SERVICE	459,873	48,009	507,882	2,095	509,977	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL PRGM-PASTORAL CARE	0	0	0	316,047	316,047	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	16,707,237	3,702,307	20,409,544	-11,077	20,398,467	30.00
31.00	03100	INTENSIVE CARE UNIT	5,002,983	1,662,604	6,665,587	-2,130,193	4,535,394	31.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,024,154	169,435	1,193,589	-68,929	1,124,660	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	7,243,185	21,986,181	29,229,366	-19,180,580	10,048,786	50.00
51.00	05100	RECOVERY ROOM	1,051,094	268,151	1,319,245	-175,528	1,143,717	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,777,767	1,188,805	2,966,572	-302,519	2,664,053	52.00
53.00	05300	ANESTHESIOLOGY	153,711	456,398	610,109	-395,834	214,275	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,610,241	6,629,846	11,240,087	-3,636,564	7,603,523	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	402,575	696,079	1,098,654	-648,454	450,200	56.00
56.01	03630	ULTRA SOUND	831,318	170,428	1,001,746	-99,431	902,315	56.01
57.00	05700	CT SCAN	845,703	850,135	1,695,838	-749,426	946,412	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	482,062	738,228	1,220,290	-682,124	538,166	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,092,055	5,107,080	6,199,135	-5,112,384	1,086,751	59.00
60.00	06000	LABORATORY	0	6,917,240	6,917,240	-564,543	6,352,697	60.00
60.01	06001	BLOOD LABORATORY	0	496,380	496,380	-39,832	456,548	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACTORS ADMIN COST	0	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	1,664,981	418,951	2,083,932	-210,386	1,873,546	65.00
66.00	06600	PHYSICAL THERAPY	2,237,091	336,589	2,573,680	-41,650	2,532,030	66.00
67.00	06700	OCCUPATIONAL THERAPY	267,520	27,346	294,866	-4,947	289,919	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,129,783	1,023,039	2,152,822	-129,954	2,022,868	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	69,303	17,305	86,608	-10,769	75,839	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	18,564,870	18,564,870	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	11,928,281	11,928,281	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	14,800,437	14,800,437	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	484,813	92,135	576,948	-37,016	539,932	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	2,790,484	2,114,800	4,905,284	-324,162	4,581,122	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	0	90.01
90.02	09002	SPINE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	4,165,312	1,894,987	6,060,299	-727,214	5,333,085	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 14-0291		Period: From 01/01/2017 To 12/31/2017		Worksheet A Date/Time Prepared: 5/24/2018 3:44 pm	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	75,410,949	177,344,160	252,755,109	-1,739	252,753,370	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	990	4,003	4,993	350	5,343	190.00
194.00	07951	NONREIMBURSABLE COST CENTERS	254,895	210,730	465,625	1,389	467,014	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	75,666,834	177,558,893	253,225,727	0	253,225,727	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0291

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

Worksheet A  
Date/Time Prepared:  
5/24/2018 3:44 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	2,923,520	15,662,484	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	1,506,722	11,857,337	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,473,780	18,625,632	4.00
5.01	00540	NONPATIENT TELEPHONES	-75	838,548	5.01
5.02	00550	DATA PROCESSING	3,899,782	5,936,755	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	-157	1,395,876	5.03
5.04	00570	ADMINISTRATIVE	-229	994,743	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	-6,587,418	14,795,240	5.05
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL	-23,917,667	18,209,466	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	8,804,609	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	763,493	8.00
9.00	00900	HOUSEKEEPING	0	2,533,647	9.00
10.00	01000	DIETARY	-612,180	2,343,217	10.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-19,709	2,008,365	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,419,593	14.00
15.00	01500	PHARMACY	-79	4,948,062	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-70	448,606	16.00
17.00	01700	SOCIAL SERVICE	-16	509,961	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	02300	PARAMED PRGM-PASTORAL CARE	-7,975	308,072	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-278,383	20,120,084	30.00
31.00	03100	INTENSIVE CARE UNIT	-833	4,534,561	31.00
40.00	04000	SUBPROVIDER - I PF	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	1,124,660	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-839,040	9,209,746	50.00
51.00	05100	RECOVERY ROOM	0	1,143,717	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-651,965	2,012,088	52.00
53.00	05300	ANESTHESIOLOGY	0	214,275	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-17,136	7,586,387	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	450,200	56.00
56.01	03630	ULTRA SOUND	-42	902,273	56.01
57.00	05700	CT SCAN	0	946,412	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	538,166	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,086,751	59.00
60.00	06000	LABORATORY	-199,920	6,152,777	60.00
60.01	06001	BLOOD LABORATORY	0	456,548	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
62.01	06201	BLOOD CLOTTING FACTORS ADMIN COST	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	-180	1,873,366	65.00
66.00	06600	PHYSICAL THERAPY	0	2,532,030	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	289,919	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	-485,351	1,537,517	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	75,839	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	18,564,870	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	11,928,281	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	14,800,437	73.00
76.00	03160	CARDIOPULMONARY	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	-719	539,213	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	-222,672	4,358,450	90.00
90.01	09001	WOMENS HEALTH	0	0	90.01
90.02	09002	SPINE CENTER	0	0	90.02
91.00	09100	EMERGENCY	-285,520	5,047,565	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0291

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

Worksheet A  
Date/Time Prepared:  
5/24/2018 3:44 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
118.00		6.00	7.00	
	SUBTOTALS (SUM OF LINES 1 through 117)	-22,323,532	230,429,838	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	5,343	190.00
194.00	07951 NONREIMBURSABLE COST CENTERS	-24,400	442,614	194.00
200.00	TOTAL (SUM OF LINES 118 through 199)	-22,347,932	230,877,795	200.00

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
<b>B - DEPRECIATION</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	12,738,964	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	10,350,615	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
<b>TOTALS</b>			0	23,089,579	
<b>C - DRUGS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	14,800,437	1.00
<b>TOTALS</b>			0	14,800,437	
<b>D - OXYGEN</b>					
1.00	RESPIRATORY THERAPY	65.00	0	41,514	1.00
<b>TOTALS</b>			0	41,514	
<b>F - MEDICAL SUPPLIES</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	30,493,151	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
7.00		0.00	0	0	7.00
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
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00

RECLASSIFICATIONS

Provider CCN: 14-0291

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

Worksheet A-6

Date/Time Prepared:  
5/24/2018 3:44 pm

						Increases			
Cost Center		Line #	Salary	Other					
2.00		3.00	4.00	5.00					
29.00		0.00	0	0				29.00	
30.00		0.00	0	0				30.00	
31.00		0.00	0	0				31.00	
32.00		0.00	0	0				32.00	
33.00		0.00	0	0				33.00	
34.00		0.00	0	0				34.00	
35.00		0.00	0	0				35.00	
36.00		0.00	0	0				36.00	
37.00		0.00	0	0				37.00	
38.00		0.00	0	0				38.00	
39.00		0.00	0	0				39.00	
TOTALS			0	30,493,151					
G - IMPLANTS									
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	11,928,281				1.00	
TOTALS			0	11,928,281					
H - PARAMED ED PASTORAL CARE									
1.00	PARAMED ED PRGM-PASTORAL CARE	23.00	244,618	71,427				1.00	
TOTALS			244,618	71,427					
J - UNIVERSAL BEDS									
1.00	ADULTS & PEDIATRICS	30.00	1,188,666	381,630				1.00	
TOTALS			1,188,666	381,630					
K - ASSOCIATE BONUS									
1.00	NONPATIENT TELEPHONES	5.01	1,399	0				1.00	
2.00	PURCHASING RECEIVING AND STORES	5.03	3,655	0				2.00	
3.00	ADMINITTING	5.04	4,547	0				3.00	
4.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	1,011	0				4.00	
5.00	OTHER ADMINISTRATIVES AND GENERAL	5.06	23,054	0				5.00	
6.00	MAINTENANCE & REPAIRS	6.00	6,066	0				6.00	
7.00	NUCLEAR MEDICINE - DIAGNOSTIC	56.00	1,477	0				7.00	
8.00	LAUNDRY & LINEN SERVICE	8.00	583	0				8.00	
9.00	HOUSEKEEPING	9.00	13,492	0				9.00	
10.00	DIETARY	10.00	11,429	0				10.00	
11.00	NURSING ADMINISTRATION	13.00	3,110	0				11.00	
12.00	CENTRAL SERVICES & SUPPLY	14.00	3,732	0				12.00	
13.00	PHARMACY	15.00	12,011	0				13.00	
14.00	SOCIAL SERVICE	17.00	2,604	0				14.00	
15.00	ADULTS & PEDIATRICS	30.00	84,494	0				15.00	
16.00	INTENSIVE CARE UNIT	31.00	16,054	0				16.00	
17.00	NURSERY	43.00	3,809	0				17.00	
18.00	OPERATING ROOM	50.00	30,514	0				18.00	
19.00	RECOVERY ROOM	51.00	4,819	0				19.00	
20.00	DELIVERY ROOM & LABOR ROOM	52.00	7,384	0				20.00	
21.00	ANESTHESIOLOGY	53.00	1,050	0				21.00	
22.00	RADIOLOGY-DIAGNOSTIC	54.00	17,103	0				22.00	
23.00	ULTRASOUND	56.01	2,916	0				23.00	
24.00	CT SCAN	57.00	3,576	0				24.00	
25.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	1,554	0				25.00	
26.00	CARDIAC CATHETERIZATION	59.00	3,499	0				26.00	
27.00	RESPIRATORY THERAPY	65.00	6,532	0				27.00	
28.00	PHYSICAL THERAPY	66.00	9,562	0				28.00	
29.00	OCCUPATIONAL THERAPY	67.00	1,360	0				29.00	
30.00	ELECTROCARDIOLOGY	69.00	3,810	0				30.00	
31.00	ELECTROENCEPHALOGRAPHY	70.00	350	0				31.00	
32.00	CARDIAC REHABILITATION	76.97	2,293	0				32.00	
33.00	CLINIC	90.00	14,886	0				33.00	
34.00	EMERGENCY	91.00	17,880	0				34.00	
35.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	350	0				35.00	
36.00	NONREIMBURSABLE COST CENTERS	194.00	1,399	0				36.00	
37.00	PARAMED ED PRGM-PASTORAL CARE	23.00	1	0				37.00	
38.00	MEDICAL RECORDS & LIBRARY	16.00	311	0				38.00	
TOTALS			323,676	0					
L - INCENTIVE COMP									
1.00	PURCHASING RECEIVING AND STORES	5.03	6,579	0				1.00	

RECLASSIFICATIONS

Provider CCN: 14-0291

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

Worksheet A-6

Date/Time Prepared:  
5/24/2018 3:44 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
2.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	36,171	0	2.00
3.00	OTHER ADMINISTRATIVES AND GENERAL	5.06	461,272	0	3.00
4.00	MAINTENANCE & REPAIRS	6.00	36,939	0	4.00
5.00	NURSING ADMINISTRATION	13.00	27,369	0	5.00
6.00	PHARMACY	15.00	28,290	0	6.00
7.00	ADULTS & PEDIATRICS	30.00	61,449	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	7,781	0	8.00
9.00	OPERATING ROOM	50.00	1,784	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	7,781	0	10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	28,085	0	11.00
12.00	RESPIRATORY THERAPY	65.00	3,777	0	12.00
13.00	PHYSICAL THERAPY	66.00	7,859	0	13.00
14.00	ELECTROCARDIOLOGY	69.00	14,719	0	14.00
15.00	CLINIC	90.00	2,193	0	15.00
16.00	EMERGENCY	91.00	15,005	0	16.00
17.00	PARAMEDICAL PRGM-PASTORAL CARE	23.00	1	0	17.00
	TOTALS		747,054	0	
500.00	Grand Total: Increases		2,504,014	80,806,019	500.00

RECLASSIFICATIONS

Provider CCN: 14-0291

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

Worksheet A-6  
Date/Time Prepared:  
5/24/2018 3:44 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
<b>B - DEPRECIATION</b>							
1.00	SOCIAL SERVICE	17.00	0	509	9		1.00
2.00	NONPATIENT TELEPHONES	5.01	0	296	9		2.00
3.00	DATA PROCESSING	5.02	0	366,002	9		3.00
4.00	PURCHASING RECEIVING AND STORES	5.03	0	130,038	9		4.00
5.00	ADMINISTRATIVE	5.04	0	12,645	9		5.00
6.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	1,411	9		6.00
7.00	OTHER ADMINISTRATIVES AND GENERAL	5.06	0	13,128,198	9		7.00
8.00	MAINTENANCE & REPAIRS	6.00	0	732,612	9		8.00
9.00	OCCUPATIONAL THERAPY	67.00	0	4,083	9		9.00
10.00	HOUSEKEEPING	9.00	0	17,547	9		10.00
11.00	DIETARY	10.00	0	33,040	9		11.00
12.00	NURSING ADMINISTRATION	13.00	0	28,252	9		12.00
13.00	CENTRAL SERVICES & SUPPLY	14.00	0	129,416	9		13.00
14.00	PHARMACY	15.00	0	123,238	9		14.00
15.00	MEDICAL RECORDS & LIBRARY	16.00	0	5,453	9		15.00
16.00	ADULTS & PEDIATRICS	30.00	0	829,200	9		16.00
17.00	INTENSIVE CARE UNIT	31.00	0	138,977	9		17.00
18.00	NURSERY	43.00	0	36,461	9		18.00
19.00	OPERATING ROOM	50.00	0	2,507,225	9		19.00
20.00	RECOVERY ROOM	51.00	0	129,066	9		20.00
21.00	DELIVERY ROOM & LABOR ROOM	52.00	0	55,772	9		21.00
22.00	ANESTHESIOLOGY	53.00	0	4,510	9		22.00
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,233,916	9		23.00
24.00	NUCLEAR MEDICINE - DIAGNOSTIC	56.00	0	6,910	9		24.00
25.00	ULTRA SOUND	56.01	0	85,726	9		25.00
26.00	CT SCAN	57.00	0	454,755	9		26.00
27.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	577,232	9		27.00
28.00	CARDIAC CATHETERIZATION	59.00	0	814,209	9		28.00
29.00	LABORATORY	60.00	0	10,305	9		29.00
30.00	RESPIRATORY THERAPY	65.00	0	50,476	9		30.00
31.00	PHYSICAL THERAPY	66.00	0	21,477	9		31.00
32.00	ELECTROCARDIOLOGY	69.00	0	139,098	9		32.00
33.00	ELECTROENCEPHALOGRAPHY	70.00	0	7,310	9		33.00
34.00	CARDIAC REHABILITATION	76.97	0	28,552	9		34.00
35.00	CLINIC	90.00	0	66,654	9		35.00
36.00	EMERGENCY	91.00	0	179,008	9		36.00
37.00		0.00	0	0	9		37.00
38.00		0.00	0	0	9		38.00
<b>TOTALS</b>			0	23,089,579			
<b>C - DRUGS</b>							
1.00	PHARMACY	15.00	0	14,800,437	0		1.00
<b>TOTALS</b>			0	14,800,437			
<b>D - OXYGEN</b>							
1.00	MAINTENANCE & REPAIRS	6.00	0	41,514	0		1.00
<b>TOTALS</b>			0	41,514			
<b>F - MEDICAL SUPPLIES</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	9	0		1.00
2.00	NONPATIENT TELEPHONES	5.01	0	84	0		2.00
3.00	PURCHASING RECEIVING AND STORES	5.03	0	7,218	0		3.00
4.00	ADMINISTRATIVE	5.04	0	71	0		4.00
5.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	16	0		5.00
7.00	MAINTENANCE & REPAIRS	6.00	0	49,624	0		7.00
9.00	HOUSEKEEPING	9.00	0	11,411	0		9.00
10.00	DIETARY	10.00	0	6,497	0		10.00
11.00	NURSING ADMINISTRATION	13.00	0	627	0		11.00
12.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,981,541	0		12.00
13.00	PHARMACY	15.00	0	106,580	0		13.00
16.00	ADULTS & PEDIATRICS	30.00	0	898,116	0		16.00
17.00	INTENSIVE CARE UNIT	31.00	0	444,755	0		17.00
18.00	NURSERY	43.00	0	36,277	0		18.00
19.00	OPERATING ROOM	50.00	0	16,705,653	0		19.00
20.00	RECOVERY ROOM	51.00	0	51,281	0		20.00
21.00	DELIVERY ROOM & LABOR ROOM	52.00	0	261,912	0		21.00
22.00	ANESTHESIOLOGY	53.00	0	392,374	0		22.00
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,447,836	0		23.00

RECLASSIFICATIONS

Provider CCN: 14-0291

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

Worksheet A-6  
Date/Time Prepared:  
5/24/2018 3:44 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
24.00	NUCLEAR MEDICINE -	56.00	0	643,021	0	24.00	
	DIAGNOSTIC						
25.00	ULTRA SOUND	56.01	0	16,621	0	25.00	
26.00	CT SCAN	57.00	0	298,247	0	26.00	
27.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	106,446	0	27.00	
28.00	CARDIAC CATHETERIZATION	59.00	0	4,301,674	0	28.00	
29.00	LABORATORY	60.00	0	554,238	0	29.00	
30.00	BLOOD LABORATORY	60.01	0	39,832	0	30.00	
31.00	RESPIRATORY THERAPY	65.00	0	211,733	0	31.00	
32.00	PHYSICAL THERAPY	66.00	0	37,594	0	32.00	
33.00	OCCUPATIONAL THERAPY	67.00	0	2,224	0	33.00	
34.00	ELECTROCARDIOLOGY	69.00	0	9,385	0	34.00	
35.00	ELECTROENCEPHALOGRAPHY	70.00	0	3,809	0	35.00	
36.00	CARDIAC REHABILITATION	76.97	0	10,757	0	36.00	
37.00	CLINIC	90.00	0	274,587	0	37.00	
38.00	EMERGENCY	91.00	0	581,091	0	38.00	
39.00	NONREIMBURSABLE COST CENTERS	194.00	0	10	0	39.00	
	TOTALS		0	30,493,151			
G - IMPLANTS							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	11,928,281	0	1.00	
	TOTALS		0	11,928,281			
H - PARAMEDICAL PASTORAL CARE							
1.00	OTHER ADMINISTRATIVES AND GENERAL	5.06	244,618	71,427	0	1.00	
	TOTALS		244,618	71,427			
J - UNIVERSAL BEDS							
1.00	INTENSIVE CARE UNIT	31.00	1,188,666	381,630	0	1.00	
	TOTALS		1,188,666	381,630			
K - ASSOCIATE BONUS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	323,676	0	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00		0.00	0	0	0	4.00	
5.00		0.00	0	0	0	5.00	
6.00		0.00	0	0	0	6.00	
7.00		0.00	0	0	0	7.00	
8.00		0.00	0	0	0	8.00	
9.00		0.00	0	0	0	9.00	
10.00		0.00	0	0	0	10.00	
11.00		0.00	0	0	0	11.00	
12.00		0.00	0	0	0	12.00	
13.00		0.00	0	0	0	13.00	
14.00		0.00	0	0	0	14.00	
15.00		0.00	0	0	0	15.00	
16.00		0.00	0	0	0	16.00	
17.00		0.00	0	0	0	17.00	
18.00		0.00	0	0	0	18.00	
19.00		0.00	0	0	0	19.00	
20.00		0.00	0	0	0	20.00	
21.00		0.00	0	0	0	21.00	
22.00		0.00	0	0	0	22.00	
23.00		0.00	0	0	0	23.00	
24.00		0.00	0	0	0	24.00	
25.00		0.00	0	0	0	25.00	
26.00		0.00	0	0	0	26.00	
27.00		0.00	0	0	0	27.00	
28.00		0.00	0	0	0	28.00	
29.00		0.00	0	0	0	29.00	
30.00		0.00	0	0	0	30.00	
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	
	TOTALS		323,676	0			
L - INCENTIVE COMP							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	747,054	0	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	

RECLASSIFICATIONS

Provider CCN: 14-0291

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

Worksheet A-6

Date/Time Prepared:  
5/24/2018 3:44 pm

		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
4.00		0.00	0	0	0	0		4.00
5.00		0.00	0	0	0	0		5.00
6.00		0.00	0	0	0	0		6.00
7.00		0.00	0	0	0	0		7.00
8.00		0.00	0	0	0	0		8.00
9.00		0.00	0	0	0	0		9.00
10.00		0.00	0	0	0	0		10.00
11.00		0.00	0	0	0	0		11.00
12.00		0.00	0	0	0	0		12.00
13.00		0.00	0	0	0	0		13.00
14.00		0.00	0	0	0	0		14.00
15.00		0.00	0	0	0	0		15.00
16.00		0.00	0	0	0	0		16.00
17.00		0.00	0	0	0	0		17.00
	TOTALS		747,054		0			
500.00	Grand Total: Decreases		2,504,014	80,806,019				500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0291

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
5/24/2018 3:44 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	5,676,896	0	0	0	1.00
2.00	Land Improvements	14,425,704	1,181,050	0	1,181,050	2.00
3.00	Buildings and Fixtures	262,191,973	61,805,589	0	61,805,589	3.00
4.00	Building Improvements	5,055,409	0	0	0	4.00
5.00	Fixed Equipment	102,529,021	18,814,071	0	18,814,071	5.00
6.00	Movable Equipment	420,032	31,951	0	31,951	6.00
7.00	HIT designated Assets	454,996	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	390,754,031	81,832,661	0	81,832,661	8.00
9.00	Reconciling Items	-54,094,710	48,913,753	0	48,913,753	9.00
10.00	Total (line 8 minus line 9)	444,848,741	32,918,908	0	32,918,908	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	5,676,896	0			1.00
2.00	Land Improvements	15,606,754	4,922,765			2.00
3.00	Buildings and Fixtures	323,997,562	43,413,293			3.00
4.00	Building Improvements	5,055,409	1,686,885			4.00
5.00	Fixed Equipment	119,776,718	50,770,595			5.00
6.00	Movable Equipment	451,983	309,241			6.00
7.00	HIT designated Assets	454,996	0			7.00
8.00	Subtotal (sum of lines 1-7)	471,020,318	101,102,779			8.00
9.00	Reconciling Items	-5,180,957	0			9.00
10.00	Total (line 8 minus line 9)	476,201,275	101,102,779			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0291

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
5/24/2018 3:44 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	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0291

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
5/24/2018 3:44 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	NEW CAP REL COSTS-BLDG & FIXT	2	0	2	0.666667	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	1	0	1	0.333333	0	2.00
3.00	Total (sum of lines 1-2)	3	0	3	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	15,662,484	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	11,857,337	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	27,519,821	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	15,662,484	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	11,857,337	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	27,519,821	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0291

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

Worksheet A-8

Date/Time Prepared:  
5/24/2018 3:44 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center	Line #	Wkst. A-7	Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT	1.00		0	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW CAP REL COSTS-MVBLE EQUIP	2.00		0	2.00
3.00 Investment income - other (chapter 2)		0		0.00		0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00		0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00		0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00		0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00		0	7.00
8.00 Television and radio service (chapter 21)		0		0.00		0	8.00
9.00 Parking lot (chapter 21)		0		0.00		0	9.00
10.00 Provider-based physician adjustment	A-8-2	-2,544,798				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00		0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-6,078,697				0	12.00
13.00 Laundry and linen service		0		0.00		0	13.00
14.00 Cafeteria-employees and guests		0		0.00		0	14.00
15.00 Rental of quarters to employee and others		0		0.00		0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00		0	16.00
17.00 Sale of drugs to other than patients		0		0.00		0	17.00
18.00 Sale of medical records and abstracts	B	-70	MEDICAL RECORDS & LIBRARY	16.00		0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)		0		0.00		0	19.00
20.00 Vending machines		0		0.00		0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00		0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00		0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		ORESPIRATORY THERAPY	65.00			23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY	66.00			24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00			25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT	A	2,417,987	NEW CAP REL COSTS-BLDG & FIXT	1.00		9	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	A	146,468	NEW CAP REL COSTS-MVBLE EQUIP	2.00		9	27.00
28.00 Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00			28.00
29.00 Physicians' assistant		0		0.00		0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00			30.00
30.99 Hospice (non-distinct) (see instructions)			OADULTS & PEDIATRICS	30.00			30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY	68.00			31.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0291

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

Worksheet A-8

Date/Time Prepared:  
5/24/2018 3:44 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 #	
			3.00	4.00	
	1.00	2.00		5.00	
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0 32.00
33.00 INTERCOMPANY INTEREST	A	-5,914,331	OTHER ADMINISTRATIVES AND GENERAL	5.06	0 33.00
34.00 MEDICAID PROVIDER TAX	A	-6,393,044	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0 34.00
35.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 35.00
36.00 ELIMINATE AHA/IHS/MCHC LOBBYING	A	-41,140	OTHER ADMINISTRATIVES AND GENERAL	5.06	0 36.00
37.00 ELIMINATE CENTER 1090/1093/1099/1120	A	-27,838	OTHER ADMINISTRATIVES AND GENERAL	5.06	0 37.00
37.50 PASTORAL CARE TUITION	B	-7,975	PARAMED ED PRGM-PASTORAL CARE	23.00	0 37.50
38.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 38.00
39.00 PATIENT TRANSPORT	A	-9,498	OTHER ADMINISTRATIVES AND GENERAL	5.06	0 39.00
39.02 MIS INCOME	B	-229	ADMINITTING	5.04	0 39.02
39.03 MIS INCOME	B	-194,374	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0 39.03
40.00 MIS INCOME	B	-146,494	OTHER ADMINISTRATIVES AND GENERAL	5.06	0 40.00
41.00 MIS INCOME	B	-16,228	CLINIC	90.00	0 41.00
42.00 MIS INCOME	B	-610,624	DIETARY	10.00	0 42.00
43.00 MIS INCOME	B	-10	PURCHASING RECEIVING AND STORES	5.03	0 43.00
45.00 MIS INCOME	B	-44	INTENSIVE CARE UNIT	31.00	0 45.00
45.01 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 45.01
45.02 MIS INCOME	B	-5,109	ADULTS & PEDIATRICS	30.00	0 45.02
45.03 MIS INCOME	B	-500	OPERATING ROOM	50.00	0 45.03
45.04 MIS INCOME	B	-8,936	RADIOLOGY-DIAGNOSTIC	54.00	0 45.04
45.05 MIS INCOME	B	-199,920	LABORATORY	60.00	0 45.05
45.06 MIS INCOME	B	-180	RESPIRATORY THERAPY	65.00	0 45.06
45.07 NONALLOWABLE	A	-159	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 45.07
45.08 AHP PHO CC 7623	A	-1,794,683	OTHER ADMINISTRATIVES AND GENERAL	5.06	0 45.08
45.09 NONALLOWABLE	A		MAINTENANCE & REPAIRS	6.00	0 45.09
45.10 NONALLOWABLE	A		HOUSEKEEPING	9.00	0 45.10
45.11 NONALLOWABLE	A	-1,556	DIETARY	10.00	0 45.11
45.12 NONALLOWABLE	A	-13,234	NURSING ADMINISTRATION	13.00	0 45.12
45.13 NONALLOWABLE	A	-79	PHARMACY	15.00	0 45.13
45.14 NONALLOWABLE	A	-16	SOCIAL SERVICE	17.00	0 45.14
45.15 NONALLOWABLE	A	-147	PURCHASING RECEIVING AND STORES	5.03	0 45.15
45.16 NONALLOWABLE	A	-508,174	OTHER ADMINISTRATIVES AND GENERAL	5.06	0 45.16
45.17 NONALLOWABLE	A	-75	NONPATIENT TELEPHONES	5.01	0 45.17
45.18 NONALLOWABLE	A	-5,864	ADULTS & PEDIATRICS	30.00	0 45.18
45.19 NONALLOWABLE	A	-789	INTENSIVE CARE UNIT	31.00	0 45.19
45.20 NONALLOWABLE	A	-140	OPERATING ROOM	50.00	0 45.20
45.21 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 45.21
45.22 NONALLOWABLE	A	-8,200	RADIOLOGY-DIAGNOSTIC	54.00	0 45.22
45.23 NONALLOWABLE	A	-42	ULTRA SOUND	56.01	0 45.23
45.24 NONALLOWABLE	A		MAGNETIC RESONANCE IMAGING (MRI)	58.00	0 45.24
45.25 NONALLOWABLE	A		CARDIAC CATHETERIZATION	59.00	0 45.25
45.26 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 45.26
45.27 NONALLOWABLE	A		PHYSICAL THERAPY	66.00	0 45.27
45.28 NONALLOWABLE	A	-736	ELECTROCARDIOLOGY	69.00	0 45.28
45.29 NONALLOWABLE	A	-719	CARDIAC REHABILITATION	76.97	0 45.29
45.30 NONALLOWABLE	A	-189,556	CLINIC	90.00	0 45.30
45.31 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 45.31
45.32 NONALLOWABLE	A	-17,200	NONREIMBURSABLE COST CENTERS	194.00	0 45.32
45.48 HBP	A	-6,475	NURSING ADMINISTRATION	13.00	0 45.48

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0291

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

Worksheet A-8

Date/Time Prepared:  
5/24/2018 3:44 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		
45.49 HBP	A	-157,304	OTHER ADMINISTRATIVES AND GENERAL	5.06	0	45.49
45.50 HBP	A	-7,200	NONREIMBURSABLE COST CENTERS	194.00	0	45.50
45.51 OTHER ADJUSTMENTS (SPECIFY (3))		0		0.00	0	45.51
45.52 OTHER ADJUSTMENTS (SPECIFY (3))		0		0.00	0	45.52
45.53 OTHER ADJUSTMENTS (SPECIFY (3))		0		0.00	0	45.53
45.54 OTHER ADJUSTMENTS (SPECIFY (3))		0		0.00	0	45.54
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-22,347,932				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: 14-0291

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

Worksheet A-8-1

Date/Time Prepared:  
5/24/2018 3:44 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	EMPL BENEFITS	3,473,939	0 1.00
2.00	5.02	DATA PROCESSING	DATA PROCESSING	3,899,782	0 2.00
3.00	1.00	NEW CAP REL COSTS-BLDG & FIX	NEW BLDG	505,533	0 3.00
4.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	NEW EQUIP	1,360,254	0 4.00
4.01	5.06	OTHER ADMINISTRATIVES AND GE	A&G	4,149,340	19,467,545 4.01
4.02	0.00			0	0 4.02
4.03	0.00			0	0 4.03
5.00	0			13,388,848	19,467,545 5.00

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

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

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

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

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

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

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

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

Provider CCN: 14-0291

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

Worksheet A-8-1

Date/Time Prepared:  
5/24/2018 3:44 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	3,473,939	0		1.00
2.00	3,899,782	0		2.00
3.00	505,533	9		3.00
4.00	1,360,254	9		4.00
4.01	-15,318,205	0		4.01
4.02	0	0		4.02
4.03	0	0		4.03
5.00	-6,078,697			5.00

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

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

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

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

6.00	HEALTH CARE		6.00
7.00			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: 14-0291

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

Worksheet A-8-2

Date/Time Prepared:  
5/24/2018 3:44 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	267,410	267,410	0	194,500	0	1.00
2.00	0.00		0	0	0	0	0	2.00
3.00	50.00	OPERATING ROOM	838,400	838,400	0	204,100	0	3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	651,965	651,965	0	194,500	0	4.00
5.00	91.00	EMERGENCY	285,520	285,520	0	171,400	0	5.00
6.00	69.00	ELECTROCARDIOLOGY	484,615	484,615	0	171,400	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	90.00	CLINIC	16,888	16,888	0	171,400	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			2,544,798	2,544,798	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	0.00		0	0	0	0	0	2.00
3.00	50.00	OPERATING ROOM	0	0	0	0	0	3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	4.00
5.00	91.00	EMERGENCY	0	0	0	0	0	5.00
6.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	90.00	CLINIC	0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			0	0	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	267,410	1.00
2.00	0.00		0	0	0	0	2.00
3.00	50.00	OPERATING ROOM	0	0	0	838,400	3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	651,965	4.00
5.00	91.00	EMERGENCY	0	0	0	285,520	5.00
6.00	69.00	ELECTROCARDIOLOGY	0	0	0	484,615	6.00
7.00	0.00		0	0	0	0	7.00
8.00	0.00		0	0	0	0	8.00
9.00	90.00	CLINIC	0	0	0	16,888	9.00
10.00	0.00		0	0	0	0	10.00
200.00			0	0	0	2,544,798	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0291

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2018 3:44 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	15,662,484	15,662,484				1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	11,857,337		11,857,337			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	18,625,632	16,449	12,453	18,654,534		4.00
5.01 00540 NONPATIENT TELEPHONES	838,548	143,650	108,751	56,099	1,147,048	5.01
5.02 00550 DATA PROCESSING	5,936,755	72,540	54,916	0	0	5.02
5.03 00560 PURCHASING RECEIVING AND STORES	1,395,876	130,662	98,918	121,745	7,508	5.03
5.04 00570 ADMINISTRATION	994,743	46,813	35,440	223,241	13,768	5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	14,795,240	35,706	27,031	125,741	7,755	5.05
5.06 00590 OTHER ADMINISTRATIVES AND GENERAL	18,209,466	991,934	750,947	1,782,966	109,962	5.06
6.00 00600 MAINTENANCE & REPAIRS	8,804,609	4,470,550	3,384,447	345,379	21,301	6.00
8.00 00800 LAUNDRY & LINEN SERVICE	763,493	32,245	24,411	21,872	1,349	8.00
9.00 00900 HOUSEKEEPING	2,533,647	287,325	217,520	366,358	22,595	9.00
10.00 01000 DIETARY	2,343,217	269,096	203,720	378,463	23,341	10.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	2,008,365	18,254	13,819	425,444	26,239	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	1,419,593	164,085	124,221	130,607	8,055	14.00
15.00 01500 PHARMACY	4,948,062	101,224	76,632	924,050	56,989	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	448,606	46,914	35,516	49,829	3,073	16.00
17.00 01700 SOCIAL SERVICE	509,961	3,385	2,563	114,424	7,057	17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-PASTORAL CARE	308,072	65,569	49,639	60,523	3,733	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	20,120,084	2,815,980	2,131,848	4,463,828	275,318	30.00
31.00 03100 INTENSIVE CARE UNIT	4,534,561	887,475	671,866	949,620	58,566	31.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	1,124,660	86,381	65,395	254,334	15,686	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	9,209,746	1,524,936	1,154,458	1,800,071	111,017	50.00
51.00 05100 RECOVERY ROOM	1,143,717	147,687	111,807	261,250	16,112	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	2,012,088	197,534	149,544	443,600	27,358	52.00
53.00 05300 ANESTHESIOLOGY	214,275	25,074	18,982	38,290	2,361	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	7,586,387	478,942	362,585	1,151,828	71,037	54.00
56.00 03450 NUCLEAR MEDICINE - DIAGNOSTIC	450,200	43,604	33,011	99,969	6,165	56.00
56.01 03630 ULTRA SOUND	902,273	154,382	116,875	206,403	12,730	56.01
57.00 05700 CT SCAN	946,412	110,201	83,428	210,125	12,959	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	538,166	60,830	46,052	119,654	7,379	58.00
59.00 05900 CARDIAC CATHETERIZATION	1,086,751	378,570	286,598	271,058	16,717	59.00
60.00 06000 LABORATORY	6,152,777	223,336	169,077	0	0	60.00
60.01 06001 BLOOD LABORATORY	456,548	9,478	7,175	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.01 06201 BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	62.01
65.00 06500 RESPIRATORY THERAPY	1,873,366	7,522	5,695	414,494	25,563	65.00
66.00 06600 PHYSICAL THERAPY	2,532,030	119,704	90,622	557,802	34,402	66.00
67.00 06700 OCCUPATIONAL THERAPY	289,919	10,030	7,593	66,525	4,103	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	1,537,517	146,734	111,086	284,111	17,522	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	75,839	0	0	17,233	1,063	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	18,564,870	0	0	0	0	71.00
71.30 07101 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	11,928,281	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	14,800,437	0	0	0	0	73.00
76.00 03160 CARDIOPULMONARY	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	539,213	135,526	102,600	120,518	7,433	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	4,358,450	535,284	405,238	694,636	42,841	90.00
90.01 09001 WOMENS HEALTH	0	0	0	0	0	90.01
90.02 09002 SPINE CENTER	0	0	0	0	0	90.02
91.00 09100 EMERGENCY	5,047,565	565,724	428,283	1,038,701	64,060	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910 CORF	0	0	0	0	0	99.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0291

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2018 3:44 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	230,429,838	15,561,335	11,780,762	18,590,791	1,143,117	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,343	45,735	34,624	332	20	190.00
194.00 07951 NONREIMBURSABLE COST CENTERS	442,614	55,414	41,951	63,411	3,911	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	230,877,795	15,662,484	11,857,337	18,654,534	1,147,048	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0291

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

Worksheet B Part I Date/Time Prepared: 5/24/2018 3:44 pm

Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING	6,064,211				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	1,754,709			5.03
5.04	00570	ADMINITTING	0	864	1,314,869		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	253	0	14,991,726	5.05
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL	0	30,306	0	0	21,875,581
6.00	00600	MAINTENANCE & REPAIRS	0	29,057	0	0	17,055,343
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	843,370
9.00	00900	HOUSEKEEPING	0	15,971	0	0	3,443,416
10.00	01000	DIETARY	0	43,315	0	0	3,261,152
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	4,384	0	0	2,496,505
14.00	01400	CENTRAL SERVICES & SUPPLY	0	177,000	0	0	2,023,561
15.00	01500	PHARMACY	0	9,447	0	0	6,116,404
16.00	01600	MEDICAL RECORDS & LIBRARY	0	156	0	0	584,094
17.00	01700	SOCIAL SERVICE	0	13	0	0	637,403
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED PRGM-PASTORAL CARE	0	0	0	0	487,536
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	489,492	60,254	244,238	1,210,037	31,811,079
31.00	03100	INTENSIVE CARE UNIT	110,613	27,194	55,215	273,437	7,568,547
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	35,244	2,794	17,593	87,124	1,689,211
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	831,733	867,222	134,267	2,056,064	17,689,514
51.00	05100	RECOVERY ROOM	131,575	2,852	21,538	325,256	2,161,794
52.00	05200	DELIVERY ROOM & LABOR ROOM	79,648	15,548	38,753	196,893	3,160,966
53.00	05300	ANESTHESIOLOGY	141,568	20,321	22,949	349,960	833,780
54.00	05400	RADIOLOGY-DIAGNOSTIC	533,757	78,528	33,033	1,319,461	11,615,558
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	90,010	32,484	6,270	222,506	984,219
56.01	03630	ULTRA SOUND	103,746	908	8,537	256,464	1,762,318
57.00	05700	CT SCAN	410,887	15,092	52,540	1,015,722	2,857,366
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	138,312	5,506	14,509	341,912	1,272,320
59.00	05900	CARDIAC CATHETERIZATION	199,331	217,575	40,536	492,751	2,989,887
60.00	06000	LABORATORY	478,768	27,828	111,652	1,183,525	8,346,963
60.01	06001	BLOOD LABORATORY	32,116	2,000	11,311	79,390	598,018
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	129,724	11,317	57,856	320,680	2,846,217
66.00	06600	PHYSICAL THERAPY	80,960	2,582	21,668	200,135	3,639,905
67.00	06700	OCCUPATIONAL THERAPY	10,872	152	3,889	26,876	419,959
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	130,021	1,090	21,259	321,415	2,570,755
70.00	07000	ELECTROENCEPHALOGRAPHY	5,300	191	421	13,101	113,148
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	193,053	0	56,206	477,233	19,291,362
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	267,149	0	71,270	660,398	12,927,098
73.00	07300	DRUGS CHARGED TO PATIENTS	865,094	0	215,541	2,139,385	18,020,457
76.00	03160	CARDIOPULMONARY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	15,906	899	179	39,320	961,594
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	153,354	17,955	532	379,094	6,587,384
90.01	09001	WOMENS HEALTH	0	0	0	0	0
90.02	09002	SPINE CENTER	0	0	0	0	0
91.00	09100	EMERGENCY	405,978	33,274	53,107	1,003,587	8,640,279
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0291

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2018 3:44 pm

Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
111.00	11100	0	0	0	0	0	111.00
118.00		6,064,211	1,754,332	1,314,869	14,991,726	230,184,063	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	86,054	190.00
194.00	07951	0	377	0	0	607,678	194.00
200.00						0	200.00
201.00		0	0	0	0	0	201.00
202.00		6,064,211	1,754,709	1,314,869	14,991,726	230,877,795	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0291

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

Worksheet B Part I Date/Time Prepared: 5/24/2018 3:44 pm

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.06	6.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMINITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL	21,875,581				5.06
6.00	00600	MAINTENANCE & REPAIRS	1,785,132	18,840,475			6.00
8.00	00800	LAUNDRY & LINEN SERVICE	88,273	62,283	993,926		8.00
9.00	00900	HOUSEKEEPING	360,412	554,976	0	4,358,804	9.00
10.00	01000	DIETARY	341,335	519,767	0	124,323	4,246,577
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	261,302	35,258	0	8,433	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	211,800	316,936	0	75,808	14.00
15.00	01500	PHARMACY	640,186	195,518	0	46,766	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	61,135	90,615	0	21,674	16.00
17.00	01700	SOCIAL SERVICE	66,715	6,538	0	1,564	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-PASTORAL CARE	51,029	126,648	0	30,293	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	3,329,514	5,439,148	811,999	1,300,987	3,469,285
31.00	03100	INTENSIVE CARE UNIT	792,177	1,714,184	124,277	410,015	530,979
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	176,805	166,846	57,650	39,908	246,313
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	1,851,508	2,945,457	0	704,523	0
51.00	05100	RECOVERY ROOM	226,268	285,261	0	68,232	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	330,849	381,543	0	91,261	0
53.00	05300	ANESTHESIOLOGY	87,269	48,431	0	11,584	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,215,766	925,090	0	221,272	0
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	103,015	84,222	0	20,145	0
56.01	03630	ULTRA SOUND	184,457	298,193	0	71,325	0
57.00	05700	CT SCAN	299,072	212,856	0	50,913	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	133,170	117,495	0	28,104	0
59.00	05900	CARDIAC CATHETERIZATION	312,943	731,218	0	174,900	0
60.00	06000	LABORATORY	873,652	431,379	0	103,181	0
60.01	06001	BLOOD LABORATORY	62,593	18,307	0	4,379	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	297,905	14,529	0	3,475	0
66.00	06600	PHYSICAL THERAPY	380,978	231,212	0	55,303	0
67.00	06700	OCCUPATIONAL THERAPY	43,956	19,373	0	4,634	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	269,073	283,421	0	67,791	0
70.00	07000	ELECTROENCEPHALOGRAPHY	11,843	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,019,169	0	0	0	0
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,353,041	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	1,886,147	0	0	0	0
76.00	03160	CARDIOPULMONARY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	100,647	261,772	0	62,613	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	689,482	1,033,915	0	247,302	0
90.01	09001	WOMENS HEALTH	0	0	0	0	0
90.02	09002	SPINE CENTER	0	0	0	0	0
91.00	09100	EMERGENCY	904,352	1,092,711	0	261,365	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0291

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2018 3:44 pm

Cost Center Description		OTHER ADMINISTRATIVE S AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00	
111.00	11100	0	0	0	0	0	111.00
118.00		21,802,970	18,645,102	993,926	4,312,073	4,246,577	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	9,007	88,339	0	21,130	0	190.00
194.00	07951	63,604	107,034	0	25,601	0	194.00
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		21,875,581	18,840,475	993,926	4,358,804	4,246,577	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0291		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part I Date/Time Prepared: 5/24/2018 3:44 pm	
Cost Center Description			MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			12.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
12.00	01200	MAINTENANCE OF PERSONNEL	0					12.00
13.00	01300	NURSING ADMINISTRATION	0	2,801,498				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	5	2,628,110			14.00
15.00	01500	PHARMACY	0	0	9,176	7,008,050		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	487	0	0	758,005	16.00
17.00	01700	SOCIAL SERVICE	0	28,981	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-PASTORAL CARE	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	1,356,117	84,093	77,788	61,153	30.00
31.00	03100	INTENSIVE CARE UNIT	0	272,506	31,527	23,775	13,819	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	51,403	3,123	614	4,403	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	432,339	1,438,352	94,394	103,910	50.00
51.00	05100	RECOVERY ROOM	0	61,694	4,415	2,583	16,438	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	116,651	22,550	10,483	9,951	52.00
53.00	05300	ANESTHESIOLOGY	0	18,906	33,783	13,613	17,686	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	72,321	124,657	413,671	66,683	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	55,363	5,007	11,245	56.00
56.01	03630	ULTRA SOUND	0	0	1,431	39	12,961	56.01
57.00	05700	CT SCAN	0	0	25,679	10,684	51,333	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	9,165	4,130	17,280	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	46	370,370	12,335	24,903	59.00
60.00	06000	LABORATORY	0	0	47,719	0	59,813	60.00
60.01	06001	BLOOD LABORATORY	0	0	3,429	0	4,012	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	0	0	18,230	0	16,207	65.00
66.00	06600	PHYSICAL THERAPY	0	2,457	3,237	116	10,114	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	191	0	1,358	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	40,582	808	794	16,244	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	328	0	662	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	256,708	11,967	24,118	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	33,375	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	9,176	6,200,541	108,472	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	18,476	926	0	1,987	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	60,879	23,642	15,779	19,159	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	0	90.01
90.02	09002	SPINE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	267,646	50,031	109,737	50,719	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0291

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2018 3:44 pm

Cost Center Description		MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		12.00	13.00	14.00	15.00	16.00	
111.00	11100	0	0	0	0	0	111.00
118.00		0	2,801,496	2,628,109	7,008,050	758,005	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
194.00	07951	0	2	1	0	0	194.00
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		0	2,801,498	2,628,110	7,008,050	758,005	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0291

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2018 3:44 pm

Cost Center Description	INTERNS & RESIDENTS				
	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS
	17.00	19.00	20.00	21.00	22.00
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540 NONPATIENT TELEPHONES					5.01
5.02 00550 DATA PROCESSING					5.02
5.03 00560 PURCHASING RECEIVING AND STORES					5.03
5.04 00570 ADMITTING					5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00590 OTHER ADMINISTRATIVES AND GENERAL					5.06
6.00 00600 MAINTENANCE & REPAIRS					6.00
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
12.00 01200 MAINTENANCE OF PERSONNEL					12.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY					16.00
17.00 01700 SOCIAL SERVICE	741,201				17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0			19.00
20.00 02000 NURSING SCHOOL	0		0		20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0			0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0				22.00
23.00 02300 PARAMED ED PRGM-PASTORAL CARE	0				23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000 ADULTS & PEDIATRICS	605,532	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	92,677	0	0	0	31.00
40.00 04000 SUBPROVIDER - I/PF	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - I/RF	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	42.00
43.00 04300 NURSERY	42,992	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
56.00 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	56.00
56.01 03630 ULTRA SOUND	0	0	0	0	56.01
57.00 05700 CT SCAN	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
62.01 06201 BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	62.01
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
71.30 07101 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	71.30
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00 03160 CARDIOPULMONARY	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	90.00
90.01 09001 WOMENS HEALTH	0	0	0	0	90.01
90.02 09002 SPINE CENTER	0	0	0	0	90.02
91.00 09100 EMERGENCY	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10 09910 CORF	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	109.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0291

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2018 3:44 pm

Cost Center Description	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS			
				SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
				17.00	19.00		20.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	741,201	0	0	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00 07951	NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00	Cross Foot Adjustments		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)	741,201	0	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0291	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part I Date/Time Prepared: 5/24/2018 3:44 pm	
Cost Center Description			PARAMED PRGM-PASTORAL CARE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
			23.00	24.00	25.00	26.00
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	NONPATIENT TELEPHONES				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00560	PURCHASING RECEIVING AND STORES				5.03
5.04	00570	ADMITTING				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00	02300	PARAMED PRGM-PASTORAL CARE	695,506			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	568,201	48,914,896	0	30.00
31.00	03100	INTENSIVE CARE UNIT	86,964	11,661,447	0	31.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	42.00
43.00	04300	NURSERY	40,341	2,519,609	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	0	25,259,997	0	50.00
51.00	05100	RECOVERY ROOM	0	2,826,685	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,124,254	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,065,052	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	14,655,018	0	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	1,263,216	0	56.00
56.01	03630	ULTRA SOUND	0	2,330,724	0	56.01
57.00	05700	CT SCAN	0	3,507,903	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,581,664	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	4,616,602	0	59.00
60.00	06000	LABORATORY	0	9,862,707	0	60.00
60.01	06001	BLOOD LABORATORY	0	690,738	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	0	3,196,563	0	65.00
66.00	06600	PHYSICAL THERAPY	0	4,323,322	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	489,471	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,249,468	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	125,981	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	21,603,324	0	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	14,313,514	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	26,224,793	0	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,408,015	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	0	8,677,542	0	90.00
90.01	09001	WOMENS HEALTH	0	0	0	90.01
90.02	09002	SPI NE CENTER	0	0	0	90.02
91.00	09100	EMERGENCY	0	11,376,840	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	09910	CORF	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0291

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2018 3:44 pm

Cost Center Description		PARAMED ED PRGM-PASTORAL CARE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.00	24.00	25.00	26.00	
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	695,506	229,869,345	0	229,869,345
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	204,530	0	204,530
194.00	07951	NONREIMBURSABLE COST CENTERS	0	803,920	0	803,920
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	695,506	230,877,795	0	230,877,795

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0291

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/24/2018 3:44 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	16,449	12,453	28,902	28,902 4.00
5.01 00540	NONPATIENT TELEPHONES	0	143,650	108,751	252,401	87 5.01
5.02 00550	DATA PROCESSING	0	72,540	54,916	127,456	0 5.02
5.03 00560	PURCHASING RECEIVING AND STORES	0	130,662	98,918	229,580	188 5.03
5.04 00570	ADMITTING	0	46,813	35,440	82,253	346 5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	35,706	27,031	62,737	195 5.05
5.06 00590	OTHER ADMINISTRATIVES AND GENERAL	0	991,934	750,947	1,742,881	2,760 5.06
6.00 00600	MAINTENANCE & REPAIRS	0	4,470,550	3,384,447	7,854,997	535 6.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	32,245	24,411	56,656	34 8.00
9.00 00900	HOUSEKEEPING	0	287,325	217,520	504,845	567 9.00
10.00 01000	DIETARY	0	269,096	203,720	472,816	586 10.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	0	18,254	13,819	32,073	659 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	164,085	124,221	288,306	202 14.00
15.00 01500	PHARMACY	0	101,224	76,632	177,856	1,430 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	46,914	35,516	82,430	77 16.00
17.00 01700	SOCIAL SERVICE	0	3,385	2,563	5,948	177 17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0 22.00
23.00 02300	PARAMED ED PRGM-PASTORAL CARE	0	65,569	49,639	115,208	94 23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	2,815,980	2,131,848	4,947,828	6,932 30.00
31.00 03100	INTENSIVE CARE UNIT	0	887,475	671,866	1,559,341	1,470 31.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	0	86,381	65,395	151,776	394 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	1,524,936	1,154,458	2,679,394	2,787 50.00
51.00 05100	RECOVERY ROOM	0	147,687	111,807	259,494	404 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	197,534	149,544	347,078	687 52.00
53.00 05300	ANESTHESIOLOGY	0	25,074	18,982	44,056	59 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	478,942	362,585	841,527	1,783 54.00
56.00 03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	43,604	33,011	76,615	155 56.00
56.01 03630	ULTRA SOUND	0	154,382	116,875	271,257	320 56.01
57.00 05700	CT SCAN	0	110,201	83,428	193,629	325 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	60,830	46,052	106,882	185 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	378,570	286,598	665,168	420 59.00
60.00 06000	LABORATORY	0	223,336	169,077	392,413	0 60.00
60.01 06001	BLOOD LABORATORY	0	9,478	7,175	16,653	0 60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0 62.00
62.01 06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0 62.01
65.00 06500	RESPIRATORY THERAPY	0	7,522	5,695	13,217	642 65.00
66.00 06600	PHYSICAL THERAPY	0	119,704	90,622	210,326	863 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	10,030	7,593	17,623	103 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00 06900	ELECTROCARDIOLOGY	0	146,734	111,086	257,820	440 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	27 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
71.30 07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 71.30
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
76.00 03160	CARDIOPULMONARY	0	0	0	0	0 76.00
76.97 07697	CARDIAC REHABILITATION	0	135,526	102,600	238,126	187 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	0	535,284	405,238	940,522	1,075 90.00
90.01 09001	WOMENS HEALTH	0	0	0	0	0 90.01
90.02 09002	SPINE CENTER	0	0	0	0	0 90.02
91.00 09100	EMERGENCY	0	565,724	428,283	994,007	1,608 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910	CORF	0	0	0	0	0 99.10
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0 101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0291

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/24/2018 3:44 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT			
		NEW BLDG & FIXT	NEW MVBLE EQUIP					
		0	2.00					
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00	
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	15,561,335	11,780,762	27,342,097	28,803	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	45,735	34,624	80,359	1	190.00
194.00	07951	NONREIMBURSABLE COST CENTERS	0	55,414	41,951	97,365	98	194.00
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)	0	15,662,484	11,857,337	27,519,821	28,902	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0291

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/24/2018 3:44 pm

Cost Center Description		NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
		5.01	5.02	5.03	5.04	5.05	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540	252,488					5.01
5.02	00550	0	127,456				5.02
5.03	00560	1,653	0	231,421			5.03
5.04	00570	3,031	0	114	85,744		5.04
5.05	00580	1,707	0	33	0	64,672	5.05
5.06	00590	24,206	0	3,997	0	0	5.06
6.00	00600	4,689	0	3,832	0	0	6.00
8.00	00800	297	0	0	0	0	8.00
9.00	00900	4,974	0	2,106	0	0	9.00
10.00	01000	5,138	0	5,713	0	0	10.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	5,776	0	578	0	0	13.00
14.00	01400	1,773	0	23,344	0	0	14.00
15.00	01500	12,545	0	1,246	0	0	15.00
16.00	01600	676	0	21	0	0	16.00
17.00	01700	1,553	0	2	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	822	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	60,593	10,270	7,947	16,036	5,236	30.00
31.00	03100	12,892	2,321	3,586	3,595	1,183	31.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	3,453	739	368	1,145	377	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	24,438	17,451	114,374	8,742	8,897	50.00
51.00	05100	3,547	2,761	376	1,402	1,407	51.00
52.00	05200	6,022	1,671	2,051	2,523	852	52.00
53.00	05300	520	2,970	2,680	1,494	1,514	53.00
54.00	05400	15,638	11,199	10,357	2,151	5,709	54.00
56.00	03450	1,357	1,889	4,284	408	963	56.00
56.01	03630	2,802	2,177	120	556	1,110	56.01
57.00	05700	2,853	8,621	1,990	3,421	4,395	57.00
58.00	05800	1,624	2,902	726	945	1,479	58.00
59.00	05900	3,680	4,182	28,695	2,639	2,132	59.00
60.00	06000	0	10,045	3,670	7,270	5,121	60.00
60.01	06001	0	674	264	736	344	60.01
62.00	06200	0	0	0	0	0	62.00
62.01	06201	0	0	0	0	0	62.01
65.00	06500	5,627	2,722	1,493	3,767	1,388	65.00
66.00	06600	7,573	1,699	340	1,411	866	66.00
67.00	06700	903	228	20	253	116	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	3,857	2,728	144	1,384	1,391	69.00
70.00	07000	234	111	25	27	57	70.00
71.00	07100	0	4,051	0	3,660	2,065	71.00
71.30	07101	0	0	0	0	0	71.30
72.00	07200	0	5,605	0	4,640	2,858	72.00
73.00	07300	0	18,370	0	14,034	9,059	73.00
76.00	03160	0	0	0	0	0	76.00
76.97	07697	1,636	334	119	12	170	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	9,431	3,218	2,368	35	1,640	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	0	0	0	0	90.02
91.00	09100	14,102	8,518	4,388	3,458	4,343	91.00
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	0	0	0	0	0	99.10
101.00	10100	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0291

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/24/2018 3:44 pm

Cost Center Description		NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
		5.01	5.02	5.03	5.04	5.05	
111.00	11100	0	0	0	0	0	111.00
118.00		251,622	127,456	231,371	85,744	64,672	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	5	0	0	0	0	190.00
194.00	07951	861	0	50	0	0	194.00
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		252,488	127,456	231,421	85,744	64,672	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0291	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/24/2018 3:44 pm		
Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMINITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL	1,773,844				5.06
6.00	00600	MAINTENANCE & REPAIRS	144,749	8,008,802			6.00
8.00	00800	LAUNDRY & LINEN SERVICE	7,158	26,476	90,621		8.00
9.00	00900	HOUSEKEEPING	29,224	235,912	0	777,628	9.00
10.00	01000	DIETARY	27,677	220,945	0	22,180	755,055 10.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00	01300	NURSING ADMINISTRATION	21,188	14,988	0	1,505	0 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	17,174	134,725	0	13,524	0 14.00
15.00	01500	PHARMACY	51,910	83,112	0	8,343	0 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,957	38,519	0	3,867	0 16.00
17.00	01700	SOCIAL SERVICE	5,410	2,779	0	279	0 17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0 21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0 22.00
23.00	02300	PARAMED PRGM-PASTORAL CARE	4,138	53,836	0	5,404	0 23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	270,025	2,312,098	74,034	232,100	616,850 30.00
31.00	03100	INTENSIVE CARE UNIT	64,234	728,674	11,331	73,148	94,410 31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00	04300	NURSERY	14,336	70,924	5,256	7,120	43,795 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	150,131	1,252,070	0	125,690	0 50.00
51.00	05100	RECOVERY ROOM	18,347	121,260	0	12,173	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	26,827	162,188	0	16,281	0 52.00
53.00	05300	ANESTHESIOLOGY	7,076	20,587	0	2,067	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	98,581	393,242	0	39,476	0 54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	8,353	35,802	0	3,594	0 56.00
56.01	03630	ULTRA SOUND	14,957	126,757	0	12,725	0 56.01
57.00	05700	CT SCAN	24,250	90,482	0	9,083	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	10,798	49,945	0	5,014	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	25,375	310,830	0	31,203	0 59.00
60.00	06000	LABORATORY	70,841	183,373	0	18,408	0 60.00
60.01	06001	BLOOD LABORATORY	5,075	7,782	0	781	0 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0 62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0 62.01
65.00	06500	RESPIRATORY THERAPY	24,156	6,176	0	620	0 65.00
66.00	06600	PHYSICAL THERAPY	30,892	98,285	0	9,866	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	3,564	8,235	0	827	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	21,818	120,478	0	12,094	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	960	0	0	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	163,726	0	0	0	0 71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	109,712	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	152,940	0	0	0	0 73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	8,161	111,275	0	11,170	0 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00	09000	CLINIC	55,907	439,502	0	44,120	0 90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	0 90.01
90.02	09002	SPINE CENTER	0	0	0	0	0 90.02
91.00	09100	EMERGENCY	73,330	464,495	0	46,629	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	0	0 99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0 101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0 110.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0291

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/24/2018 3:44 pm

Cost Center Description		OTHER ADMINISTRATIVE S AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00	
111.00	11100	ASSET ACQUISITION	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,767,957	7,925,752	90,621	769,291	755,055
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	730	37,552	0	3,770	0
194.00	07951	NONREIMBURSABLE COST CENTERS	5,157	45,498	0	4,567	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	1,773,844	8,008,802	90,621	777,628	755,055

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0291	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/24/2018 3:44 pm		
Cost Center Description			MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
			12.00	13.00	14.00	15.00	16.00
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMINITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
12.00	01200	MAINTENANCE OF PERSONNEL	0				12.00
13.00	01300	NURSING ADMINISTRATION	0	76,767			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	479,048		14.00
15.00	01500	PHARMACY	0	0	1,673	338,115	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	13	0	0	130,560
17.00	01700	SOCIAL SERVICE	0	794	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED PRGM-PASTORAL CARE	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	37,162	15,328	3,753	10,539
31.00	03100	INTENSIVE CARE UNIT	0	7,467	5,747	1,147	2,382
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	1,409	569	30	759
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	11,847	262,180	4,554	17,908
51.00	05100	RECOVERY ROOM	0	1,691	805	125	2,833
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,196	4,110	506	1,715
53.00	05300	ANESTHESIOLOGY	0	518	6,158	657	3,048
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,982	22,722	19,958	11,492
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	10,092	242	1,938
56.01	03630	ULTRA SOUND	0	0	261	2	2,234
57.00	05700	CT SCAN	0	0	4,681	515	8,847
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	1,671	199	2,978
59.00	05900	CARDIAC CATHETERIZATION	0	1	67,510	595	4,292
60.00	06000	LABORATORY	0	0	8,698	0	10,308
60.01	06001	BLOOD LABORATORY	0	0	625	0	691
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	3,323	0	2,793
66.00	06600	PHYSICAL THERAPY	0	67	590	6	1,743
67.00	06700	OCCUPATIONAL THERAPY	0	0	35	0	234
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	1,112	147	38	2,799
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	60	0	114
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	46,792	577	4,157
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	5,752
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,673	299,156	18,619
76.00	03160	CARDIOPULMONARY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	506	169	0	342
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	1,668	4,309	761	3,302
90.01	09001	WOMENS HEALTH	0	0	0	0	0
90.02	09002	SPINE CENTER	0	0	0	0	0
91.00	09100	EMERGENCY	0	7,334	9,120	5,294	8,741
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0291

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/24/2018 3:44 pm

Cost Center Description		MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		12.00	13.00	14.00	15.00	16.00	
111.00	11100	0	0	0	0	0	111.00
118.00		0	76,767	479,048	338,115	130,560	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
194.00	07951	0	0	0	0	0	194.00
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		0	76,767	479,048	338,115	130,560	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0291	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/24/2018 3:44 pm	
Cost Center Description	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS	
				SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS
	17.00	19.00	20.00	21.00	22.00
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540 NONPATIENT TELEPHONES					5.01
5.02 00550 DATA PROCESSING					5.02
5.03 00560 PURCHASING RECEIVING AND STORES					5.03
5.04 00570 ADMITTING					5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00590 OTHER ADMINISTRATIVES AND GENERAL					5.06
6.00 00600 MAINTENANCE & REPAIRS					6.00
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
12.00 01200 MAINTENANCE OF PERSONNEL					12.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY					16.00
17.00 01700 SOCIAL SERVICE	16,942				17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0			19.00
20.00 02000 NURSING SCHOOL	0		0		20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0			0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0				22.00
23.00 02300 PARAMED ED PRGM-PASTORAL CARE	0				23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000 ADULTS & PEDIATRICS	13,841				30.00
31.00 03100 INTENSIVE CARE UNIT	2,118				31.00
40.00 04000 SUBPROVIDER - I PF	0				40.00
41.00 04100 SUBPROVIDER - I RF	0				41.00
42.00 04200 SUBPROVIDER	0				42.00
43.00 04300 NURSERY	983				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0				50.00
51.00 05100 RECOVERY ROOM	0				51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0				52.00
53.00 05300 ANESTHESIOLOGY	0				53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0				54.00
56.00 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0				56.00
56.01 03630 ULTRA SOUND	0				56.01
57.00 05700 CT SCAN	0				57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0				58.00
59.00 05900 CARDIAC CATHETERIZATION	0				59.00
60.00 06000 LABORATORY	0				60.00
60.01 06001 BLOOD LABORATORY	0				60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0				62.00
62.01 06201 BLOOD CLOTTING FACOTRS ADMIN COST	0				62.01
65.00 06500 RESPIRATORY THERAPY	0				65.00
66.00 06600 PHYSICAL THERAPY	0				66.00
67.00 06700 OCCUPATIONAL THERAPY	0				67.00
68.00 06800 SPEECH PATHOLOGY	0				68.00
69.00 06900 ELECTROCARDIOLOGY	0				69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0				70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0				71.00
71.30 07101 IMPL. DEV. CHARGED TO PATIENT	0				71.30
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0				72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0				73.00
76.00 03160 CARDIOPULMONARY	0				76.00
76.97 07697 CARDIAC REHABILITATION	0				76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 08800 RURAL HEALTH CLINIC	0				88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0				89.00
90.00 09000 CLINIC	0				90.00
90.01 09001 WOMENS HEALTH	0				90.01
90.02 09002 SPINE CENTER	0				90.02
91.00 09100 EMERGENCY	0				91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0				92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10 09910 CORF	0				99.10
101.00 10100 HOME HEALTH AGENCY	0				101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00 10900 PANCREAS ACQUISITION	0				109.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0291

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/24/2018 3:44 pm

Cost Center Description	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
				17.00	19.00	
110.00 11000 INTESTINAL ACQUISITION	0					110.00
111.00 11100 ISLET ACQUISITION	0					111.00
118.00   SUBTOTALS (SUM OF LINES 1 through 117)	16,942	0	0	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0					190.00
194.00 07951 NONREIMBURSABLE COST CENTERS	0					194.00
200.00   Cross Foot Adjustments		0	0	0	0	0 200.00
201.00   Negative Cost Centers	0	0	0	0	0	0 201.00
202.00   TOTAL (sum lines 118 through 201)	16,942	0	0	0	0	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS				Provider CCN: 14-0291	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/24/2018 3:44 pm
Cost Center	Description	PARAMED ED PRGM-PASTORAL CARE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.00	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	NONPATIENT TELEPHONES				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00560	PURCHASING RECEIVING AND STORES				5.03
5.04	00570	ADMITTING				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00	02300	PARAMED PRGM-PASTORAL CARE	179,502			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	8,640,572	0	8,640,572	30.00
31.00	03100	INTENSIVE CARE UNIT	2,575,046	0	2,575,046	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	42.00
43.00	04300	NURSERY	303,433	0	303,433	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	4,680,463	0	4,680,463	50.00
51.00	05100	RECOVERY ROOM	426,625	0	426,625	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	575,707	0	575,707	52.00
53.00	05300	ANESTHESIOLOGY	93,404	0	93,404	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,475,817	0	1,475,817	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	145,692	0	145,692	56.00
56.01	03630	ULTRA SOUND	435,278	0	435,278	56.01
57.00	05700	CT SCAN	353,092	0	353,092	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	185,348	0	185,348	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,146,722	0	1,146,722	59.00
60.00	06000	LABORATORY	710,147	0	710,147	60.00
60.01	06001	BLOOD LABORATORY	33,625	0	33,625	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACTORS ADMIN COST	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	65,924	0	65,924	65.00
66.00	06600	PHYSICAL THERAPY	364,527	0	364,527	66.00
67.00	06700	OCCUPATIONAL THERAPY	32,141	0	32,141	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	426,250	0	426,250	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,615	0	1,615	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	225,028	0	225,028	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	128,567	0	128,567	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	513,851	0	513,851	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	372,207	0	372,207	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	1,507,858	0	1,507,858	90.00
90.01	09001	WOMENS HEALTH	0	0	0	90.01
90.02	09002	SPINE CENTER	0	0	0	90.02
91.00	09100	EMERGENCY	1,645,367	0	1,645,367	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	09910	CORF	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0291

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/24/2018 3:44 pm

Cost Center Description		PARAMED ED PRGM-PASTORAL CARE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.00	24.00	25.00	26.00	
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	27,064,306	0	27,064,306
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		122,417	0	122,417
194.00	07951	NONREIMBURSABLE COST CENTERS		153,596	0	153,596
200.00		Cross Foot Adjustments	179,502	179,502	0	179,502
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	179,502	27,519,821	0	27,519,821

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0291

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

Worksheet B-1

Date/Time Prepared:  
5/24/2018 3:44 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (GROSS SALARIES)	DATA PROCESSING (GROSS REVENUES)	
		NEW BLDG & FIXT (BLDG SQFT)	NEW MVBLE EQUIP (BLDG SQFT)				
		1.00	2.00	4.00	5.01	5.02	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	624,646				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		624,646			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	656	656	75,397,493		4.00
5.01	00540	NONPATIENT TELEPHONES	5,729	5,729	226,741	75,170,752	5.01
5.02	00550	DATA PROCESSING	2,893	2,893	0	0	831,653,859
5.03	00560	PURCHASING RECEIVING AND STORES	5,211	5,211	492,064	492,064	0
5.04	00570	ADMINISTRATIVE	1,867	1,867	902,289	902,289	0
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,424	1,424	508,216	508,216	0
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL	39,560	39,560	7,206,347	7,206,347	0
6.00	00600	MAINTENANCE & REPAIRS	178,293	178,293	1,395,943	1,395,943	0
8.00	00800	LAUNDRY & LINEN SERVICE	1,286	1,286	88,401	88,401	0
9.00	00900	HOUSEKEEPING	11,459	11,459	1,480,736	1,480,736	0
10.00	01000	DIETARY	10,732	10,732	1,529,663	1,529,663	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	728	728	1,719,550	1,719,550	0
14.00	01400	CENTRAL SERVICES & SUPPLY	6,544	6,544	527,883	527,883	0
15.00	01500	PHARMACY	4,037	4,037	3,734,803	3,734,803	0
16.00	01600	MEDICAL RECORDS & LIBRARY	1,871	1,871	201,399	201,399	0
17.00	01700	SOCIAL SERVICE	135	135	462,477	462,477	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMEDICAL PRGM-PASTORAL CARE	2,615	2,615	244,620	244,620	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	112,306	112,306	18,041,846	18,041,846	67,127,311
31.00	03100	INTENSIVE CARE UNIT	35,394	35,394	3,838,152	3,838,152	15,169,047
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	3,445	3,445	1,027,963	1,027,963	4,833,214
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	60,817	60,817	7,275,483	7,275,483	114,061,023
51.00	05100	RECOVERY ROOM	5,890	5,890	1,055,913	1,055,913	18,043,701
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,878	7,878	1,792,932	1,792,932	10,922,712
53.00	05300	ANESTHESIOLOGY	1,000	1,000	154,761	154,761	19,414,156
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,101	19,101	4,655,429	4,655,429	73,197,652
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,739	1,739	404,052	404,052	12,343,619
56.01	03630	ULTRA SOUND	6,157	6,157	834,234	834,234	14,227,424
57.00	05700	CT SCAN	4,395	4,395	849,279	849,279	56,347,594
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,426	2,426	483,616	483,616	18,967,697
59.00	05900	CARDIAC CATHETERIZATION	15,098	15,098	1,095,554	1,095,554	27,335,580
60.00	06000	LABORATORY	8,907	8,907	0	0	65,656,554
60.01	06001	BLOOD LABORATORY	378	378	0	0	4,404,218
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
62.01	06201	BLOOD CLOTTING FACTORS ADMIN COST	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	300	300	1,675,290	1,675,290	17,789,877
66.00	06600	PHYSICAL THERAPY	4,774	4,774	2,254,512	2,254,512	11,102,594
67.00	06700	OCCUPATIONAL THERAPY	400	400	268,880	268,880	1,490,966
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	5,852	5,852	1,148,312	1,148,312	17,830,630
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	69,653	69,653	726,786
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	26,474,679
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	36,635,872
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	118,664,797
76.00	03160	CARDIOPULMONARY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	5,405	5,405	487,106	487,106	2,181,310
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	21,348	21,348	2,807,563	2,807,563	21,030,420
90.01	09001	WOMENS HEALTH	0	0	0	0	0
90.02	09002	SPINE CENTER	0	0	0	0	0
91.00	09100	EMERGENCY	22,562	22,562	4,198,197	4,198,197	55,674,426
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0291

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

Worksheet B-1

Date/Time Prepared:  
5/24/2018 3:44 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (GROSS SALARIES)	DATA PROCESSING (GROSS REVENUES)	
			NEW BLDG & FIXT (BLDG SQFT)	NEW MVBLE EQUIP (BLDG SQFT)				
			1.00	2.00				
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	620,612	620,612	75,139,859	74,913,118	831,653,859	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,824	1,824	1,340	1,340	0	190.00
194.00	07951	NONREIMBURSABLE COST CENTERS	2,210	2,210	256,294	256,294	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	15,662,484	11,857,337	18,654,534	1,147,048	6,064,211	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	25.074176	18.982491	0.247416	0.015259	0.007292	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			28,902	252,488	127,456	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000383	0.003359	0.000153	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0291

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

Worksheet B-1

Date/Time Prepared:  
5/24/2018 3:44 pm

Cost Center Description			PURCHASING RECEIVING AND STORES (SUPPLY \$)	ADMITTING (IP REVENUES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES	34,947,169					5.03
5.04	00570	ADMITTING	17,209	361,256,338				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	5,029	0	831,653,859			5.05
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL	603,588	0	0	-21,875,581	209,002,214	5.06
6.00	00600	MAINTENANCE & REPAIRS	578,712	0	0	0	17,055,343	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	843,370	8.00
9.00	00900	HOUSEKEEPING	318,083	0	0	0	3,443,416	9.00
10.00	01000	DIETARY	862,671	0	0	0	3,261,152	10.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	87,321	0	0	0	2,496,505	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,525,202	0	0	0	2,023,561	14.00
15.00	01500	PHARMACY	188,140	0	0	0	6,116,404	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,105	0	0	0	584,094	16.00
17.00	01700	SOCIAL SERVICE	255	0	0	0	637,403	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-PASTORAL CARE	0	0	0	0	487,536	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	1,200,039	67,127,311	67,127,311	0	31,811,079	30.00
31.00	03100	INTENSIVE CARE UNIT	541,599	15,169,047	15,169,047	0	7,568,547	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	55,637	4,833,214	4,833,214	0	1,689,211	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	17,271,672	36,886,560	114,061,023	0	17,689,514	50.00
51.00	05100	RECOVERY ROOM	56,795	5,916,980	18,043,701	0	2,161,794	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	309,656	10,646,464	10,922,712	0	3,160,966	52.00
53.00	05300	ANESTHESIOLOGY	404,725	6,304,726	19,414,156	0	833,780	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,564,001	9,075,029	73,197,652	0	11,615,558	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	646,967	1,722,478	12,343,619	0	984,219	56.00
56.01	03630	ULTRA SOUND	18,082	2,345,250	14,227,424	0	1,762,318	56.01
57.00	05700	CT SCAN	300,583	14,434,085	56,347,594	0	2,857,366	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	109,663	3,985,952	18,967,697	0	1,272,320	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,333,295	11,136,157	27,335,580	0	2,989,887	59.00
60.00	06000	LABORATORY	554,238	30,673,631	65,656,554	0	8,346,963	60.00
60.01	06001	BLOOD LABORATORY	39,832	3,107,408	4,404,218	0	598,018	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	225,394	15,894,375	17,789,877	0	2,846,217	65.00
66.00	06600	PHYSICAL THERAPY	51,419	5,952,667	11,102,594	0	3,639,905	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,027	1,068,367	1,490,966	0	419,959	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	21,704	5,840,378	17,830,630	0	2,570,755	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,809	115,555	726,786	0	113,148	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	15,441,254	26,474,679	0	19,291,362	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	19,579,660	36,635,872	0	12,927,098	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	59,214,553	118,664,797	0	18,020,457	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	17,909	49,068	2,181,310	0	961,594	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	357,607	146,245	21,030,420	0	6,587,384	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	0	90.01
90.02	09002	SPI NE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	662,691	14,589,924	55,674,426	0	8,640,279	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0291

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

Worksheet B-1

Date/Time Prepared:  
5/24/2018 3:44 pm

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLY \$)	ADMINISTRATIVE (IP REVENUES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUES)	Reconciliation	OTHER ADMINISTRATIVE S AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	34,939,659	361,256,338	831,653,859	-21,875,581	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	86,054	190.00
194.00	07951	NONREIMBURSABLE COST CENTERS	7,510	0	0	607,678	194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,754,709	1,314,869	14,991,726	21,875,581	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.050210	0.003640	0.018026	0.104667	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	231,421	85,744	64,672	1,773,844	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.006622	0.000237	0.000078	0.008487	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0291

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

Worksheet B-1

Date/Time Prepared:  
5/24/2018 3:44 pm

Cost Center Description		MAINTENANCE & REPAIRS (BLDG SQFT)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (BLDG SQFT)	DIETARY (PATIENT DAYS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		6.00	8.00	9.00	10.00	12.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMINISTRATIVE					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS	389,013				6.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,286	40,636			8.00
9.00	00900	HOUSEKEEPING	11,459	0	376,268		9.00
10.00	01000	DIETARY	10,732	0	10,732	40,636	10.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	728	0	728	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,544	0	6,544	0	14.00
15.00	01500	PHARMACY	4,037	0	4,037	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,871	0	1,871	0	16.00
17.00	01700	SOCIAL SERVICE	135	0	135	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMEDICAL PRGM-PASTORAL CARE	2,615	0	2,615	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	112,306	33,198	112,306	33,198	30.00
31.00	03100	INTENSIVE CARE UNIT	35,394	5,081	35,394	5,081	31.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	3,445	2,357	3,445	2,357	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	60,817	0	60,817	0	50.00
51.00	05100	RECOVERY ROOM	5,890	0	5,890	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,878	0	7,878	0	52.00
53.00	05300	ANESTHESIOLOGY	1,000	0	1,000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,101	0	19,101	0	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,739	0	1,739	0	56.00
56.01	03630	ULTRA SOUND	6,157	0	6,157	0	56.01
57.00	05700	CT SCAN	4,395	0	4,395	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,426	0	2,426	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	15,098	0	15,098	0	59.00
60.00	06000	LABORATORY	8,907	0	8,907	0	60.00
60.01	06001	BLOOD LABORATORY	378	0	378	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACTORS ADMIN COST	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	300	0	300	0	65.00
66.00	06600	PHYSICAL THERAPY	4,774	0	4,774	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	400	0	400	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	5,852	0	5,852	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	5,405	0	5,405	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	21,348	0	21,348	0	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	90.01
90.02	09002	SPINE CENTER	0	0	0	0	90.02
91.00	09100	EMERGENCY	22,562	0	22,562	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0291

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

Worksheet B-1

Date/Time Prepared:  
5/24/2018 3:44 pm

Cost Center Description		MAINTENANCE & REPAIRS (BLDG SQFT)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (BLDG SQFT)	DIETARY (PATIENT DAYS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		6.00	8.00	9.00	10.00	12.00	
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
118.00		384,979	40,636	372,234	40,636	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	1,824	0	1,824	0	0	190.00
194.00	07951	2,210	0	2,210	0	0	194.00
200.00							200.00
201.00							201.00
202.00		18,840,475	993,926	4,358,804	4,246,577	0	202.00
203.00		48.431479	24.459248	11.584307	104.502830	0.000000	203.00
204.00		8,008,802	90,621	777,628	755,055	0	204.00
205.00		20.587492	2.230067	2.066687	18.580938	0.000000	205.00
206.00							206.00
207.00							207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0291

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

Worksheet B-1

Date/Time Prepared:  
5/24/2018 3:44 pm

Cost Center Description		NURSING ADMINISTRATION  (NURS. HOURS)	CENTRAL SERVICES & SUPPLY (MED SUPPLY \$)	PHARMACY (DRUG \$)	MEDICAL RECORDS & LIBRARY (GROSS REVENUES)	SOCIAL SERVICE  (PATIENT DAYS)	
		13.00	14.00	15.00	16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600						6.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
12.00	01200						12.00
13.00	01300	1,145,874					13.00
14.00	01400		30,524,174				14.00
15.00	01500		106,580	16,737,652			15.00
16.00	01600	199	0	0	831,653,859		16.00
17.00	01700	11,854	0	0	0	40,636	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	554,681	976,696	185,784	67,127,311	33,198	30.00
31.00	03100	111,461	366,175	56,782	15,169,047	5,081	31.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	21,025	36,277	1,466	4,833,214	2,357	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	176,836	16,705,653	225,446	114,061,023	0	50.00
51.00	05100	25,234	51,281	6,169	18,043,701	0	51.00
52.00	05200	47,713	261,912	25,038	10,922,712	0	52.00
53.00	05300	7,733	392,374	32,513	19,414,156	0	53.00
54.00	05400	29,581	1,447,836	987,988	73,197,652	0	54.00
56.00	03450	0	643,021	11,958	12,343,619	0	56.00
56.01	03630	0	16,621	93	14,227,424	0	56.01
57.00	05700	0	298,247	25,518	56,347,594	0	57.00
58.00	05800	0	106,446	9,864	18,967,697	0	58.00
59.00	05900	19	4,301,674	29,461	27,335,580	0	59.00
60.00	06000	0	554,238	0	65,656,554	0	60.00
60.01	06001	0	39,832	0	4,404,218	0	60.01
62.00	06200	0	0	0	0	0	62.00
62.01	06201	0	0	0	0	0	62.01
65.00	06500	0	211,733	0	17,789,877	0	65.00
66.00	06600	1,005	37,594	278	11,102,594	0	66.00
67.00	06700	0	2,224	0	1,490,966	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	16,599	9,385	1,896	17,830,630	0	69.00
70.00	07000	0	3,809	0	726,786	0	70.00
71.00	07100	0	2,981,541	28,581	26,474,679	0	71.00
71.30	07101	0	0	0	0	0	71.30
72.00	07200	0	0	0	36,635,872	0	72.00
73.00	07300	0	106,580	14,809,041	118,664,797	0	73.00
76.00	03160	0	0	0	0	0	76.00
76.97	07697	7,557	10,757	0	2,181,310	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	24,901	274,587	37,686	21,030,420	0	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	0	0	0	0	90.02
91.00	09100	109,473	581,091	262,090	55,674,426	0	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	0	0	0	0	0	99.10
101.00	10100	0	0	0	0	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0291

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

Worksheet B-1

Date/Time Prepared:  
5/24/2018 3:44 pm

Cost Center Description		NURSING ADMINISTRATION  (NURS. HOURS)	CENTRAL SERVICES & SUPPLY (MED SUPPLY \$)	PHARMACY (DRUG \$)	MEDICAL RECORDS & LIBRARY (GROSS REVENUES)	SOCIAL SERVICE  (PATIENT DAYS)	
		13.00	14.00	15.00	16.00	17.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,145,873	30,524,164	16,737,652	831,653,859	40,636
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07951	NONREIMBURSABLE COST CENTERS	1	10	0	0	194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,801,498	2,628,110	7,008,050	758,005	741,201
203.00		Unit cost multiplier (Wkst. B, Part I)	2.444857	0.086099	0.418700	0.000911	18.240009
204.00		Cost to be allocated (per Wkst. B, Part II)	76,767	479,048	338,115	130,560	16,942
205.00		Unit cost multiplier (Wkst. B, Part II)	0.066994	0.015694	0.020201	0.000157	0.416921
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0291

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

Worksheet B-1

Date/Time Prepared:  
5/24/2018 3:44 pm

Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED PRGM-PASTORAL CARE (PATIENT DAYS)	
			SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
			19.00	20.00		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVES AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0					19.00
20.00 02000 NURSING SCHOOL		0				20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD			0			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD				0		22.00
23.00 02300 PARAMED PRGM-PASTORAL CARE					40,636	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	0	0	0	0	33,198	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	5,081	31.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	0	2,357	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.00
56.01 03630 ULTRA SOUND	0	0	0	0	0	56.01
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.01 06201 BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	62.01
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 PATIENTS	0	0	0	0	0	71.00
71.30 07101 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00 03160 CARDIOPULMONARY	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 WOMENS HEALTH	0	0	0	0	0	90.01
90.02 09002 SPINE CENTER	0	0	0	0	0	90.02
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0291

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

Worksheet B-1

Date/Time Prepared:  
5/24/2018 3:44 pm

Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED PRGM-PASTORAL CARE (PATIENT DAYS)		
			SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
			19.00	20.00			21.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	40,636	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07951	NONREIMBURSABLE COST CENTERS	0	0	0	0	194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	0	0	695,506	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	17.115513	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	0	179,502	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	4.417315	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)		0			206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000		0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0291

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/24/2018 3:44 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS		48,914,896	0	48,914,896	30.00
31.00	03100	INTENSIVE CARE UNIT		11,661,447	0	11,661,447	31.00
40.00	04000	SUBPROVIDER - I PF		0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF		0	0	0	41.00
42.00	04200	SUBPROVIDER		0	0	0	42.00
43.00	04300	NURSERY		2,519,609	0	2,519,609	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM		25,259,997	0	25,259,997	50.00
51.00	05100	RECOVERY ROOM		2,826,685	0	2,826,685	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		4,124,254	0	4,124,254	52.00
53.00	05300	ANESTHESIOLOGY		1,065,052	0	1,065,052	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		14,655,018	0	14,655,018	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC		1,263,216	0	1,263,216	56.00
56.01	03630	ULTRA SOUND		2,330,724	0	2,330,724	56.01
57.00	05700	CT SCAN		3,507,903	0	3,507,903	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		1,581,664	0	1,581,664	58.00
59.00	05900	CARDIAC CATHETERIZATION		4,616,602	0	4,616,602	59.00
60.00	06000	LABORATORY		9,862,707	0	9,862,707	60.00
60.01	06001	BLOOD LABORATORY		690,738	0	690,738	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACTORS ADMIN COST		0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	0	3,196,563	0	3,196,563	65.00
66.00	06600	PHYSICAL THERAPY	0	4,323,322	0	4,323,322	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	489,471	0	489,471	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		3,249,468	0	3,249,468	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		125,981	0	125,981	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		21,603,324	0	21,603,324	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT		0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		14,313,514	0	14,313,514	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		26,224,793	0	26,224,793	73.00
76.00	03160	CARDIOPULMONARY		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		1,408,015	0	1,408,015	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	09000	CLINIC		8,677,542	0	8,677,542	90.00
90.01	09001	WOMENS HEALTH		0	0	0	90.01
90.02	09002	SPINE CENTER		0	0	0	90.02
91.00	09100	EMERGENCY		11,376,840	0	11,376,840	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		7,888,239	0	7,888,239	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF		0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY		0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION		0	0	0	110.00
111.00	11100	ISLET ACQUISITION		0	0	0	111.00
200.00		Subtotal (see instructions)	0	237,757,584	0	237,757,584	200.00
201.00		Less Observation Beds		7,888,239		7,888,239	201.00
202.00		Total (see instructions)	0	229,869,345	0	229,869,345	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0291

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/24/2018 3:44 pm

		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	67,127,311		67,127,311		30.00
31.00	03100	INTENSIVE CARE UNIT	15,169,047		15,169,047		31.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	4,833,214		4,833,214		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	36,886,560	77,174,463	114,061,023	0.221460	50.00
51.00	05100	RECOVERY ROOM	5,916,980	12,126,721	18,043,701	0.156658	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,646,464	276,248	10,922,712	0.377585	52.00
53.00	05300	ANESTHESIOLOGY	6,304,726	13,109,430	19,414,156	0.054860	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,075,029	64,122,623	73,197,652	0.200212	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,722,478	10,621,141	12,343,619	0.102338	56.00
56.01	03630	ULTRA SOUND	2,345,250	11,882,174	14,227,424	0.163819	56.01
57.00	05700	CT SCAN	14,434,085	41,913,509	56,347,594	0.062255	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,985,952	14,981,745	18,967,697	0.083387	58.00
59.00	05900	CARDIAC CATHETERIZATION	11,136,157	16,199,423	27,335,580	0.168886	59.00
60.00	06000	LABORATORY	30,673,631	34,982,923	65,656,554	0.150217	60.00
60.01	06001	BLOOD LABORATORY	3,107,408	1,296,810	4,404,218	0.156836	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0.000000	62.01
65.00	06500	RESPIRATORY THERAPY	15,894,375	1,895,502	17,789,877	0.179684	65.00
66.00	06600	PHYSICAL THERAPY	5,952,667	5,149,927	11,102,594	0.389397	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,068,367	422,599	1,490,966	0.328291	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	5,840,378	11,990,252	17,830,630	0.182241	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	115,555	611,231	726,786	0.173340	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,441,254	11,033,425	26,474,679	0.815999	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0.000000	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	19,579,660	17,056,212	36,635,872	0.390697	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	59,214,553	59,450,244	118,664,797	0.220999	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	49,068	2,132,242	2,181,310	0.645491	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	146,245	20,884,175	21,030,420	0.412619	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0.000000	90.01
90.02	09002	SPI NE CENTER	0	0	0	0.000000	90.02
91.00	09100	EMERGENCY	14,589,924	41,084,502	55,674,426	0.204346	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,416,770	8,606,511	12,023,281	0.656080	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
200.00		Subtotal (see instructions)	364,673,108	479,004,032	843,677,140		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	364,673,108	479,004,032	843,677,140		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0291	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/24/2018 3:44 pm
			Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
			11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.221460		50.00
51.00	05100	RECOVERY ROOM	0.156658		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.377585		52.00
53.00	05300	ANESTHESIOLOGY	0.054860		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.200212		54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.102338		56.00
56.01	03630	ULTRA SOUND	0.163819		56.01
57.00	05700	CT SCAN	0.062255		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.083387		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.168886		59.00
60.00	06000	LABORATORY	0.150217		60.00
60.01	06001	BLOOD LABORATORY	0.156836		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
62.01	06201	BLOOD CLOTTING FACTORS ADMIN COST	0.000000		62.01
65.00	06500	RESPIRATORY THERAPY	0.179684		65.00
66.00	06600	PHYSICAL THERAPY	0.389397		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.328291		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.182241		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.173340		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.815999		71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0.000000		71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.390697		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.220999		73.00
76.00	03160	CARDIOPULMONARY	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.645491		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0.412619		90.00
90.01	09001	WOMENS HEALTH	0.000000		90.01
90.02	09002	SPINE CENTER	0.000000		90.02
91.00	09100	EMERGENCY	0.204346		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.656080		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10	09910	CORF			99.10
101.00	10100	HOME HEALTH AGENCY			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
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: 14-0291

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/24/2018 3:44 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS		48,914,896	0	48,914,896	30.00
31.00	03100 INTENSIVE CARE UNIT		11,661,447	0	11,661,447	31.00
40.00	04000 SUBPROVIDER - I PF		0	0	0	40.00
41.00	04100 SUBPROVIDER - I RF		0	0	0	41.00
42.00	04200 SUBPROVIDER		0	0	0	42.00
43.00	04300 NURSERY		2,519,609	0	2,519,609	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM		25,259,997	0	25,259,997	50.00
51.00	05100 RECOVERY ROOM		2,826,685	0	2,826,685	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		4,124,254	0	4,124,254	52.00
53.00	05300 ANESTHESIOLOGY		1,065,052	0	1,065,052	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		14,655,018	0	14,655,018	54.00
56.00	03450 NUCLEAR MEDICINE - DIAGNOSTIC		1,263,216	0	1,263,216	56.00
56.01	03630 ULTRA SOUND		2,330,724	0	2,330,724	56.01
57.00	05700 CT SCAN		3,507,903	0	3,507,903	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		1,581,664	0	1,581,664	58.00
59.00	05900 CARDIAC CATHETERIZATION		4,616,602	0	4,616,602	59.00
60.00	06000 LABORATORY		9,862,707	0	9,862,707	60.00
60.01	06001 BLOOD LABORATORY		690,738	0	690,738	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	62.00
62.01	06201 BLOOD CLOTTING FACTORS ADMIN COST		0	0	0	62.01
65.00	06500 RESPIRATORY THERAPY	0	3,196,563	0	3,196,563	65.00
66.00	06600 PHYSICAL THERAPY	0	4,323,322	0	4,323,322	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	489,471	0	489,471	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY		3,249,468	0	3,249,468	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		125,981	0	125,981	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		21,603,324	0	21,603,324	71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT		0	0	0	71.30
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		14,313,514	0	14,313,514	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		26,224,793	0	26,224,793	73.00
76.00	03160 CARDIOPULMONARY		0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION		1,408,015	0	1,408,015	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800 RURAL HEALTH CLINIC		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	09000 CLINIC		8,677,542	0	8,677,542	90.00
90.01	09001 WOMENS HEALTH		0	0	0	90.01
90.02	09002 SPINE CENTER		0	0	0	90.02
91.00	09100 EMERGENCY		11,376,840	0	11,376,840	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		7,888,239	0	7,888,239	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	09910 CORF		0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY		0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	10900 PANCREAS ACQUISITION		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION		0	0	0	110.00
111.00	11100 ISLET ACQUISITION		0	0	0	111.00
200.00	Subtotal (see instructions)		237,757,584	0	237,757,584	200.00
201.00	Less Observation Beds		7,888,239	0	7,888,239	201.00
202.00	Total (see instructions)		229,869,345	0	229,869,345	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0291

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/24/2018 3:44 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			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	67,127,311		67,127,311		30.00
31.00	03100	INTENSIVE CARE UNIT	15,169,047		15,169,047		31.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	4,833,214		4,833,214		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	36,886,560	77,174,463	114,061,023	0.221460	50.00
51.00	05100	RECOVERY ROOM	5,916,980	12,126,721	18,043,701	0.156658	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,646,464	276,248	10,922,712	0.377585	52.00
53.00	05300	ANESTHESIOLOGY	6,304,726	13,109,430	19,414,156	0.054860	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,075,029	64,122,623	73,197,652	0.200212	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,722,478	10,621,141	12,343,619	0.102338	56.00
56.01	03630	ULTRA SOUND	2,345,250	11,882,174	14,227,424	0.163819	56.01
57.00	05700	CT SCAN	14,434,085	41,913,509	56,347,594	0.062255	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,985,952	14,981,745	18,967,697	0.083387	58.00
59.00	05900	CARDIAC CATHETERIZATION	11,136,157	16,199,423	27,335,580	0.168886	59.00
60.00	06000	LABORATORY	30,673,631	34,982,923	65,656,554	0.150217	60.00
60.01	06001	BLOOD LABORATORY	3,107,408	1,296,810	4,404,218	0.156836	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0.000000	62.01
65.00	06500	RESPIRATORY THERAPY	15,894,375	1,895,502	17,789,877	0.179684	65.00
66.00	06600	PHYSICAL THERAPY	5,952,667	5,149,927	11,102,594	0.389397	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,068,367	422,599	1,490,966	0.328291	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	5,840,378	11,990,252	17,830,630	0.182241	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	115,555	611,231	726,786	0.173340	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,441,254	11,033,425	26,474,679	0.815999	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0.000000	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	19,579,660	17,056,212	36,635,872	0.390697	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	59,214,553	59,450,244	118,664,797	0.220999	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	49,068	2,132,242	2,181,310	0.645491	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	146,245	20,884,175	21,030,420	0.412619	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0.000000	90.01
90.02	09002	SPI NE CENTER	0	0	0	0.000000	90.02
91.00	09100	EMERGENCY	14,589,924	41,084,502	55,674,426	0.204346	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,416,770	8,606,511	12,023,281	0.656080	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
200.00		Subtotal (see instructions)	364,673,108	479,004,032	843,677,140		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	364,673,108	479,004,032	843,677,140		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0291	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/24/2018 3:44 pm
			Title XIX	Hospital	Cost
Cost Center Description			PPS Inpatient Ratio		
			11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000		56.00
56.01	03630	ULTRA SOUND	0.000000		56.01
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
62.01	06201	BLOOD CLOTTING FACTORS ADMIN COST	0.000000		62.01
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 PATIENTS	0.000000		71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0.000000		71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.00	03160	CARDIOPULMONARY	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	WOMENS HEALTH	0.000000		90.01
90.02	09002	SPINE CENTER	0.000000		90.02
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10	09910	CORF			99.10
101.00	10100	HOME HEALTH AGENCY			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
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: 14-0291	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part I Date/Time Prepared: 5/24/2018 3:44 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)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	8,640,572	0	8,640,572	39,581	218.30	30.00
31.00	INTENSIVE CARE UNIT	2,575,046		2,575,046	5,081	506.80	31.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	303,433		303,433	2,357	128.74	43.00
200.00	Total (lines 30 through 199)	11,519,051		11,519,051	47,019		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	16,723	3,650,631				
31.00	INTENSIVE CARE UNIT	2,913	1,476,308				
40.00	SUBPROVIDER - IPF	0	0				
41.00	SUBPROVIDER - IRF	0	0				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	19,636	5,126,939				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0291	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part II Date/Time Prepared: 5/24/2018 3:44 pm
------------------------------------------------------------	--	-----------------------	---------------------------------------------	--------------------------------------------------------------------

Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	4,680,463	114,061,023	0.041035	16,718,511	686,044	50.00
51.00	05100	RECOVERY ROOM	426,625	18,043,701	0.023644	2,585,106	61,122	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	575,707	10,922,712	0.052707	0	0	52.00
53.00	05300	ANESTHESIOLOGY	93,404	19,414,156	0.004811	2,616,560	12,588	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,475,817	73,197,652	0.020162	5,116,906	103,167	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	145,692	12,343,619	0.011803	975,280	11,511	56.00
56.01	03630	ULTRA SOUND	435,278	14,227,424	0.030594	1,265,587	38,719	56.01
57.00	05700	CT SCAN	353,092	56,347,594	0.006266	7,546,107	47,284	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	185,348	18,967,697	0.009772	2,030,104	19,838	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,146,722	27,335,580	0.041950	5,226,909	219,269	59.00
60.00	06000	LABORATORY	710,147	65,656,554	0.010816	15,006,719	162,313	60.00
60.01	06001	BLOOD LABORATORY	33,625	4,404,218	0.007635	1,347,858	10,291	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0.000000	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	65,924	17,789,877	0.003706	9,339,589	34,613	65.00
66.00	06600	PHYSICAL THERAPY	364,527	11,102,594	0.032833	3,860,411	126,749	66.00
67.00	06700	OCCUPATIONAL THERAPY	32,141	1,490,966	0.021557	653,075	14,078	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	426,250	17,830,630	0.023905	3,395,778	81,176	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,615	726,786	0.002222	68,466	152	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	225,028	26,474,679	0.008500	7,163,442	60,889	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0.000000	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	128,567	36,635,872	0.003509	9,091,328	31,901	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	513,851	118,664,797	0.004330	28,278,112	122,444	73.00
76.00	03160	CARDIOPULMONARY	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	372,207	2,181,310	0.170635	26,332	4,493	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	1,507,858	21,030,420	0.071699	100,992	7,241	90.00
90.01	09001	WOMENS HEALTH	0	0	0.000000	0	0	90.01
90.02	09002	SPINE CENTER	0	0	0.000000	0	0	90.02
91.00	09100	EMERGENCY	1,645,367	55,674,426	0.029553	7,875,685	232,750	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,393,418	12,023,281	0.115893	1,803,207	208,979	92.00
200.00		Total (lines 50 through 199)	16,938,673	756,547,568		132,092,064	2,297,611	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0291	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part III Date/Time Prepared: 5/24/2018 3:44 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	0	568,201	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	86,964	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	40,341	0	43.00
200.00		Total (lines 30 through 199)	0	0	695,506	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	568,201	39,581	14.36	16,723	30.00
31.00	03100	INTENSIVE CARE UNIT	0	86,964	5,081	17.12	2,913	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00
43.00	04300	NURSERY	0	40,341	2,357	17.12	0	43.00
200.00		Total (lines 30 through 199)	0	695,506	47,019		19,636	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	240,142				30.00
31.00	03100	INTENSIVE CARE UNIT	49,871				31.00
40.00	04000	SUBPROVIDER - IPF	0				40.00
41.00	04100	SUBPROVIDER - IRF	0				41.00
42.00	04200	SUBPROVIDER	0				42.00
43.00	04300	NURSERY	0				43.00
200.00		Total (lines 30 through 199)	290,013				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0291	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/24/2018 3:44 pm
----------------------------------------------------------------------------------	-----------------------	---------------------------------------------	--------------------------------------------------------------------

Cost Center Description	Title XVIII				Hospital		PPS
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	56.00
56.01	03630	ULTRA SOUND	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	90.01
90.02	09002	SPI NE CENTER	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	91,630	92.00
200.00		Total (lines 50 through 199)	0	0	0	91,630	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0291	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/24/2018 3:44 pm
----------------------------------------------------------------------------------	-----------------------	---------------------------------------------	--------------------------------------------------------------------

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		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	114,061,023	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	18,043,701	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	10,922,712	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	19,414,156	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	73,197,652	0.000000	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	12,343,619	0.000000	56.00
56.01	03630	ULTRA SOUND	0	0	0	14,227,424	0.000000	56.01
57.00	05700	CT SCAN	0	0	0	56,347,594	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	18,967,697	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	27,335,580	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	65,656,554	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	4,404,218	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0.000000	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0.000000	62.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	17,789,877	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	11,102,594	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,490,966	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	17,830,630	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	726,786	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	26,474,679	0.000000	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0.000000	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	36,635,872	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	118,664,797	0.000000	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,181,310	0.000000	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	21,030,420	0.000000	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	0.000000	90.01
90.02	09002	SPINE CENTER	0	0	0	0	0.000000	90.02
91.00	09100	EMERGENCY	0	0	0	55,674,426	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	91,630	91,630	12,023,281	0.007621	92.00
200.00		Total (lines 50 through 199)	0	91,630	91,630	756,547,568		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0291

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/24/2018 3:44 pm

Cost Center Description		Title XVIII			Hospital		PPS	
		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	0.000000	16,718,511	0	22,595,029	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	2,585,106	0	2,570,444	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	2,616,560	0	3,645,936	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	5,116,906	0	22,173,718	0	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	975,280	0	4,941,538	0	56.00
56.01	03630	ULTRA SOUND	0.000000	1,265,587	0	2,682,002	0	56.01
57.00	05700	CT SCAN	0.000000	7,546,107	0	13,587,694	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	2,030,104	0	3,833,902	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	5,226,909	0	7,873,877	0	59.00
60.00	06000	LABORATORY	0.000000	15,006,719	0	8,443,099	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	1,347,858	0	423,102	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0.000000	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	0.000000	9,339,589	0	751,304	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	3,860,411	0	220,245	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	653,075	0	48,453	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	3,395,778	0	4,070,405	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	68,466	0	151,685	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	7,163,442	0	4,339,382	0	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000	9,091,328	0	5,267,820	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	28,278,112	0	23,166,412	0	73.00
76.00	03160	CARDIOPULMONARY	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	26,332	0	1,127,884	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	0.000000	100,992	0	4,713,974	0	90.00
90.01	09001	WOMENS HEALTH	0.000000	0	0	0	0	90.01
90.02	09002	SPINE CENTER	0.000000	0	0	0	0	90.02
91.00	09100	EMERGENCY	0.000000	7,875,685	0	8,654,538	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.007621	1,803,207	13,742	3,092,602	23,569	92.00
200.00		Total (lines 50 through 199)		132,092,064	13,742	148,375,045	23,569	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0291	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/24/2018 3:44 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	PPS Services (see inst.)		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.221460	22,595,029	0	0	5,003,895	50.00
51.00	05100	RECOVERY ROOM	0.156658	2,570,444	0	0	402,681	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.377585	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.054860	3,645,936	0	0	200,016	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.200212	22,173,718	0	0	4,439,444	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.102338	4,941,538	0	0	505,707	56.00
56.01	03630	ULTRA SOUND	0.163819	2,682,002	0	0	439,363	56.01
57.00	05700	CT SCAN	0.062255	13,587,694	0	0	845,902	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.083387	3,833,902	0	0	319,698	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.168886	7,873,877	0	0	1,329,788	59.00
60.00	06000	LABORATORY	0.150217	8,443,099	0	0	1,268,297	60.00
60.01	06001	BLOOD LABORATORY	0.156836	423,102	0	0	66,358	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0.000000	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	0.179684	751,304	0	0	134,997	65.00
66.00	06600	PHYSICAL THERAPY	0.389397	220,245	0	0	85,763	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.328291	48,453	0	0	15,907	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.182241	4,070,405	0	0	741,795	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.173340	151,685	0	0	26,293	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.815999	4,339,382	0	0	3,540,931	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.390697	5,267,820	0	0	2,058,121	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.220999	23,166,412	0	69,506	5,119,754	73.00
76.00	03160	CARDIOPULMONARY	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.645491	1,127,884	0	0	728,039	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	0.412619	4,713,974	0	0	1,945,075	90.00
90.01	09001	WOMENS HEALTH	0.000000	0	0	0	0	90.01
90.02	09002	SPINE CENTER	0.000000	0	0	0	0	90.02
91.00	09100	EMERGENCY	0.204346	8,654,538	0	0	1,768,520	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.656080	3,092,602	0	0	2,028,994	92.00
200.00		Subtotal (see instructions)		148,375,045	0	69,506	33,015,338	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00		Net Charges (line 200 - line 201)		148,375,045	0	69,506	33,015,338	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0291	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/24/2018 3:44 pm
Title XVIII		Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
56.00 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0		56.00
56.01 03630 ULTRA SOUND	0	0		56.01
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
62.01 06201 BLOOD CLOTTING FACTORS ADMIN COST	0	0		62.01
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 PATIENTS	0	0		71.00
71.30 07101 IMPL. DEV. CHARGED TO PATIENT	0	0		71.30
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	15,361		73.00
76.00 03160 CARDIOPULMONARY	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 WOMENS HEALTH	0	0		90.01
90.02 09002 SPINE CENTER	0	0		90.02
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	0	15,361		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	0	15,361		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0291	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/24/2018 3:44 pm
		Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.221460	0	0	356,128	0	50.00
51.00	05100 RECOVERY ROOM	0.156658	0	0	40,135	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.377585	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.054860	0	0	72,162	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.200212	0	0	374,806	0	54.00
56.00	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.102338	0	0	26,778	0	56.00
56.01	03630 ULTRA SOUND	0.163819	0	0	184,910	0	56.01
57.00	05700 CT SCAN	0.062255	0	0	535,698	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.083387	0	0	119,868	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.168886	0	0	22,596	0	59.00
60.00	06000 LABORATORY	0.150217	0	0	654,157	0	60.00
60.01	06001 BLOOD LABORATORY	0.156836	0	0	11,629	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
62.01	06201 BLOOD CLOTTING FACTORS ADMIN COST	0.000000	0	0	0	0	62.01
65.00	06500 RESPIRATORY THERAPY	0.179684	0	0	26,786	0	65.00
66.00	06600 PHYSICAL THERAPY	0.389397	0	0	56,407	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.328291	0	0	12,455	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.182241	0	0	107,150	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.173340	0	0	7,440	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.815999	0	0	34,385	0	71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	0	0	71.30
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.390697	0	0	17,225	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.220999	0	0	728,990	0	73.00
76.00	03160 CARDIOPULMONARY	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.645491	0	0	2,075	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000 CLINIC	0.412619	0	0	563,421	0	90.00
90.01	09001 WOMENS HEALTH	0.000000	0	0	0	0	90.01
90.02	09002 SPINE CENTER	0.000000	0	0	0	0	90.02
91.00	09100 EMERGENCY	0.204346	0	0	1,102,891	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.656080	0	0	170,309	0	92.00
200.00	Subtotal (see instructions)		0	0	5,228,401	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges				0		201.00
202.00	Net Charges (line 200 - line 201)		0	0	5,228,401	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0291	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/24/2018 3:44 pm
		Title XIX	Hospital	Cost

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	78,868		50.00
51.00 05100 RECOVERY ROOM	0	6,287		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	3,959		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	75,041		54.00
56.00 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	2,740		56.00
56.01 03630 ULTRA SOUND	0	30,292		56.01
57.00 05700 CT SCAN	0	33,350		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	9,995		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	3,816		59.00
60.00 06000 LABORATORY	0	98,266		60.00
60.01 06001 BLOOD LABORATORY	0	1,824		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
62.01 06201 BLOOD CLOTTING FACOTRS ADMIN COST	0	0		62.01
65.00 06500 RESPIRATORY THERAPY	0	4,813		65.00
66.00 06600 PHYSICAL THERAPY	0	21,965		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	4,089		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	19,527		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	1,290		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	28,058		71.00
71.30 07101 IMPL. DEV. CHARGED TO PATIENT	0	0		71.30
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	6,730		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	161,106		73.00
76.00 03160 CARDIOPULMONARY	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	1,339		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	232,478		90.00
90.01 09001 WOMENS HEALTH	0	0		90.01
90.02 09002 SPINE CENTER	0	0		90.02
91.00 09100 EMERGENCY	0	225,371		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	111,736		92.00
200.00 Subtotal (see instructions)	0	1,162,940		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	0	1,162,940		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0291	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/24/2018 3:44 pm
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		39,581	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		39,581	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)		33,198	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)		16,723	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		48,914,896	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)		48,914,896	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		48,914,896	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,235.82	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		20,666,618	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)		20,666,618	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0291		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	11,661,447	5,081	2,295.11	2,913	6,685,655	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)					32,094,436	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					59,446,709	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					5,416,952	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,311,353	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					7,728,305	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					51,718,404	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)					6,383	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,235.82	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					7,888,239	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0291		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/24/2018 3:44 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	8,640,572	48,914,896	0.176645	7,888,239	1,393,418	90.00
91.00	Nursing School cost	0	48,914,896	0.000000	7,888,239	0	91.00
92.00	Allied health cost	568,201	48,914,896	0.011616	7,888,239	91,630	92.00
93.00	All other Medical Education	0	48,914,896	0.000000	7,888,239	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0291	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/24/2018 3:44 pm
Cost Center Description			Cost	
			1.00	
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		39,581	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		39,581	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)		33,198	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)		519	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)		2,357	15.00
16.00	Nursery days (title V or XIX only)		72	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		48,914,896	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)		48,914,896	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		48,914,896	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,235.82	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		641,391	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)		641,391	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0291		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1	
		Title XIX		Hospital		Cost	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	2,519,609	2,357	1,068.99	72	76,967	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	11,661,447	5,081	2,295.11	93	213,445	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)					812,438	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,744,241	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					6,383	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,235.82	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					7,888,239	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0291		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/24/2018 3:44 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	8,640,572	48,914,896	0.176645	7,888,239	1,393,418	90.00
91.00	Nursing School cost	0	48,914,896	0.000000	7,888,239	0	91.00
92.00	Allied health cost	0	48,914,896	0.000000	7,888,239	0	92.00
93.00	All other Medical Education	0	48,914,896	0.000000	7,888,239	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0291	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/24/2018 3:44 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		31,986,484	30.00
31.00	03100	INTENSIVE CARE UNIT		7,941,518	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.221460	16,718,511	50.00
51.00	05100	RECOVERY ROOM	0.156658	2,585,106	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.377585	0	52.00
53.00	05300	ANESTHESIOLOGY	0.054860	2,616,560	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.200212	5,116,906	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.102338	975,280	56.00
56.01	03630	ULTRA SOUND	0.163819	1,265,587	56.01
57.00	05700	CT SCAN	0.062255	7,546,107	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.083387	2,030,104	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.168886	5,226,909	59.00
60.00	06000	LABORATORY	0.150217	15,006,719	60.00
60.01	06001	BLOOD LABORATORY	0.156836	1,347,858	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0.000000	0	62.01
65.00	06500	RESPIRATORY THERAPY	0.179684	9,339,589	65.00
66.00	06600	PHYSICAL THERAPY	0.389397	3,860,411	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.328291	653,075	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.182241	3,395,778	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.173340	68,466	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.815999	7,163,442	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.390697	9,091,328	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.220999	28,278,112	73.00
76.00	03160	CARDIOPULMONARY	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.645491	26,332	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.412619	100,992	90.00
90.01	09001	WOMENS HEALTH	0.000000	0	90.01
90.02	09002	SPI NE CENTER	0.000000	0	90.02
91.00	09100	EMERGENCY	0.204346	7,875,685	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.656080	1,803,207	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		132,092,064	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)		132,092,064	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0291	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/24/2018 3:44 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		1,167,323	30.00
31.00	03100	INTENSIVE CARE UNIT		300,229	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		122,755	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.221460	298,730	50.00
51.00	05100	RECOVERY ROOM	0.156658	57,412	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.377585	0	52.00
53.00	05300	ANESTHESIOLOGY	0.054860	60,957	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.200212	191,392	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.102338	28,000	56.00
56.01	03630	ULTRA SOUND	0.163819	42,680	56.01
57.00	05700	CT SCAN	0.062255	254,685	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.083387	70,042	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.168886	94,420	59.00
60.00	06000	LABORATORY	0.150217	593,788	60.00
60.01	06001	BLOOD LABORATORY	0.156836	90,858	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0.000000	0	62.01
65.00	06500	RESPIRATORY THERAPY	0.179684	173,785	65.00
66.00	06600	PHYSICAL THERAPY	0.389397	45,301	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.328291	10,532	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.182241	81,388	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.173340	1,090	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.815999	156,866	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.390697	128,553	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.220999	988,562	73.00
76.00	03160	CARDIOPULMONARY	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.645491	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.412619	365	90.00
90.01	09001	WOMENS HEALTH	0.000000	0	90.01
90.02	09002	SPI NE CENTER	0.000000	0	90.02
91.00	09100	EMERGENCY	0.204346	248,538	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.656080	45,263	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		3,663,207	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)		3,663,207	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0291	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/24/2018 3:44 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		42,811,543	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)		592,113	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		5,242,907	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		138.51	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
<b>Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment ( sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		1.11	30.00
31.00	Percentage of Medicaid patient days (see instructions)		5.52	31.00
32.00	Sum of lines 30 and 31		6.63	32.00
33.00	Allowable disproportionate share percentage (see instructions)		0.00	33.00
34.00	Disproportionate share adjustment (see instructions)		0	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0291	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/24/2018 3:44 pm	
		Title XVIII	Hospital	PPS	
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
<b>Uncompensated Care Adjustment</b>					
35.00	Total uncompensated care amount (see instructions)	9,046,380,143	7,647,644,855	35.00	
35.01	Factor 3 (see instructions)	0.000070382	0.000071400	35.01	
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	0	0	35.02	
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	0	0	35.03	
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	0	0	36.00	
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.00	
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.01	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00	
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		43.00	
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00	
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00	
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00	
47.00	Subtotal (see instructions)	43,403,656		47.00	
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		48.00	
				<b>Amount</b>	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)		43,403,656	49.00	
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,577,343	50.00	
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00	
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00	
53.00	Nursing and Allied Health Managed Care payment		133,194	53.00	
54.00	Special add-on payments for new technologies		284	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).		290,013	57.00	
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		13,742	58.00	
59.00	Total (sum of amounts on lines 49 through 58)		47,418,232	59.00	
60.00	Primary payer payments		24,780	60.00	
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		47,393,452	61.00	
62.00	Deductibles billed to program beneficiaries		4,286,156	62.00	
63.00	Coinurance billed to program beneficiaries		124,586	63.00	
64.00	Allowable bad debts (see instructions)		466,350	64.00	
65.00	Adjusted reimbursable bad debts (see instructions)		303,128	65.00	
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		257,187	66.00	
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		43,285,838	67.00	
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00	
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00	
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00	
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50	
70.87	Demonstration payment adjustment amount before sequestration		0	70.87	
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88	
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89	
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90	
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91	
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92	
70.93	HVBP payment adjustment amount (see instructions)		-7,501	70.93	
70.94	HRR adjustment amount (see instructions)		-6,677	70.94	
70.95	Recovery of accelerated depreciation		0	70.95	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0291	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/24/2018 3:44 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			43,271,660	71.00
71.01	Sequestration adjustment (see instructions)			865,433	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
72.00	Interim payments			41,692,318	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)			713,909	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			75,000	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the \$410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0291	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part B Date/Time Prepared: 5/24/2018 3:44 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		15,361	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		32,991,769	2.00
3.00	OPPS payments		30,026,531	3.00
4.00	Outlier payment (see instructions)		79,046	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.820	5.00
6.00	Line 2 times line 5		27,053,251	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		23,569	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		15,361	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		69,506	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)		69,506	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		69,506	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		54,145	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		15,361	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)		30,129,146	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		5,544,145	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	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)		24,600,362	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		24,600,362	30.00
31.00	Primary payer payments		1,478	31.00
32.00	Subtotal (line 30 minus line 31)		24,598,884	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		405,226	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		263,397	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		202,163	36.00
37.00	Subtotal (see instructions)		24,862,281	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)		24,862,281	40.00
40.01	Sequestration adjustment (see instructions)		497,246	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		24,070,953	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		294,082	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 14-0291		Period: From 01/01/2017 To 12/31/2017		Worksheet E-1 Part I Date/Time Prepared: 5/24/2018 3:44 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		41,692,318		24,070,953	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		41,692,318		24,070,953	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		713,909		294,082	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		42,406,227		24,365,035	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: 14-0291	Period: From 01/01/2017 To 12/31/2017	Worksheet E-1 Part II Date/Time Prepared: 5/24/2018 3:44 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

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

Provider CCN: 14-0291

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

Worksheet G

Date/Time Prepared:  
5/24/2018 3:44 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	229,643,000	0	0	0	1.00
2.00	Temporary investments	82,664,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	672,820,000	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	191,459,000	0	0	0	9.00
10.00	Due from other funds	23,729,000	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	1,200,315,000	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	158,161,000	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	2,982,049,000	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	1,494,843,000	0	0	0	23.00
24.00	Accumulated depreciation	-2,508,470,000	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	2,126,583,000	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	4,829,122,000	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	444,752,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	5,273,874,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	8,600,772,000	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	346,603,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	386,896,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	88,828,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	421,544,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	1,243,871,000	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	1,493,648,000	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	848,770,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	2,342,418,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	3,586,289,000	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	5,014,483,000				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	5,014,483,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	8,600,772,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0291

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

Worksheet G-1

Date/Time Prepared:  
5/24/2018 3:44 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		4,958,543,908		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		55,939,092			2.00
3.00	Total (sum of line 1 and line 2)		5,014,483,000		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		5,014,483,000		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		5,014,483,000		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0291

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/24/2018 3:44 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	72,364,707		72,364,707	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	72,364,707		72,364,707	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	15,169,047		15,169,047	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)	15,169,047		15,169,047	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	87,533,754		87,533,754	17.00
18.00	Ancillary services	273,980,521	449,912,464	723,892,985	18.00
19.00	Outpatient services	146,245	20,884,175	21,030,420	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		0	0	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OBSERVATION	3,416,770	8,606,511	12,023,281	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	365,077,290	479,403,150	844,480,440	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		253,225,727		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)		253,225,727		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0291

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

Worksheet G-3

Date/Time Prepared:  
5/24/2018 3:44 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	844,480,440	1.00
2.00	Less contractual allowances and discounts on patients' accounts	537,007,038	2.00
3.00	Net patient revenues (line 1 minus line 2)	307,473,402	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	253,225,727	4.00
5.00	Net income from service to patients (line 3 minus line 4)	54,247,675	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING INCOME	1,691,417	24.00
25.00	Total other income (sum of lines 6-24)	1,691,417	25.00
26.00	Total (line 5 plus line 25)	55,939,092	26.00
27.00	NET NON OPERATING EXPENSE	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	55,939,092	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0291	Period: From 01/01/2017 To 12/31/2017	Worksheet L Parts I-III Date/Time Prepared: 5/24/2018 3:44 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		3,471,204	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		59,278	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		105.78	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		1.11	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		5.52	8.00
9.00	Sum of lines 7 and 8		6.63	9.00
10.00	Allowable disproportionate share percentage (see instructions)		1.35	10.00
11.00	Disproportionate share adjustment (see instructions)		46,861	11.00
12.00	Total prospective capital payments (see instructions)		3,577,343	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00