

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: 14-1340	Period: From 09/01/2016 To 08/31/2017	Worksheet S Parts I-III Date/Time Prepared: 1/27/2018 2:56 pm
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PART I - COST REPORT STATUS

Provider use only 1. Electronically filed cost report Date: 1/27/2018 Time: 2:56 pm
 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 6. Date Received:
 (1) As Submitted 7. Contractor No. 10. NPR Date:
 (2) Settled without Audit 8. Initial Report for this Provider CCN 11. Contractor's Vendor Code: 4
 (3) Settled with Audit 9. Final Report for this Provider CCN 12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.
 (4) Reopened
 (5) Amended

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by VALLEY WEST COMMUNITY HOSPITAL (14-1340) for the cost reporting period beginning 09/01/2016 and ending 08/31/2017 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.

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

 Title

 Date

Cost Center Description	Title V 1.00	Title XVII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	692,461	-834,764	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
4.00 SUBPROVIDER I						4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00 Total	0	692,461	-834,764	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: 14-1340		Period: From 09/01/2016 To 08/31/2017		Worksheet S-2 Part I Date/Time Prepared: 1/27/2018 2:54 pm							
1.00		2.00		3.00		4.00							
Hospital and Hospital Health Care Complex Address:													
1.00	Street: 1302 N. MAIN STREET			PO Box:						1.00			
2.00	City: SANDWICH			State: IL		Zip Code: 60548-		County: DEKALB		2.00			
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)					
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00			
Hospital and Hospital-Based Component Identification:													
3.00	Hospital		VALLEY WEST COMMUNITY HOSPITAL	141340	20994	1	08/02/2004	N	0	0	3.00		
4.00	Subprovider - IPF										4.00		
5.00	Subprovider - IRF										5.00		
6.00	Subprovider - (Other)										6.00		
7.00	Swing Beds - SNF										7.00		
8.00	Swing Beds - NF										8.00		
9.00	Hospital-Based SNF										9.00		
10.00	Hospital-Based NF										10.00		
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		
17.20	Hospital-Based (OPT) I										17.20		
17.30	Hospital-Based (OOT) I										17.30		
17.40	Hospital-Based (OSP) I										17.40		
18.00	Renal Dialysis										18.00		
19.00	Other										19.00		
							From:	To:					
							1.00	2.00					
20.00	Cost Reporting Period (mm/dd/yyyy)						09/01/2016	08/31/2017		20.00			
21.00	Type of Control (see instructions)						2			21.00			
Inpatient PPS Information													
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.						N	N		22.00			
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						N	N		22.01			
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N		22.02			
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N		22.03			
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.							1	N	23.00			
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid 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.						0	0	0	0	0	0	24.00

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		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0	0	25.00
		Urban/Rural		S		Date of Geogr		
		1.00		2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.			2				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.			2		11/16/2005		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 OPSS final rule? Enter "Y" for yes or "N" for no. (see instructions)			N				37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
		Y/N		Y/N				
		1.00		2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)			N		N		39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (See instructions)			N		N		40.00
		V		XVII		XIX		
		1.00		2.00		3.00		
Prospective Payment System (PPS)-Capital								
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)			N		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		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.			N		N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.			N		N		48.00
Teaching Hospitals								
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.			N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.							57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.			N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.			N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)			N				60.00
		Y/N		IME		Direct GME		
		1.00		2.00		3.00		
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		61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)			0.00		0.00		61.01

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		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00		61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00		61.20
						1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)					N	63.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))	
				1.00	2.00	3.00	
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00
		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	

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	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 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N			75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	76.00

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			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.		N		87.00
			V 1.00	XIX 2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	97.00
Rural Providers					
105.00	Does this hospital qualify as a critical access hospital (CAH)?		Y		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)		N		106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.		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 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
			1.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N	110.00
			1.00	2.00	3.00
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.		N		0
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		1		118.00
		Premiums 1.00	Losses 2.00	Insurance 3.00	
118.01	List amounts of malpractice premiums and paid losses:	76,196	0	93,233	118.01

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		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
DO NOT USE THIS LINE					
119.00	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		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 2, "Y" for yes or "N" for no.				120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
122.00	Does the cost report contain state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N			122.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	14H134		140.00
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name: KISHHEALTH SYSTEM	Contractor's Name: NGS		Contractor's Number: 131	
142.00	Street: ONE KISH HOSPITAL DRIVE	PO Box:			
143.00	City: DEKALB	State: IL		Zip Code: 60115	
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?		Y		144.00
				1.00	2.00
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y			145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N			146.00
				1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N		149.00
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC				
161.10	CORF				
161.20	OPT				
161.30	OOT				

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-1340		Period: From 09/01/2016 To 08/31/2017		Worksheet S-2 Part I Date/Time Prepared: 1/27/2018 2:54 pm		
		Part A	Part B	Title V	Title XIX			
		1.00	2.00	3.00	4.00			
161.40	OSP		N	N	N			161.40
Multi campus					1.00			
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N		165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00		166.00
					1.00			
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.					N		167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0		168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					N		168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					0.00		169.00
					Beginning	Ending		
					1.00	2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)							170.00
					1.00	2.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)					N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-1340		Period: From 09/01/2016 To 08/31/2017		Worksheet S-2 Part II Date/Time Prepared: 1/27/2018 2:54 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				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.	Y					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				N		15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	12/07/2017	Y	12/07/2017		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-1340	Period: From 09/01/2016 To 08/31/2017	Worksheet S-2 Part II Date/Time Prepared: 1/27/2018 2:54 pm		
		Description		Y/N	Y/N	
		0		1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	20.00
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			N	N	21.00
					1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)						
Capital Related Cost						
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			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
Interest Expense						
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			Y		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
Purchased Services						
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			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.					33.00
Provider-Based Physicians						
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y		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	
Home Office Costs						
36.00	Were home office costs claimed on the cost report?			Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N		40.00
				1.00	2.00	
Cost Report Preparer Contact Information						
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	BRANDON		HOFMANN		41.00
42.00	Enter the employer/company name of the cost report preparer.	NORTHWESTERN MEMORIAL HEALTHCARE				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	815-756-1521 EXT 153548		BRANDON.HOFMANN@NM.ORG		43.00

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SENIOR FINANCIAL ANALYST	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-1340

Period:
From 09/01/2016
To 08/31/2017

Worksheet S-3
Part I
Date/Time Prepared:
1/27/2018 2:54 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	21	7,665	51,563.73	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)		21	7,665	51,563.73	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	4	1,460	707.04	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)		25	9,125	52,270.77	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
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
25.20 CMHC - OPT	99.20				0	25.20
25.30 CMHC - OOT	99.30				0	25.30
25.40 CMHC - OSP	99.40				0	25.40
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		25				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-1340

Period:
From 09/01/2016
To 08/31/2017

Worksheet S-3
Part I
Date/Time Prepared:
1/27/2018 2:54 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	948	338	2,042			1.00
2.00 HMO and other (see instructions)	107	0				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)	948	338	2,042			7.00
8.00 INTENSIVE CARE UNIT	19	2	28			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		73	381			13.00
14.00 Total (see instructions)	967	413	2,451	0.00	183.80	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER		0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY		0	0	0.00	0.00	20.00
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
25.20 CMHC - OPT	0	0	0	0.00	0.00	25.20
25.30 CMHC - OOT	0	0	0	0.00	0.00	25.30
25.40 CMHC - OSP	0	0	0	0.00	0.00	25.40
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	183.80	27.00
28.00 Observation Bed Days		0	533			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	13	66			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-1340

Period:
From 09/01/2016
To 08/31/2017

Worksheet S-3
Part I
Date/Time Prepared:
1/27/2018 2:54 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	347	132	869	1.00
2.00 HMO and other (see instructions)				33	0		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0		347	132	869	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							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	0.00						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
25.20 CMHC - OPT	0.00						25.20
25.30 CMHC - OOT	0.00						25.30
25.40 CMHC - OSP	0.00						25.40
26.00 RURAL HEALTH CLINIC	0.00						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days							33.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-1340	Period: From 09/01/2016 To 08/31/2017	Worksheet S-10 Date/Time Prepared: 1/27/2018 2:54 pm
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			1.00	
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.329295	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		2,837,419	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 or supplemental payments from Medicaid?		N	4.00
5.00	If line 4 is no, then enter DSH or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		22,127,773	6.00
7.00	Medicaid cost (line 1 times line 6)		7,286,565	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)		4,449,146	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP		0	9.00
10.00	Stand-alone CHIP charges		0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		4,449,146	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	558,044	390,176	948,220
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	183,761	390,176	573,937
22.00	Payments received from patients for amounts previously written off as charity care	67	28,232	28,299
23.00	Cost of charity care (line 21 minus line 22)	183,694	361,944	545,638
			1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		2,753,163	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		309,655	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		476,393	27.01
28.00	Non-Medicare bad debt expense (line 26 minus line 27.01)		2,276,770	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		916,467	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		1,462,105	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		5,911,251	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-1340

Period:
From 09/01/2016
To 08/31/2017

Worksheet A
Date/Time Prepared:
1/27/2018 2:54 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100		3,022,446	3,022,446	-1,119,225	1,903,221	1.00
2.00	00200		0	0	1,165,999	1,165,999	2.00
4.00	00400						
		97,399	1,460,043	1,557,442	2,204,065	3,761,507	4.00
5.01	00540	0	701,007	701,007	0	701,007	5.01
5.02	00550	0	118,864	118,864	0	118,864	5.02
5.03	00560	113,036	71,252	184,288	-30,972	153,316	5.03
5.04	00570	467,574	143,916	611,490	-135,621	475,869	5.04
5.05	00580	42,612	246,438	289,050	-11,422	277,628	5.05
5.06	00590	1,174,428	5,111,557	6,285,985	-319,196	5,966,789	5.06
6.00	00600	0	0	0	0	0	6.00
7.00	00700	243,506	1,041,473	1,284,979	-48,848	1,236,131	7.00
8.00	00800	0	61,632	61,632	0	61,632	8.00
9.00	00900	273,885	269,806	543,691	-100,658	443,033	9.00
10.00	01000	360,212	255,878	616,090	-516,894	99,196	10.00
11.00	01100	0	0	0	410,606	410,606	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	165,136	1,170,931	1,336,067	-20,604	1,315,463	13.00
14.00	01400	61,056	140,649	201,705	-99,703	102,002	14.00
15.00	01500	485,522	773,610	1,259,132	-741,747	517,385	15.00
16.00	01600	329,874	174,720	504,594	-65,073	439,521	16.00
17.00	01700	135,756	7,289	143,045	17,182	160,227	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
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	2,536,828	709,496	3,246,324	-1,051,093	2,195,231	30.00
31.00	03100	134,029	20,567	154,596	-31,176	123,420	31.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	481,024	481,024	43.00
45.00	04500	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	1,355,103	2,259,718	3,614,821	-1,330,219	2,284,602	50.00
51.00	05100	75,403	14,183	89,586	-8,637	80,949	51.00
52.00	05200	0	0	0	305,205	305,205	52.00
53.00	05300	0	304,100	304,100	10	304,110	53.00
54.00	05400	1,032,754	1,026,821	2,059,575	-176,599	1,882,976	54.00
55.00	03480	108,446	1,182,234	1,290,680	120,654	1,411,334	55.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	743,705	1,040,593	1,784,298	-154,850	1,629,448	60.00
64.00	06400	0	0	0	32,978	32,978	64.00
65.00	06500	398,351	125,990	524,341	-65,795	458,546	65.00
66.00	06600	100,660	15,136	115,796	-14,482	101,314	66.00
66.01	06601	343,799	167,644	511,443	-51,630	459,813	66.01
69.00	06900	9,498	1,665	11,163	-1,081	10,082	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	288,383	288,383	539,110	827,493	71.00
72.00	07200	0	0	0	733,582	733,582	72.00
73.00	07300	0	0	0	606,676	606,676	73.00
76.00	03020	44,546	6,681	51,227	5,131	56,358	76.00
76.01	03950	0	49,995	49,995	1,100	51,095	76.01
76.97	07697	59,622	15,543	75,165	121,782	196,947	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	5,317	1,716	7,033	11,851	18,884	90.00
91.00	09100	1,325,779	2,744,910	4,070,689	-153,747	3,916,942	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
99.20	09920	0	0	0	0	0	99.20
99.30	09930	0	0	0	0	0	99.30
99.40	09940	0	0	0	0	0	99.40
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 14-1340		Period: From 09/01/2016 To 08/31/2017		Worksheet A Date/Time Prepared: 1/27/2018 2:54 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	
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE		260	260	-260	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	12,223,836	24,747,146	36,970,982	507,423	37,478,405	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	48,478	48,478	0	48,478	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	661,477	661,477	-459,848	201,629	192.00
194.00	07950	COMMUNITY WELLNESS	211,410	63,144	274,554	-47,575	226,979	194.00
200.00		TOTAL (SUM OF LINES 118-199)	12,435,246	25,520,245	37,955,491	0	37,955,491	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-1340

Period:
From 09/01/2016
To 08/31/2017

Worksheet A
Date/Time Prepared:
1/27/2018 2:54 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-103,307	1,799,914	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	517,970	1,683,969	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	58,585	3,820,092	4.00
5.01	00540	NONPATIENT TELEPHONES	0	701,007	5.01
5.02	00550	DATA PROCESSING	0	118,864	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	-286	153,030	5.03
5.04	00570	ADMINISTRATIVE	0	475,869	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	-13,415	264,213	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	343,829	6,310,618	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-8,860	1,227,271	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	61,632	8.00
9.00	00900	HOUSEKEEPING	0	443,033	9.00
10.00	01000	DIETARY	-1,502	97,694	10.00
11.00	01100	CAFETERIA	-92,954	317,652	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATIVE	-1,138,800	176,663	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-30	101,972	14.00
15.00	01500	PHARMACY	0	517,385	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-5,327	434,194	16.00
17.00	01700	SOCIAL SERVICE	0	160,227	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	PARAMEDICAL PRGM-(SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-11,887	2,183,344	30.00
31.00	03100	INTENSIVE CARE UNIT	0	123,420	31.00
41.00	04100	SUBPROVIDER - I&R	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	481,024	43.00
45.00	04500	NURSING FACILITY	0	0	45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-126,570	2,158,032	50.00
51.00	05100	RECOVERY ROOM	0	80,949	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-138,988	166,217	52.00
53.00	05300	ANESTHESIOLOGY	-260,090	44,020	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-83,009	1,799,967	54.00
55.00	03480	ONCOLOGY	-228,597	1,182,737	55.00
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	1,629,448	60.00
64.00	06400	INTRAVENOUS THERAPY	0	32,978	64.00
65.00	06500	RESPIRATORY THERAPY	0	458,546	65.00
66.00	06600	PHYSICAL THERAPY	0	101,314	66.00
66.01	06601	O/P PHYSICAL THERAPY	-15,540	444,273	66.01
69.00	06900	ELECTROCARDIOLOGY	0	10,082	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	827,493	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	733,582	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	606,676	73.00
76.00	03020	CLINICAL NUTRITION	-100	56,258	76.00
76.01	03950	SLEEP LAB	0	51,095	76.01
76.97	07697	CARDIAC REHABILITATION	0	196,947	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	18,884	90.00
91.00	09100	EMERGENCY	-2,003,292	1,913,650	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
99.20	09920	OPT	0	0	99.20
99.30	09930	OOT	0	0	99.30
99.40	09940	OSP	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-1340

Period:
From 09/01/2016
To 08/31/2017

Worksheet A
Date/Time Prepared:
1/27/2018 2:54 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	-3,312,170	34,166,235	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	48,478	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	201,629	192.00
194.00	07950 COMMUNITY WELLNESS	0	226,979	194.00
200.00	TOTAL (SUM OF LINES 118-199)	-3,312,170	34,643,321	200.00

RECLASSIFICATIONS

Provider CCN: 14-1340

Period:
From 09/01/2016
To 08/31/2017

Worksheet A-6
Date/Time Prepared:
1/27/2018 2:54 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
A - DRUGS CHARGED TO PATIENTS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	606,676	1.00	
	TOTALS		0	606,676		
B - NURSERY / DELIVERY & LABOR COSTS						
1.00	NURSERY	43.00	447,861	33,163	1.00	
2.00	DELIVERY ROOM & LABOR ROOM	52.00	154,758	11,459	2.00	
	TOTALS		602,619	44,622		
C - MEDICAL SUPPLIES CHARGED TO PATIENTS						
1.00	INTRAVENOUS THERAPY	64.00	0	4,054	1.00	
2.00	INTRAVENOUS THERAPY	64.00	0	28,924	2.00	
3.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	32,576	3.00	
4.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	1,122,540	4.00	
	TOTALS		0	1,188,094		
D - EQUIPMENT LEASES						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	87,063	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
	TOTALS		0	87,063		
E - CAFETERIA RECLASS						
1.00	CAFETERIA	11.00	290,122	120,484	1.00	
	TOTALS		290,122	120,484		
F - INTEREST EXPENSE						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	260	1.00	
	TOTALS		0	260		
G - EQUIPMENT DEPRECIATION						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	1,088,228	1.00	
	TOTALS		0	1,088,228		
H - CONTINUITY OF CARE						
1.00	SOCIAL SERVICE	17.00	83,061	22,220	1.00	
	TOTALS		83,061	22,220		
I - ROUTINE DIABETES						
1.00	ADULTS & PEDIATRICS	30.00	12,149	8,404	1.00	
	TOTALS		12,149	8,404		
J - ICU OBSERVATION						
1.00	ADULTS & PEDIATRICS	30.00	14,418	135	1.00	
	TOTALS		14,418	135		
K - MOB RECLASS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	184,235	1.00	
2.00	ONCOLOGY	55.00	0	121,272	2.00	
3.00	CLINICAL NUTRITION	76.00	0	30,546	3.00	
4.00	CARDIAC REHABILITATION	76.97	0	122,202	4.00	
5.00	CLINIC	90.00	0	11,279	5.00	
	TOTALS		0	469,534		
L - ON CALL SOCIAL SERVICE						
1.00	EMERGENCY	91.00	80,986	260	1.00	
	TOTALS		80,986	260		
M - IMPLANTABLE DEVICES						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	733,582	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
	TOTALS		0	733,582		
N - MEDICAL DIRECTOR RECLASS						
1.00	INTENSIVE CARE UNIT	31.00	0	2,691	1.00	
2.00	OPERATING ROOM	50.00	0	126,570	2.00	
3.00	DELIVERY ROOM & LABOR ROOM	52.00	0	138,988	3.00	
4.00	ONCOLOGY	55.00	0	11,292	4.00	
5.00	RESPIRATORY THERAPY	65.00	0	2,691	5.00	
6.00	SLEEP LAB	76.01	0	1,100	6.00	
	TOTALS		0	283,332		
O - VW MOB BUILDING DEPRECIATION						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	7,141	1.00	
2.00	ONCOLOGY	55.00	0	4,701	2.00	
3.00	CLINICAL NUTRITION	76.00	0	1,184	3.00	
4.00	CARDIAC REHABILITATION	76.97	0	4,737	4.00	

RECLASSIFICATIONS

Provider CCN: 14-1340

Period:
From 09/01/2016
To 08/31/2017

Worksheet A-6

Date/Time Prepared:
1/27/2018 2:54 pm

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
5.00	CLINIC	90.00	0	437	5.00
6.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	7,404	6.00
	TOTALS		0	25,604	
P - VW MOB EQUIPMENT DEPRECIATION					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	2,201	1.00
2.00	ONCOLOGY	55.00	0	1,449	2.00
3.00	CLINICAL NUTRITION	76.00	0	365	3.00
4.00	CARDIAC REHABILITATION	76.97	0	1,460	4.00
5.00	CLINIC	90.00	0	135	5.00
6.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	2,282	6.00
	TOTALS		0	7,892	
Q - ARROWHEAD OP PT MOV EQ DEPRECIATION					
1.00	O/P PHYSICAL THERAPY	66.01	0	6,793	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	6,793	
R - OR C-SECTION COSTS					
1.00	OPERATING ROOM	50.00	5,515	0	1.00
	TOTALS		5,515	0	
S - DIRECTLY ASSIGNED BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,204,065	1.00
2.00	ANESTHESIOLOGY	53.00	0	10	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
	TOTALS		0	2,204,075	
500.00	Grand Total: Increases		1,088,870	6,897,258	500.00

RECLASSIFICATIONS

Provider CCN: 14-1340

Period:
From 09/01/2016
To 08/31/2017

Worksheet A-6
Date/Time Prepared:
1/27/2018 2:54 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - DRUGS CHARGED TO PATIENTS							
1.00	PHARMACY	15.00	0	606,676	0		1.00
	TOTALS		0	606,676			
B - NURSERY / DELIVERY & LABOR COSTS							
1.00	ADULTS & PEDIATRICS	30.00	602,619	44,622	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		602,619	44,622			
C - MEDICAL SUPPLIES CHARGED TO PATIENTS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	28,924	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	32,576	0		2.00
3.00	OPERATING ROOM	50.00	0	4,054	0		3.00
4.00	OPERATING ROOM	50.00	0	1,122,540	0		4.00
	TOTALS		0	1,188,094			
D - EQUIPMENT LEASES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	13,629	10		1.00
2.00	PHARMACY	15.00	0	68,718	0		2.00
3.00	OPERATING ROOM	50.00	0	128	0		3.00
4.00	LABORATORY	60.00	0	4,588	0		4.00
	TOTALS		0	87,063			
E - CAFETERIA RECLASS							
1.00	DIETARY	10.00	290,122	120,484	0		1.00
	TOTALS		290,122	120,484			
F - INTEREST EXPENSE							
1.00	INTEREST EXPENSE	113.00	0	260	0		1.00
	TOTALS		0	260			
G - EQUIPMENT DEPRECIATION							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,088,228	9		1.00
	TOTALS		0	1,088,228			
H - CONTINUITY OF CARE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	83,061	22,220	0		1.00
	TOTALS		83,061	22,220			
I - ROUTINE DIABETES							
1.00	CLINICAL NUTRITION	76.00	12,149	8,404	0		1.00
	TOTALS		12,149	8,404			
J - ICU OBSERVATION							
1.00	INTENSIVE CARE UNIT	31.00	14,418	135	0		1.00
	TOTALS		14,418	135			
K - MOB RECLASS							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	469,534	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
	TOTALS		0	469,534			
L - ON CALL SOCIAL SERVICE							
1.00	SOCIAL SERVICE	17.00	80,986	260	0		1.00
	TOTALS		80,986	260			
M - IMPLANTABLE DEVICES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	9,820	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	251	0		2.00
3.00	OPERATING ROOM	50.00	0	107,505	0		3.00
4.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	616,006	0		4.00
	TOTALS		0	733,582			
N - MEDICAL DIRECTOR RECLASS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	283,332	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
	TOTALS		0	283,332			
O - VW MOB BUILDING DEPRECIATION							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	25,604	9		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
	TOTALS		0	25,604			

RECLASSIFICATIONS

Provider CCN: 14-1340

Period:
From 09/01/2016
To 08/31/2017

Worksheet A-6

Date/Time Prepared:
1/27/2018 2:54 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
P - VW MOB EQUIPMENT DEPRECIATION							
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	7,892	9		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
TOTALS			0	7,892			
Q - ARROWHEAD OP PT MOV EQ DEPRECIATION							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	5,393	9		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	1,400	9		2.00
TOTALS			0	6,793			
R - OR C-SECTION COSTS							
1.00	ADULTS & PEDIATRICS	30.00	5,515	0	0		1.00
TOTALS			5,515	0			
S - DIRECTLY ASSIGNED BENEFITS							
1.00	PURCHASING RECEIVING AND STORES	5.03	0	30,972	0		1.00
2.00	ADMINISTRATIVE	5.04	0	135,621	0		2.00
3.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	11,422	0		3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	124,420	0		4.00
5.00	OPERATION OF PLANT	7.00	0	48,848	0		5.00
6.00	HOUSEKEEPING	9.00	0	100,658	0		6.00
7.00	DIETARY	10.00	0	106,288	0		7.00
8.00	NURSING ADMINISTRATION	13.00	0	20,604	0		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	14,754	0		9.00
10.00	PHARMACY	15.00	0	66,353	0		10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	65,073	0		11.00
12.00	SOCIAL SERVICE	17.00	0	6,853	0		12.00
13.00	ADULTS & PEDIATRICS	30.00	0	433,192	0		13.00
14.00	INTENSIVE CARE UNIT	31.00	0	19,314	0		14.00
15.00	OPERATING ROOM	50.00	0	228,077	0		15.00
16.00	RECOVERY ROOM	51.00	0	8,637	0		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	176,599	0		17.00
18.00	ONCOLOGY	55.00	0	18,060	0		18.00
19.00	LABORATORY	60.00	0	150,262	0		19.00
20.00	RESPIRATORY THERAPY	65.00	0	68,486	0		20.00
21.00	PHYSICAL THERAPY	66.00	0	14,482	0		21.00
22.00	O/P PHYSICAL THERAPY	66.01	0	58,423	0		22.00
23.00	ELECTROCARDIOLOGY	69.00	0	1,081	0		23.00
24.00	CLINICAL NUTRITION	76.00	0	6,411	0		24.00
25.00	CARDIAC REHABILITATION	76.97	0	6,617	0		25.00
26.00	EMERGENCY	91.00	0	234,993	0		26.00
27.00	COMMUNITY WELLNESS	194.00	0	47,575	0		27.00
TOTALS			0	2,204,075			
500.00	Grand Total: Decreases		1,088,870	6,897,258			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-1340

Period:
From 09/01/2016
To 08/31/2017

Worksheet A-7
Part I
Date/Time Prepared:
1/27/2018 2:54 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,560,000	0	0	0	0	1.00
2.00	Land Improvements	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	19,541,272	668,605	0	668,605	3,468	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	4,780,957	383,942	0	383,942	555,845	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	25,882,229	1,052,547	0	1,052,547	559,313	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	25,882,229	1,052,547	0	1,052,547	559,313	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,560,000	0				1.00
2.00	Land Improvements	0	0				2.00
3.00	Buildings and Fixtures	20,206,409	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	4,609,054	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	26,375,463	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	26,375,463	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-1340

Period:
From 09/01/2016
To 08/31/2017

Worksheet A-7
Part II
Date/Time Prepared:
1/27/2018 2:54 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	3,022,446	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)	3,022,446	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	3,022,446				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	3,022,446				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-1340

Period:
From 09/01/2016
To 08/31/2017

Worksheet A-7
Part III
Date/Time Prepared:
1/27/2018 2:54 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	20,206,409	0	20,206,409	0.814289	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4,609,054	687	4,608,367	0.185711	0	2.00
3.00	Total (sum of lines 1-2)	24,815,463	687	24,814,776	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	1,799,914	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	1,596,906	87,063	2.00
3.00	Total (sum of lines 1-2)	0	0	0	3,396,820	87,063	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	1,799,914	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	1,683,969	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	3,483,883	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-1340

Period:
From 09/01/2016
To 08/31/2017

Worksheet A-8

Date/Time Prepared:
1/27/2018 2:54 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		
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)	B	-286	PURCHASING RECEIVING AND STORES	5.03	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)	A	-8,860	OPERATION OF PLANT	7.00	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-3,940,666			0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)	B	-1,565	RADIOLOGY-DIAGNOSTIC	54.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	2,323,071			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-92,954	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employee and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00 Sale of drugs to other than patients		0		0.00	0	17.00
18.00 Sale of medical records and abstracts	B	-5,327	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines		0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			ONEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			ONEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant		0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.00 INTEREST INCOME	B	-260	OTHER ADMIN STRATIVE AND GENERAL	5.06	0	33.00
34.00 MRI SPACE RENTAL	B	-37,115	RADIOLOGY-DIAGNOSTIC	54.00	0	34.00
35.00 OTHER MISC INCOME	B	-42	OTHER ADMIN STRATIVE AND GENERAL	5.06	0	35.00
36.00 OTHER MISC INCOME	B	-1	OTHER ADMIN STRATIVE AND GENERAL	5.06	0	36.00
37.00 OTHER MISC INCOME	B	-30	CENTRAL SERVICES & SUPPLY	14.00	0	37.00
38.00 MISC PT REVENUE	B	-8,000	O/P PHYSICAL THERAPY	66.01	0	38.00
39.00 MISC PT REVENUE	B	-5,835	O/P PHYSICAL THERAPY	66.01	0	39.00
39.01 MISC PT REVENUE	B	-1,495	O/P PHYSICAL THERAPY	66.01	0	39.01
39.02 MISC PT REVENUE	B	-210	O/P PHYSICAL THERAPY	66.01	0	39.02
39.03 DIABETES COMMUNITY EDUCATION	B	-100	CLINICAL NUTRITION	76.00	0	39.03
40.00 PROVIDER TAX	A	-1,109,215	OTHER ADMIN STRATIVE AND GENERAL	5.06	0	40.00
41.00 PHYSICIAN RECRUITMENT	A	-375,683	OTHER ADMIN STRATIVE AND GENERAL	5.06	0	41.00
41.01 PROPERTY TAX	A	-3,492	OTHER ADMIN STRATIVE AND GENERAL	5.06	0	41.01
42.00 DEPRECIATION TO MEDICARE	A	-149,130	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	42.00
43.00 DEPRECIATION TO MEDICARE	A	-67,933	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	43.00
44.00 MARKETING	A	-56,167	OTHER ADMIN STRATIVE AND GENERAL	5.06	0	44.00
44.01 REMOVE LOSS ON DISPOSITION OF ASSET	A	-1,479	OTHER ADMIN STRATIVE AND GENERAL	5.06	0	44.01
44.02 PHYSICIAN BILLING	A	-13,415	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	44.02
44.03 PHYSICIAN MALPRACTICE	A	-3,812	OTHER ADMIN STRATIVE AND GENERAL	5.06	0	44.03
44.04 MU ASSET OFFSET	A	-5,553	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	44.04
44.05 HOSPICE COST	A	-11,887	ADULTS & PEDIATRICS	30.00	0	44.05
44.06 MEALS ON WHEELS	A	-1,502	DIETARY	10.00	0	44.06
44.07 INTANGIBLE OFFSET	A	-14,094	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	44.07
44.08 REVERSE CAPITAL LEASE CREDIT	A	332,382	OTHER ADMIN STRATIVE AND GENERAL	5.06	0	44.08
44.09 NONALLOWABLE MISC EXPENSE	A	-36,241	OTHER ADMIN STRATIVE AND GENERAL	5.06	0	44.09
44.10 LOBBYING PORTION OF DUES	A	-13,797	OTHER ADMIN STRATIVE AND GENERAL	5.06	0	44.10
45.00 LOBBYING PORTION OF DUES	A	-899	OTHER ADMIN STRATIVE AND GENERAL	5.06	0	45.00
45.01 OTHER MISC INCOME	B	-578	OTHER ADMIN STRATIVE AND GENERAL	5.06	0	45.01
45.02		0		0.00	0	45.02
45.03		0		0.00	0	45.03
45.04		0		0.00	0	45.04
45.05		0		0.00	0	45.05
45.06		0		0.00	0	45.06
45.07		0		0.00	0	45.07
45.08		0		0.00	0	45.08
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-3,312,170				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: 14-1340
 Period: From 09/01/2016 To 08/31/2017
 Worksheet A-8-1
 Date/Time Prepared: 1/27/2018 2:54 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	5.06	OTHER ADMINISTRATIVE AND GEN	HOME OFFICE ADMINISTRATIVE	4,577,944	2,964,831 1.00
2.00	1.00	NEW CAP REL COSTS-BLDG & FIX	HOME OFFICE CAPITAL	59,917	0 2.00
3.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	HOME OFFICE CAPITAL	591,456	0 3.00
4.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	EMPLOYEE HEALTH INSURANCE	786,523	727,938 4.00
4.01	60.00	LABORATORY	KH LAB WORK	32,981	32,981 4.01
4.02	5.06	OTHER ADMINISTRATIVE AND GEN	PROF LIABILITY INSURANCE	402,397	402,397 4.02
4.03	60.00	LABORATORY	CADENCE LAB WORK	138,711	138,711 4.03
4.04	4.00	EMPLOYEE BENEFITS DEPARTMENT	CORPORATE EXPENSE	110	110 4.04
5.00	0			6,590,039	4,266,968 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	A		0.00	KI SHWAUKEE HEALTH SYSTEM	100.00	6.00
7.00	A		0.00	HEALTH VENTURES	51.00	7.00
8.00	A		0.00	KI SHWAUKEE HOSP	100.00	8.00
9.00	A		0.00	NW MEDICINE	100.00	9.00
10.00	A		0.00	CADENCE	100.00	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: 14-1340

Period:
From 09/01/2016
To 08/31/2017

Worksheet A-8-1

Date/Time Prepared:
1/27/2018 2:54 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	1,613,113	0		1.00
2.00	59,917	9		2.00
3.00	591,456	9		3.00
4.00	58,585	0		4.00
4.01	0	0		4.01
4.02	0	0		4.02
4.03	0	0		4.03
4.04	0	0		4.04
5.00	2,323,071			5.00

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

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

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

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

6.00	HEALTHCARE		6.00
7.00	HEALTHCARE RENT		7.00
8.00	HEALTHCARE		8.00
9.00	HEALTHCARE		9.00
10.00	HEALTHCARE		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: 14-1340

Period:
From 09/01/2016
To 08/31/2017

Worksheet A-8-2

Date/Time Prepared:
1/27/2018 2:54 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	13.00	AGGREGATE-NURSING ADMINISTRATION	1,138,800	1,138,800	0	0	0	1.00
2.00	50.00	AGGREGATE-OPERATING ROOM	126,570	126,570	0	0	0	2.00
3.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	138,988	138,988	0	0	0	3.00
4.00	53.00	AGGREGATE-ANESTHESIOLOGY	260,090	260,090	0	0	0	4.00
5.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	43,889	43,889	0	0	0	5.00
6.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	440	440	0	0	0	6.00
7.00	55.00	AGGREGATE-ONCOLOGY	228,597	228,597	0	0	0	7.00
8.00	91.00	AGGREGATE-EMERGENCY	42,927	42,927	0	0	0	8.00
9.00	91.00	AGGREGATE-EMERGENCY	2,325,677	1,960,365	365,312	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			4,305,978	3,940,666	365,312		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	13.00	AGGREGATE-NURSING ADMINISTRATION	0	0	0	0	0	1.00
2.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	0	0	2.00
3.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	3.00
4.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	0	0	4.00
5.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	5.00
6.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	6.00
7.00	55.00	AGGREGATE-ONCOLOGY	0	0	0	0	0	7.00
8.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	8.00
9.00	91.00	AGGREGATE-EMERGENCY	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	13.00	AGGREGATE-NURSING ADMINISTRATION	0	0	0	1,138,800		1.00
2.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	126,570		2.00
3.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	0	0	0	138,988		3.00
4.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	260,090		4.00
5.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	43,889		5.00
6.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	440		6.00
7.00	55.00	AGGREGATE-ONCOLOGY	0	0	0	228,597		7.00
8.00	91.00	AGGREGATE-EMERGENCY	0	0	0	42,927		8.00
9.00	91.00	AGGREGATE-EMERGENCY	0	0	0	1,960,365		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	0	0	3,940,666		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1340

Period:
From 09/01/2016
To 08/31/2017

Worksheet B
Part I
Date/Time Prepared:
1/27/2018 2:54 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	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	1,799,914	1,799,914				1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	1,683,969		1,683,969			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	3,820,092	11,023	10,313	3,841,428		4.00
5.01 00540 NONPATIENT TELEPHONES	701,007	15,488	14,491	0	730,986	5.01
5.02 00550 DATA PROCESSING	118,864	22,798	21,329	0	20,225	5.02
5.03 00560 PURCHASING RECEIVING AND STORES	153,030	0	0	35,194	8,668	5.03
5.04 00570 ADMINISTRATION	475,869	26,958	25,221	145,581	34,671	5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	264,213	3,361	3,144	13,267	0	5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL	6,310,618	107,525	100,599	339,800	86,678	5.06
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700 OPERATION OF PLANT	1,227,271	295,758	276,710	75,816	8,668	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	61,632	12,339	11,544	0	2,889	8.00
9.00 00900 HOUSEKEEPING	443,033	33,256	31,114	85,275	2,889	9.00
10.00 01000 DIETARY	97,694	16,358	15,304	21,823	11,557	10.00
11.00 01100 CAFETERIA	317,652	59,016	55,214	90,330	2,889	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	176,663	18,826	17,613	51,416	5,779	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	101,972	65,502	61,283	19,010	0	14.00
15.00 01500 PHARMACY	517,385	26,723	25,001	151,169	17,336	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	434,194	16,217	15,172	102,707	23,114	16.00
17.00 01700 SOCIAL SERVICE	160,227	0	0	42,914	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 ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	2,183,344	284,642	266,306	608,780	60,675	30.00
31.00 03100 INTENSIVE CARE UNIT	123,420	40,636	38,019	37,241	23,114	31.00
41.00 04100 SUBPROVIDER - I&R	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	481,024	9,613	8,993	139,443	2,889	43.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	2,158,032	237,026	221,757	423,632	124,237	50.00
51.00 05100 RECOVERY ROOM	80,949	37,581	35,160	23,477	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	166,217	11,657	10,906	48,184	2,889	52.00
53.00 05300 ANESTHESIOLOGY	44,020	7,826	7,322	0	2,889	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,799,967	178,833	167,313	321,551	78,010	54.00
55.00 03480 ONCOLOGY	1,182,737	0	0	33,765	17,336	55.00
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	1,629,448	61,977	57,984	231,555	34,671	60.00
64.00 06400 INTRAVENOUS THERAPY	32,978	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	458,546	15,042	14,073	124,028	5,779	65.00
66.00 06600 PHYSICAL THERAPY	101,314	22,492	21,043	31,341	5,779	66.00
66.01 06601 O/P PHYSICAL THERAPY	444,273	0	0	107,043	0	66.01
69.00 06900 ELECTROCARDIOLOGY	10,082	5,265	4,925	2,957	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	827,493	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	733,582	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	606,676	0	0	0	0	73.00
76.00 03020 CLINICAL NUTRITION	56,258	0	0	10,087	17,336	76.00
76.01 03950 SLEEP LAB	51,095	14,384	13,457	0	5,779	76.01
76.97 07697 CARDIAC REHABILITATION	196,947	0	0	18,563	8,668	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	18,884	0	0	1,655	20,225	90.00
91.00 09100 EMERGENCY	1,913,650	96,526	90,308	438,001	60,675	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
99.20 09920 OPT	0	0	0	0	0	99.20
99.30 09930 OOT	0	0	0	0	0	99.30
99.40 09940 OSP	0	0	0	0	0	99.40
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1340

Period:
From 09/01/2016
To 08/31/2017

Worksheet B
Part I
Date/Time Prepared:
1/27/2018 2:54 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
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
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	34,166,235	1,754,648	1,641,618	3,775,605	696,314	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	48,478	15,394	14,403	0	5,779	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	201,629	7,309	6,839	0	8,668	192.00
194.00	07950	COMMUNITY WELLNESS	226,979	22,563	21,109	65,823	20,225	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	34,643,321	1,799,914	1,683,969	3,841,428	730,986	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1340

Period:
From 09/01/2016
To 08/31/2017

Worksheet B
Part I
Date/Time Prepared:
1/27/2018 2:54 pm

Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS								
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	183,216					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	2,487	199,379				5.03
5.04	00570	ADMINING	10,777	173	719,250			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	829	0	0	284,814		5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	17,410	1	0	0	6,962,631	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	4,145	5	0	0	1,888,373	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	88,404	8.00
9.00	00900	HOUSEKEEPING	829	1,570	0	0	597,966	9.00
10.00	01000	DIETARY	2,487	288	0	0	165,511	10.00
11.00	01100	CAFETERIA	0	1,191	0	0	526,292	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	829	0	0	0	271,126	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	7,368	0	0	255,135	14.00
15.00	01500	PHARMACY	4,974	999	0	0	743,587	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,974	0	0	0	596,378	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	203,141	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-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	19,897	5,524	160,294	17,802	3,607,264	30.00
31.00	03100	INTENSIVE CARE UNIT	6,632	0	3,198	299	272,559	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	3,316	1,159	17,156	1,602	665,195	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	23,215	9,809	43,464	21,934	3,263,106	50.00
51.00	05100	RECOVERY ROOM	0	259	7,845	3,194	188,465	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,658	401	24,230	2,266	268,408	52.00
53.00	05300	ANESTHESIOLOGY	829	1,662	13,317	6,850	84,715	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,726	4,007	73,785	68,444	2,712,636	54.00
55.00	03480	ONCOLOGY	5,803	917	0	15,766	1,256,324	55.00
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	12,435	28,399	83,295	39,066	2,178,830	60.00
64.00	06400	INTRAVENOUS THERAPY	0	3,357	23,569	5,244	65,148	64.00
65.00	06500	RESPIRATORY THERAPY	2,487	760	31,793	5,803	658,311	65.00
66.00	06600	PHYSICAL THERAPY	1,658	6	6,683	756	191,072	66.00
66.01	06601	O/P PHYSICAL THERAPY	4,974	420	38	2,204	558,952	66.01
69.00	06900	ELECTROCARDIOLOGY	0	22	0	194	23,445	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	53,133	47,101	16,733	944,460	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	74,682	19,025	11,775	839,064	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	600	126,026	25,469	758,771	73.00
76.00	03020	CLINICAL NUTRITION	2,487	0	18	134	86,320	76.00
76.01	03950	SLEEP LAB	0	0	0	920	85,635	76.01
76.97	07697	CARDIAC REHABILITATION	3,316	60	0	564	228,118	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	829	6	0	286	41,885	90.00
91.00	09100	EMERGENCY	14,923	2,437	38,413	37,509	2,692,442	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1340

Period:
From 09/01/2016
To 08/31/2017

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Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	174,926	199,215	719,250	284,814	33,969,669	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	829	0	0	0	84,883	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	829	0	0	0	225,274	192.00
194.00	07950	COMMUNITY WELLNESS	6,632	164	0	0	363,495	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118-201)	183,216	199,379	719,250	284,814	34,643,321	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-1340	Period: From 09/01/2016 To 08/31/2017	Worksheet B Part I Date/Time Prepared: 1/27/2018 2:54 pm		
Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00
GENERAL SERVICE COST CENTERS							
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	ADMINITING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	6,962,631				5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00
7.00	00700	OPERATION OF PLANT	474,990	0	2,363,363		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	22,237	0	22,142	132,783	8.00
9.00	00900	HOUSEKEEPING	150,409	0	59,679	0	808,054 9.00
10.00	01000	DIETARY	41,632	0	29,354	0	10,396 10.00
11.00	01100	CAFETERIA	132,380	0	105,903	0	37,508 11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00	01300	NURSING ADMINISTRATION	68,197	0	33,783	0	11,965 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	64,175	0	117,544	0	41,631 14.00
15.00	01500	PHARMACY	187,037	0	47,954	0	16,984 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	150,009	0	29,101	0	10,307 16.00
17.00	01700	SOCIAL SERVICE	51,097	0	0	0	0 17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES 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-(SPECIFY)	0	0	0	0	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	907,347	0	510,790	40,506	180,905 30.00
31.00	03100	INTENSIVE CARE UNIT	68,558	0	72,922	414	25,827 31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00	04300	NURSERY	167,319	0	17,250	4,124	6,109 43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0 45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	820,782	0	425,343	18,223	150,644 50.00
51.00	05100	RECOVERY ROOM	47,405	0	67,439	0	23,885 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	67,514	0	20,919	5,834	7,409 52.00
53.00	05300	ANESTHESIOLOGY	21,309	0	14,045	1,075	4,974 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	682,320	0	320,916	17,144	113,659 54.00
55.00	03480	ONCOLOGY	316,008	0	0	326	0 55.00
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	548,050	0	111,218	0	39,390 60.00
64.00	06400	INTRAVENOUS THERAPY	16,387	0	0	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	165,588	0	26,993	325	9,560 65.00
66.00	06600	PHYSICAL THERAPY	48,061	0	40,362	0	14,295 66.00
66.01	06601	O/P PHYSICAL THERAPY	140,595	0	0	0	0 66.01
69.00	06900	ELECTROCARDIOLOGY	5,897	0	9,447	250	3,346 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	237,564	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	211,053	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	190,857	0	0	0	0 73.00
76.00	03020	CLINICAL NUTRITION	21,712	0	0	0	0 76.00
76.01	03950	SLEEP LAB	21,540	0	25,812	21	9,142 76.01
76.97	07697	CARDIAC REHABILITATION	57,379	0	0	350	0 76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00	09000	CLINIC	10,536	0	0	120	0 90.00
91.00	09100	EMERGENCY	677,241	0	173,216	44,071	61,348 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0 99.10
99.20	09920	OPT	0	0	0	0	0 99.20
99.30	09930	OOT	0	0	0	0	0 99.30
99.40	09940	OSP	0	0	0	0	0 99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0 101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0 111.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1340

Period:
From 09/01/2016
To 08/31/2017

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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	6,793,185	0	2,282,132	132,783	779,284
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	21,351	0	27,625	0	9,784
192.00	19200	PHYSICIANS' PRIVATE OFFICES	56,664	0	13,117	0	4,646
194.00	07950	COMMUNITY WELLNESS	91,431	0	40,489	0	14,340
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	6,962,631	0	2,363,363	132,783	808,054

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
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 ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	246,893					10.00
11.00	01100	CAFETERIA	0	802,083				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	9,515	0	394,586		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	8,007	0	0	486,492	14.00
15.00	01500	PHARMACY	0	28,476	0	0	2,575	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	31,524	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	6,790	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-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	243,553	159,105	0	142,179	14,235	30.00
31.00	03100	INTENSIVE CARE UNIT	3,340	6,858	0	6,128	0	31.00
41.00	04100	SUBPROVIDER - I&R	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	35,660	0	31,867	2,988	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	105,794	0	94,539	25,279	50.00
51.00	05100	RECOVERY ROOM	0	2,822	0	2,522	667	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	12,320	0	11,010	1,032	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	4,283	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	84,933	0	0	10,325	54.00
55.00	03480	ONCOLOGY	0	10,291	0	0	2,363	55.00
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	77,709	0	0	73,183	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	8,651	64.00
65.00	06500	RESPIRATORY THERAPY	0	32,800	0	0	1,958	65.00
66.00	06600	PHYSICAL THERAPY	0	6,887	0	0	15	66.00
66.01	06601	O/P PHYSICAL THERAPY	0	29,343	0	0	1,083	66.01
69.00	06900	ELECTROCARDIOLOGY	0	812	0	0	58	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	136,923	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	192,451	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	1,547	73.00
76.00	03020	CLINICAL NUTRITION	0	3,379	0	0	0	76.00
76.01	03950	SLEEP LAB	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	6,100	0	0	155	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	650	0	0	16	90.00
91.00	09100	EMERGENCY	0	119,001	0	106,341	6,281	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1340

Period:
From 09/01/2016
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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	246,893	778,776	0	394,586	486,068	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	1	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	6	0	0	0	192.00
194.00	07950	COMMUNITY WELLNESS	0	23,301	0	0	423	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	246,893	802,083	0	394,586	486,492	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-1340	Period: From 09/01/2016 To 08/31/2017	Worksheet B Part I Date/Time Prepared: 1/27/2018 2:54 pm		
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL
			15.00	16.00	17.00	19.00	20.00
GENERAL SERVICE COST CENTERS							
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 ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY	1,026,613				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	817,319			16.00
17.00	01700	SOCIAL SERVICE	0	0	261,028		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-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	51,079	257,497	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	857	3,531	0	31.00
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	4,597	0	0	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	62,937	0	0	50.00
51.00	05100	RECOVERY ROOM	0	9,165	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	6,502	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	19,656	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	196,479	0	0	54.00
55.00	03480	ONCOLOGY	0	45,238	0	0	55.00
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	112,093	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	15,046	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	16,650	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	2,170	0	0	66.00
66.01	06601	O/P PHYSICAL THERAPY	0	6,324	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY	0	556	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	48,013	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	33,787	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,026,613	73,079	0	0	73.00
76.00	03020	CLINICAL NUTRITION	0	384	0	0	76.00
76.01	03950	SLEEP LAB	0	2,640	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	1,619	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	822	0	0	90.00
91.00	09100	EMERGENCY	0	107,626	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1340

Period:
From 09/01/2016
To 08/31/2017

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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
113.00	11300						113.00
118.00		1,026,613	817,319	261,028	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	0	0	0	0	0	194.00
200.00					0	0	200.00
201.00		0	0	0	0	0	201.00
202.00		1,026,613	817,319	261,028	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1340

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Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS					
	21.00	22.00	23.00				
GENERAL SERVICE COST CENTERS							
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 ADMINISTRATIVE AND GENERAL							5.06
6.00 00600 MAINTENANCE & REPAIRS							6.00
7.00 00700 OPERATION OF PLANT							7.00
8.00 00800 LAUNDRY & LINEN SERVICE							8.00
9.00 00900 HOUSEKEEPING							9.00
10.00 01000 DIETARY							10.00
11.00 01100 CAFETERIA							11.00
12.00 01200 MAINTENANCE OF PERSONNEL							12.00
13.00 01300 NURSING ADMINISTRATION							13.00
14.00 01400 CENTRAL SERVICES & SUPPLY							14.00
15.00 01500 PHARMACY							15.00
16.00 01600 MEDICAL RECORDS & LIBRARY							16.00
17.00 01700 SOCIAL SERVICE							17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS							19.00
20.00 02000 NURSING SCHOOL							20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0						21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		0					22.00
23.00 02300 PARAMED PRGM-(SPECIFY)			0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	0	0	0	0	6,114,460	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	460,994	0	31.00
41.00 04100 SUBPROVIDER - I&R	0	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	0	935,109	0	43.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	0	0	4,966,647	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	342,370	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	400,948	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	150,057	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	4,138,412	0	54.00
55.00 03480 ONCOLOGY	0	0	0	0	1,630,550	0	55.00
57.00 05700 CT SCAN	0	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	3,140,473	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	105,232	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	912,185	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	302,862	0	66.00
66.01 06601 O/P PHYSICAL THERAPY	0	0	0	0	736,297	0	66.01
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	43,811	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	1,366,960	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	1,276,355	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	2,050,867	0	73.00
76.00 03020 CLINICAL NUTRITION	0	0	0	0	111,795	0	76.00
76.01 03950 SLEEP LAB	0	0	0	0	144,790	0	76.01
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	293,721	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	54,029	0	90.00
91.00 09100 EMERGENCY	0	0	0	0	3,987,567	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10 09910 CORF	0	0	0	0	0	0	99.10
99.20 09920 OPT	0	0	0	0	0	0	99.20
99.30 09930 OOT	0	0	0	0	0	0	99.30
99.40 09940 OSP	0	0	0	0	0	0	99.40
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1340

Period:
From 09/01/2016
To 08/31/2017

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Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00	23.00			
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0
113.00	11300	INTEREST EXPENSE				
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	33,666,491	0
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	143,644	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	299,707	0
194.00	07950	COMMUNITY WELLNESS	0	0	533,479	0
200.00		Cross Foot Adjustments	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0
202.00		TOTAL (sum lines 118-201)	0	0	34,643,321	0

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 14-1340	Period: From 09/01/2016 To 08/31/2017	Worksheet B Part I Date/Time Prepared: 1/27/2018 2:54 pm
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Cost Center Description		Total		
		26.00		
GENERAL SERVICE COST CENTERS				
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 ADMINISTRATIVE AND GENERAL			5.06
6.00	00600 MAINTENANCE & REPAIRS			6.00
7.00	00700 OPERATION OF PLANT			7.00
8.00	00800 LAUNDRY & LINEN SERVICE			8.00
9.00	00900 HOUSEKEEPING			9.00
10.00	01000 DIETARY			10.00
11.00	01100 CAFETERIA			11.00
12.00	01200 MAINTENANCE OF PERSONNEL			12.00
13.00	01300 NURSING ADMINISTRATION			13.00
14.00	01400 CENTRAL SERVICES & SUPPLY			14.00
15.00	01500 PHARMACY			15.00
16.00	01600 MEDICAL RECORDS & LIBRARY			16.00
17.00	01700 SOCIAL SERVICE			17.00
19.00	01900 NONPHYSICIAN ANESTHETISTS			19.00
20.00	02000 NURSING SCHOOL			20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)			23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	6,114,460		30.00
31.00	03100 INTENSIVE CARE UNIT	460,994		31.00
41.00	04100 SUBPROVIDER - I RF	0		41.00
42.00	04200 SUBPROVIDER	0		42.00
43.00	04300 NURSERY	935,109		43.00
45.00	04500 NURSING FACILITY	0		45.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	4,966,647		50.00
51.00	05100 RECOVERY ROOM	342,370		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	400,948		52.00
53.00	05300 ANESTHESIOLOGY	150,057		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,138,412		54.00
55.00	03480 ONCOLOGY	1,630,550		55.00
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	3,140,473		60.00
64.00	06400 INTRAVENOUS THERAPY	105,232		64.00
65.00	06500 RESPIRATORY THERAPY	912,185		65.00
66.00	06600 PHYSICAL THERAPY	302,862		66.00
66.01	06601 O/P PHYSICAL THERAPY	736,297		66.01
69.00	06900 ELECTROCARDIOLOGY	43,811		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,366,960		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1,276,355		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	2,050,867		73.00
76.00	03020 CLINICAL NUTRITION	111,795		76.00
76.01	03950 SLEEP LAB	144,790		76.01
76.97	07697 CARDIAC REHABILITATION	293,721		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		89.00
90.00	09000 CLINIC	54,029		90.00
91.00	09100 EMERGENCY	3,987,567		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	09910 CORF	0		99.10
99.20	09920 OPT	0		99.20
99.30	09930 OOT	0		99.30
99.40	09940 OSP	0		99.40
101.00	10100 HOME HEALTH AGENCY	0		101.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION	0		109.00
110.00	11000 INTESTINAL ACQUISITION	0		110.00
111.00	11100 ISLET ACQUISITION	0		111.00
113.00	11300 INTEREST EXPENSE			113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	33,666,491		118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-1340

Period:
From 09/01/2016
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Cost Center Description		Total	
		26.00	
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	143,644
192.00	19200	PHYSICIANS' PRIVATE OFFICES	299,707
194.00	07950	COMMUNITY WELLNESS	533,479
200.00		Cross Foot Adjustments	0
201.00		Negative Cost Centers	0
202.00		TOTAL (sum lines 118-201)	34,643,321

190.00
192.00
194.00
200.00
201.00
202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1340

Period:
From 09/01/2016
To 08/31/2017

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
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	11,023	10,313	21,336	21,336 4.00
5.01 00540	NONPATIENT TELEPHONES	0	15,488	14,491	29,979	0 5.01
5.02 00550	DATA PROCESSING	0	22,798	21,329	44,127	0 5.02
5.03 00560	PURCHASING RECEIVING AND STORES	0	0	0	0	195 5.03
5.04 00570	ADMITTING	0	26,958	25,221	52,179	808 5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	3,361	3,144	6,505	74 5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	937,880	107,525	100,599	1,146,004	1,887 5.06
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00 00700	OPERATION OF PLANT	0	295,758	276,710	572,468	421 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	12,339	11,544	23,883	0 8.00
9.00 00900	HOUSEKEEPING	0	33,256	31,114	64,370	474 9.00
10.00 01000	DIETARY	1,136	16,358	15,304	32,798	121 10.00
11.00 01100	CAFETERIA	4,703	59,016	55,214	118,933	502 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	0	18,826	17,613	36,439	286 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	13,629	65,502	61,283	140,414	106 14.00
15.00 01500	PHARMACY	68,718	26,723	25,001	120,442	839 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	51,122	16,217	15,172	82,511	570 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	238 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-(SPECIFY)	0	0	0	0	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	284,642	266,306	550,948	3,384 30.00
31.00 03100	INTENSIVE CARE UNIT	0	40,636	38,019	78,655	207 31.00
41.00 04100	SUBPROVIDER - I&R	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	0	9,613	8,993	18,606	774 43.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	128	237,026	221,757	458,911	2,353 50.00
51.00 05100	RECOVERY ROOM	0	37,581	35,160	72,741	130 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	11,657	10,906	22,563	268 52.00
53.00 05300	ANESTHESIOLOGY	0	7,826	7,322	15,148	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	178,833	167,313	346,146	1,786 54.00
55.00 03480	ONCOLOGY	90,861	0	0	90,861	188 55.00
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	4,588	61,977	57,984	124,549	1,286 60.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	0	15,042	14,073	29,115	689 65.00
66.00 06600	PHYSICAL THERAPY	0	22,492	21,043	43,535	174 66.00
66.01 06601	O/P PHYSICAL THERAPY	69,838	0	0	69,838	594 66.01
69.00 06900	ELECTROCARDIOLOGY	0	5,265	4,925	10,190	16 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
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
76.00 03020	CLINICAL NUTRITION	22,886	0	0	22,886	56 76.00
76.01 03950	SLEEP LAB	0	14,384	13,457	27,841	0 76.01
76.97 07697	CARDIAC REHABILITATION	91,558	0	0	91,558	103 76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	8,451	0	0	8,451	9 90.00
91.00 09100	EMERGENCY	0	96,526	90,308	186,834	2,432 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	0 99.10
99.20 09920	OPT	0	0	0	0	0 99.20
99.30 09930	OOT	0	0	0	0	0 99.30
99.40 09940	OSP	0	0	0	0	0 99.40
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0 101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1340

Period:
From 09/01/2016
To 08/31/2017

Worksheet B
Part II
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	2A	4.00	
SPECIAL PURPOSE COST CENTERS						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,365,498	1,754,648	1,641,618	4,761,764	20,970 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	15,394	14,403	29,797	0 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	143,116	7,309	6,839	157,264	0 192.00
194.00 07950	COMMUNITY WELLNESS	568	22,563	21,109	44,240	366 194.00
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	1,509,182	1,799,914	1,683,969	4,993,065	21,336 202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-1340		Period: From 09/01/2016 To 08/31/2017		Worksheet B Part II Date/Time Prepared: 1/27/2018 2:54 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	
GENERAL SERVICE COST CENTERS								
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	29,979					5.01
5.02	00550	DATA PROCESSING	829	44,956				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	355	610	1,160			5.03
5.04	00570	ADMINISTRATIVE	1,422	2,644	1	57,054		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	203	0	0	6,782	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	3,555	4,272	0	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	355	1,017	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	118	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	118	203	9	0	0	9.00
10.00	01000	DIETARY	474	610	2	0	0	10.00
11.00	01100	CAFETERIA	118	0	7	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	237	203	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	43	0	0	14.00
15.00	01500	PHARMACY	711	1,221	6	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	948	1,221	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES 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-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,488	4,882	32	12,712	422	30.00
31.00	03100	INTENSIVE CARE UNIT	948	1,627	0	254	7	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	118	814	7	1,361	38	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,102	5,698	57	3,448	520	50.00
51.00	05100	RECOVERY ROOM	0	0	2	622	76	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	118	407	2	1,922	54	52.00
53.00	05300	ANESTHESIOLOGY	118	203	10	1,056	162	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,199	5,086	23	5,854	1,657	54.00
55.00	03480	ONCOLOGY	711	1,424	5	0	373	55.00
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	1,422	3,051	165	6,608	925	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	20	1,870	124	64.00
65.00	06500	RESPIRATORY THERAPY	237	610	4	2,522	137	65.00
66.00	06600	PHYSICAL THERAPY	237	407	0	530	18	66.00
66.01	06601	O/P PHYSICAL THERAPY	0	1,221	2	3	52	66.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	5	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	309	3,737	396	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	436	1,509	279	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	3	9,998	603	73.00
76.00	03020	CLINICAL NUTRITION	711	610	0	1	3	76.00
76.01	03950	SLEEP LAB	237	0	0	0	22	76.01
76.97	07697	CARDIAC REHABILITATION	355	814	0	0	13	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	829	203	0	0	7	90.00
91.00	09100	EMERGENCY	2,488	3,662	14	3,047	889	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
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

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1340

Period:
From 09/01/2016
To 08/31/2017

Worksheet B
Part II
Date/Time Prepared:
1/27/2018 2:54 pm

Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACC OUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	28,558	42,923	1,159	57,054	6,782	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	237	203	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	355	203	0	0	0	192.00
194.00	07950	COMMUNITY WELLNESS	829	1,627	1	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	29,979	44,956	1,160	57,054	6,782	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-1340		Period: From 09/01/2016 To 08/31/2017		Worksheet B Part II Date/Time Prepared: 1/27/2018 2:54 pm	
Cost Center Description			OTHER ADMIN STRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
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 ADMIN STRATIVE AND GENERAL	1,155,718					5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	78,843	0	653,104			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,691	0	6,119	33,811		8.00
9.00	00900	HOUSEKEEPING	24,966	0	16,492	0	106,632	9.00
10.00	01000	DIETARY	6,910	0	8,112	0	1,372	10.00
11.00	01100	CAFETERIA	21,974	0	29,266	0	4,950	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	11,320	0	9,336	0	1,579	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	10,652	0	32,483	0	5,494	14.00
15.00	01500	PHARMACY	31,046	0	13,252	0	2,241	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	24,900	0	8,042	0	1,360	16.00
17.00	01700	SOCIAL SERVICE	8,482	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES 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-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	150,604	0	141,155	10,314	23,872	30.00
31.00	03100	INTENSIVE CARE UNIT	11,380	0	20,152	105	3,408	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	27,773	0	4,767	1,050	806	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	136,241	0	117,541	4,640	19,879	50.00
51.00	05100	RECOVERY ROOM	7,869	0	18,636	0	3,152	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,207	0	5,781	1,486	978	52.00
53.00	05300	ANESTHESIOLOGY	3,537	0	3,881	274	656	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	113,258	0	88,683	4,365	14,999	54.00
55.00	03480	ONCOLOGY	52,454	0	0	83	0	55.00
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	90,971	0	30,734	0	5,198	60.00
64.00	06400	INTRAVENOUS THERAPY	2,720	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	27,486	0	7,459	83	1,262	65.00
66.00	06600	PHYSICAL THERAPY	7,978	0	11,154	0	1,886	66.00
66.01	06601	O/P PHYSICAL THERAPY	23,337	0	0	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY	979	0	2,611	64	442	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	39,433	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	35,033	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	31,680	0	0	0	0	73.00
76.00	03020	CLINICAL NUTRITION	3,604	0	0	0	0	76.00
76.01	03950	SLEEP LAB	3,575	0	7,133	5	1,206	76.01
76.97	07697	CARDIAC REHABILITATION	9,524	0	0	89	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	1,749	0	0	31	0	90.00
91.00	09100	EMERGENCY	112,415	0	47,867	11,222	8,096	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
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

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1340

Period:
From 09/01/2016
To 08/31/2017

Worksheet B
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Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,127,591	0	630,656	33,811	102,836	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,544	0	7,634	0	1,291	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	9,406	0	3,625	0	613	192.00
194.00	07950	COMMUNITY WELLNESS	15,177	0	11,189	0	1,892	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,155,718	0	653,104	33,811	106,632	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-1340	Period: From 09/01/2016 To 08/31/2017	Worksheet B Part II Date/Time Prepared: 1/27/2018 2:54 pm		
Cost Center	Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
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
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	50,399					10.00
11.00	01100	0	175,750				11.00
12.00	01200	0	0	0			12.00
13.00	01300	0	2,085	0	61,485		13.00
14.00	01400	0	1,754	0	0	190,946	14.00
15.00	01500	0	6,240	0	0	1,011	15.00
16.00	01600	0	6,908	0	0	0	16.00
17.00	01700	0	1,488	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	49,717	34,861	0	22,154	5,587	30.00
31.00	03100	682	1,503	0	955	0	31.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	7,814	0	4,966	1,173	43.00
45.00	04500	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	23,181	0	14,731	9,922	50.00
51.00	05100	0	618	0	393	262	51.00
52.00	05200	0	2,700	0	1,716	405	52.00
53.00	05300	0	0	0	0	1,681	53.00
54.00	05400	0	18,610	0	0	4,053	54.00
55.00	03480	0	2,255	0	0	927	55.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	17,027	0	0	28,724	60.00
64.00	06400	0	0	0	0	3,396	64.00
65.00	06500	0	7,187	0	0	769	65.00
66.00	06600	0	1,509	0	0	6	66.00
66.01	06601	0	6,430	0	0	425	66.01
69.00	06900	0	178	0	0	23	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	53,742	71.00
72.00	07200	0	0	0	0	75,535	72.00
73.00	07300	0	0	0	0	607	73.00
76.00	03020	0	740	0	0	0	76.00
76.01	03950	0	0	0	0	0	76.01
76.97	07697	0	1,337	0	0	61	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	143	0	0	6	90.00
91.00	09100	0	26,075	0	16,570	2,465	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
99.20	09920	0	0	0	0	0	99.20
99.30	09930	0	0	0	0	0	99.30
99.40	09940	0	0	0	0	0	99.40
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1340

Period:
From 09/01/2016
To 08/31/2017

Worksheet B
Part II
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Cost Center Description			DI ETARY	CAFETERIA	MAI NTENANCE OF PERSONNEL	NURSI NG ADMINI STRATION	CENTRAL SERVI CES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	50,399	170,643	0	61,485	190,780	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1	0	0	0	192.00
194.00	07950	COMMUNITY WELLNESS	0	5,106	0	0	166	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	50,399	175,750	0	61,485	190,946	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-1340	Period: From 09/01/2016 To 08/31/2017	Worksheet B Part II Date/Time Prepared: 1/27/2018 2:54 pm		
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL
			15.00	16.00	17.00	19.00	20.00
GENERAL SERVICE COST CENTERS							
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 ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY	177,009				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	126,460			16.00
17.00	01700	SOCIAL SERVICE	0	0	10,208		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		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0		22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	7,904	10,070		30.00
31.00	03100	INTENSIVE CARE UNIT	0	133	138		31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0		41.00
42.00	04200	SUBPROVIDER	0	0	0		42.00
43.00	04300	NURSERY	0	711	0		43.00
45.00	04500	NURSING FACILITY	0	0	0		45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	9,739	0		50.00
51.00	05100	RECOVERY ROOM	0	1,418	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,006	0		52.00
53.00	05300	ANESTHESIOLOGY	0	3,042	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	30,393	0		54.00
55.00	03480	ONCOLOGY	0	7,000	0		55.00
57.00	05700	CT SCAN	0	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000	LABORATORY	0	17,345	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	2,328	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	2,576	0		65.00
66.00	06600	PHYSICAL THERAPY	0	336	0		66.00
66.01	06601	O/P PHYSICAL THERAPY	0	979	0		66.01
69.00	06900	ELECTROCARDIOLOGY	0	86	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,430	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,228	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	177,009	11,308	0		73.00
76.00	03020	CLINICAL NUTRITION	0	59	0		76.00
76.01	03950	SLEEP LAB	0	408	0		76.01
76.97	07697	CARDIAC REHABILITATION	0	250	0		76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	127	0		90.00
91.00	09100	EMERGENCY	0	16,654	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
99.20	09920	OPT	0	0	0		99.20
99.30	09930	OOT	0	0	0		99.30
99.40	09940	OSP	0	0	0		99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1340

Period:
From 09/01/2016
To 08/31/2017

Worksheet B
Part II
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	177,009	126,460	10,208	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
194.00	07950	COMMUNITY WELLNESS	0	0	0			194.00
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118-201)	177,009	126,460	10,208	0		202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-1340	Period: From 09/01/2016 To 08/31/2017	Worksheet B Part II Date/Time Prepared: 1/27/2018 2:54 pm
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Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS					
	21.00	22.00	23.00				
GENERAL SERVICE COST CENTERS							
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 ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		0			22.00
23.00	02300	PARAMED PRGM-(SPECIFY)			0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS				1,031,106	0 30.00
31.00	03100	INTENSIVE CARE UNIT				120,154	0 31.00
41.00	04100	SUBPROVIDER - I&R				0	0 41.00
42.00	04200	SUBPROVIDER				0	0 42.00
43.00	04300	NURSERY				70,778	0 43.00
45.00	04500	NURSING FACILITY				0	0 45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM				811,963	0 50.00
51.00	05100	RECOVERY ROOM				105,919	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM				50,613	0 52.00
53.00	05300	ANESTHESIOLOGY				29,768	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC				638,112	0 54.00
55.00	03480	ONCOLOGY				156,281	0 55.00
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				328,005	0 60.00
64.00	06400	INTRAVENOUS THERAPY				10,458	0 64.00
65.00	06500	RESPIRATORY THERAPY				80,136	0 65.00
66.00	06600	PHYSICAL THERAPY				67,770	0 66.00
66.01	06601	O/P PHYSICAL THERAPY				102,881	0 66.01
69.00	06900	ELECTROCARDIOLOGY				14,594	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY				0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS				105,047	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS				118,020	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS				231,208	0 73.00
76.00	03020	CLINICAL NUTRITION				28,670	0 76.00
76.01	03950	SLEEP LAB				40,427	0 76.01
76.97	07697	CARDIAC REHABILITATION				104,104	0 76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC				0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER				0	0 89.00
90.00	09000	CLINIC				11,555	0 90.00
91.00	09100	EMERGENCY				440,730	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	0 92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF				0	0 99.10
99.20	09920	OPT				0	0 99.20
99.30	09930	OOT				0	0 99.30
99.40	09940	OSP				0	0 99.40
101.00	10100	HOME HEALTH AGENCY				0	0 101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-1340

Period:
From 09/01/2016
To 08/31/2017

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS			PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00	23.00			
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION			0	0
110.00	11000	INTESTINAL ACQUISITION			0	0
111.00	11100	ISLET ACQUISITION			0	0
113.00	11300	INTEREST EXPENSE				
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	4,698,299
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			42,706	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES			171,467	0
194.00	07950	COMMUNITY WELLNESS			80,593	0
200.00		Cross Foot Adjustments	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0
202.00		TOTAL (sum lines 118-201)	0	0	0	4,993,065

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-1340	Period: From 09/01/2016 To 08/31/2017	Worksheet B Part II Date/Time Prepared: 1/27/2018 2:54 pm
Cost Center Description		Total		
		26.00		
GENERAL SERVICE COST CENTERS				
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 ADMINISTRATIVE AND GENERAL			5.06
6.00	00600 MAINTENANCE & REPAIRS			6.00
7.00	00700 OPERATION OF PLANT			7.00
8.00	00800 LAUNDRY & LINEN SERVICE			8.00
9.00	00900 HOUSEKEEPING			9.00
10.00	01000 DIETARY			10.00
11.00	01100 CAFETERIA			11.00
12.00	01200 MAINTENANCE OF PERSONNEL			12.00
13.00	01300 NURSING ADMINISTRATION			13.00
14.00	01400 CENTRAL SERVICES & SUPPLY			14.00
15.00	01500 PHARMACY			15.00
16.00	01600 MEDICAL RECORDS & LIBRARY			16.00
17.00	01700 SOCIAL SERVICE			17.00
19.00	01900 NONPHYSICIAN ANESTHETISTS			19.00
20.00	02000 NURSING SCHOOL			20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)			23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	1,031,106		30.00
31.00	03100 INTENSIVE CARE UNIT	120,154		31.00
41.00	04100 SUBPROVIDER - I RF	0		41.00
42.00	04200 SUBPROVIDER	0		42.00
43.00	04300 NURSERY	70,778		43.00
45.00	04500 NURSING FACILITY	0		45.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	811,963		50.00
51.00	05100 RECOVERY ROOM	105,919		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	50,613		52.00
53.00	05300 ANESTHESIOLOGY	29,768		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	638,112		54.00
55.00	03480 ONCOLOGY	156,281		55.00
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	328,005		60.00
64.00	06400 INTRAVENOUS THERAPY	10,458		64.00
65.00	06500 RESPIRATORY THERAPY	80,136		65.00
66.00	06600 PHYSICAL THERAPY	67,770		66.00
66.01	06601 O/P PHYSICAL THERAPY	102,881		66.01
69.00	06900 ELECTROCARDIOLOGY	14,594		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	105,047		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	118,020		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	231,208		73.00
76.00	03020 CLINICAL NUTRITION	28,670		76.00
76.01	03950 SLEEP LAB	40,427		76.01
76.97	07697 CARDIAC REHABILITATION	104,104		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		89.00
90.00	09000 CLINIC	11,555		90.00
91.00	09100 EMERGENCY	440,730		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	09910 CORF	0		99.10
99.20	09920 OPT	0		99.20
99.30	09930 OOT	0		99.30
99.40	09940 OSP	0		99.40
101.00	10100 HOME HEALTH AGENCY	0		101.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION	0		109.00
110.00	11000 INTESTINAL ACQUISITION	0		110.00
111.00	11100 ISLET ACQUISITION	0		111.00
113.00	11300 INTEREST EXPENSE			113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	4,698,299		118.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-1340	Period: From 09/01/2016 To 08/31/2017	Worksheet B Part II Date/Time Prepared: 1/27/2018 2:54 pm
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Cost Center Description		Total	
		26.00	
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	42,706	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	171,467	192.00
194.00	07950 COMMUNITY WELLNESS	80,593	194.00
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	4,993,065	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1340

Period:
From 09/01/2016
To 08/31/2017

Worksheet B-1

Date/Time Prepared:
1/27/2018 2:54 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NO. OF PHONES)	DATA PROCESSING (NO OF PC'S)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	76,583				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		76,583			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	469	469	12,337,847		4.00
5.01	00540	NONPATIENT TELEPHONES	659	659	0	253	5.01
5.02	00550	DATA PROCESSING	970	970	0	7	221
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	113,036	3	3
5.04	00570	ADMINISTRATIVE	1,147	1,147	467,574	12	13
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	143	143	42,612	0	1
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	4,575	4,575	1,091,367	30	21
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00	00700	OPERATION OF PLANT	12,584	12,584	243,506	3	5
8.00	00800	LAUNDRY & LINEN SERVICE	525	525	0	1	0
9.00	00900	HOUSEKEEPING	1,415	1,415	273,885	1	1
10.00	01000	DIETARY	696	696	70,090	4	3
11.00	01100	CAFETERIA	2,511	2,511	290,122	1	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	801	801	165,136	2	1
14.00	01400	CENTRAL SERVICES & SUPPLY	2,787	2,787	61,056	0	0
15.00	01500	PHARMACY	1,137	1,137	485,522	6	6
16.00	01600	MEDICAL RECORDS & LIBRARY	690	690	329,874	8	6
17.00	01700	SOCIAL SERVICE	0	0	137,831	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 ED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	12,111	12,111	1,955,261	21	24
31.00	03100	INTENSIVE CARE UNIT	1,729	1,729	119,611	8	8
41.00	04100	SUBPROVIDER - I&R	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	409	409	447,861	1	4
45.00	04500	NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	10,085	10,085	1,360,618	43	28
51.00	05100	RECOVERY ROOM	1,599	1,599	75,403	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	496	496	154,758	1	2
53.00	05300	ANESTHESIOLOGY	333	333	0	1	1
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,609	7,609	1,032,754	27	25
55.00	03480	ONCOLOGY	0	0	108,446	6	7
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	2,637	2,637	743,705	12	15
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	640	640	398,351	2	3
66.00	06600	PHYSICAL THERAPY	957	957	100,660	2	2
66.01	06601	O/P PHYSICAL THERAPY	0	0	343,799	0	6
69.00	06900	ELECTROCARDIOLOGY	224	224	9,498	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00	03020	CLINICAL NUTRITION	0	0	32,397	6	3
76.01	03950	SLEEP LAB	612	612	0	2	0
76.97	07697	CARDIAC REHABILITATION	0	0	59,622	3	4
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	5,317	7	1
91.00	09100	EMERGENCY	4,107	4,107	1,406,765	21	18
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
99.20	09920	OPT	0	0	0	0	0
99.30	09930	OOT	0	0	0	0	0
99.40	09940	OSP	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1340

Period:
From 09/01/2016
To 08/31/2017

Worksheet B-1

Date/Time Prepared:
1/27/2018 2:54 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NO. OF PHONES)	DATA PROCESSING (NO OF PC'S)			
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)						
	1.00	2.00					4.00	5.01
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00	
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00	
113.00	11300	INTEREST EXPENSE					113.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	74,657	74,657	12,126,437	241	211	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	655	655	0	2	1	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	311	311	0	3	1	192.00
194.00	07950	COMMUNITY WELLNESS	960	960	211,410	7	8	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)	1,799,914	1,683,969	3,841,428	730,986	183,216	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	23.502788	21.988810	0.311353	2,889.272727	829.031674	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			21,336	29,979	44,956	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001729	118.494071	203.420814	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1340

Period:
From 09/01/2016
To 08/31/2017

Worksheet B-1

Date/Time Prepared:
1/27/2018 2:54 pm

Cost Center Description			PURCHASING RECEIVING AND STORES (SUPPLY EXPENSE)	ADMITTING (INPATIENT CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS								
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	1,958,510					5.03
5.04	00570	ADMITTING	1,702	24,106,765				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	102,237,996			5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	13	0	0	-6,962,631	27,680,690	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	48	0	0	0	1,888,373	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	88,404	8.00
9.00	00900	HOUSEKEEPING	15,419	0	0	0	597,966	9.00
10.00	01000	DIETARY	2,827	0	0	0	165,511	10.00
11.00	01100	CAFETERIA	11,699	0	0	0	526,292	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	271,126	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	72,379	0	0	0	255,135	14.00
15.00	01500	PHARMACY	9,817	0	0	0	743,587	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	596,378	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	203,141	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-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	54,261	5,372,488	6,389,658	0	3,607,264	30.00
31.00	03100	INTENSIVE CARE UNIT	0	107,172	107,172	0	272,559	31.00
41.00	04100	SUBPROVIDER - I&R	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	11,389	575,011	575,011	0	665,195	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	96,359	1,456,774	7,873,081	0	3,263,106	50.00
51.00	05100	RECOVERY ROOM	2,544	262,941	1,146,526	0	188,465	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,935	812,103	813,358	0	268,408	52.00
53.00	05300	ANESTHESIOLOGY	16,327	446,335	2,458,852	0	84,715	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	39,358	2,473,030	24,574,967	0	2,712,636	54.00
55.00	03480	ONCOLOGY	9,006	0	5,658,964	0	1,256,324	55.00
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	278,962	2,791,762	14,022,119	0	2,178,830	60.00
64.00	06400	INTRAVENOUS THERAPY	32,978	789,953	1,882,122	0	65,148	64.00
65.00	06500	RESPIRATORY THERAPY	7,465	1,065,577	2,082,758	0	658,311	65.00
66.00	06600	PHYSICAL THERAPY	58	223,996	271,394	0	191,072	66.00
66.01	06601	O/P PHYSICAL THERAPY	4,128	1,262	791,136	0	558,952	66.01
69.00	06900	ELECTROCARDIOLOGY	220	0	69,504	0	23,445	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	521,929	1,578,651	6,006,141	0	944,460	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	733,582	637,660	4,226,501	0	839,064	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,898	4,223,970	9,141,768	0	758,771	73.00
76.00	03020	CLINICAL NUTRITION	0	600	48,097	0	86,320	76.00
76.01	03950	SLEEP LAB	0	0	330,226	0	85,635	76.01
76.97	07697	CARDIAC REHABILITATION	591	0	202,493	0	228,118	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	61	0	102,798	0	41,885	90.00
91.00	09100	EMERGENCY	23,941	1,287,480	13,463,350	0	2,692,442	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1340

Period:
From 09/01/2016
To 08/31/2017

Worksheet B-1

Date/Time Prepared:
1/27/2018 2:54 pm

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLY EXPENSE)	ADMITTING (INPATIENT CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,956,896	24,106,765	102,237,996	-6,962,631	27,007,038
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3	0	0	84,883	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	225,274	192.00
194.00	07950	COMMUNITY WELLNESS	1,611	0	0	363,495	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)	199,379	719,250	284,814	6,962,631	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.101801	0.029836	0.002786	0.251534	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,160	57,054	6,782	1,155,718	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000592	0.002367	0.000066	0.041752	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1340

Period:
From 09/01/2016
To 08/31/2017

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	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 ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS	0				6.00
7.00	00700	OPERATION OF PLANT	0	56,036			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	525	109,399		8.00
9.00	00900	HOUSEKEEPING	0	1,415	0	54,096	9.00
10.00	01000	DIETARY	0	696	0	696	10.00
11.00	01100	CAFETERIA	0	2,511	0	2,511	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	801	0	801	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,787	0	2,787	14.00
15.00	01500	PHARMACY	0	1,137	0	1,137	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	690	0	690	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES 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 ED PRGM-(SPECIALTY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	12,111	33,373	12,111	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,729	341	1,729	31.00
41.00	04100	SUBPROVIDER - I&R	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	409	3,398	409	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	10,085	15,014	10,085	50.00
51.00	05100	RECOVERY ROOM	0	1,599	0	1,599	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	496	4,807	496	52.00
53.00	05300	ANESTHESIOLOGY	0	333	886	333	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	7,609	14,125	7,609	54.00
55.00	03480	ONCOLOGY	0	0	269	0	55.00
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	2,637	0	2,637	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	640	268	640	65.00
66.00	06600	PHYSICAL THERAPY	0	957	0	957	66.00
66.01	06601	O/P PHYSICAL THERAPY	0	0	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY	0	224	206	224	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
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03020	CLINICAL NUTRITION	0	0	0	0	76.00
76.01	03950	SLEEP LAB	0	612	17	612	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	288	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	99	0	90.00
91.00	09100	EMERGENCY	0	4,107	36,308	4,107	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1340

Period:
From 09/01/2016
To 08/31/2017

Worksheet B-1

Date/Time Prepared:
1/27/2018 2:54 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
			6.00	7.00	8.00	9.00	10.00	
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	54,110	109,399	52,170	2,070	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	655	0	655	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	311	0	311	0	192.00
194.00	07950	COMMUNITY WELLNESS	0	960	0	960	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	2,363,363	132,783	808,054	246,893	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	42.175798	1.213750	14.937408	119.271981	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	653,104	33,811	106,632	50,399	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	11.655079	0.309061	1.971162	24.347343	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1340

Period:
From 09/01/2016
To 08/31/2017

Worksheet B-1

Date/Time Prepared:
1/27/2018 2:54 pm

Cost Center Description		CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	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
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	247,842					11.00
12.00	01200	0	0				12.00
13.00	01300	2,940	0	136,441			13.00
14.00	01400	2,474	0	0	1,854,423		14.00
15.00	01500	8,799	0	0	9,817	606,676	15.00
16.00	01600	9,741	0	0	0	0	16.00
17.00	01700	2,098	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	49,163	0	49,163	54,261	0	30.00
31.00	03100	2,119	0	2,119	0	0	31.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	11,019	0	11,019	11,389	0	43.00
45.00	04500	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	32,690	0	32,690	96,359	0	50.00
51.00	05100	872	0	872	2,544	0	51.00
52.00	05200	3,807	0	3,807	3,935	0	52.00
53.00	05300	0	0	0	16,327	0	53.00
54.00	05400	26,244	0	0	39,358	0	54.00
55.00	03480	3,180	0	0	9,006	0	55.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	24,012	0	0	278,962	0	60.00
64.00	06400	0	0	0	32,978	0	64.00
65.00	06500	10,135	0	0	7,465	0	65.00
66.00	06600	2,128	0	0	58	0	66.00
66.01	06601	9,067	0	0	4,128	0	66.01
69.00	06900	251	0	0	220	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	521,929	0	71.00
72.00	07200	0	0	0	733,582	0	72.00
73.00	07300	0	0	0	5,898	606,676	73.00
76.00	03020	1,044	0	0	0	0	76.00
76.01	03950	0	0	0	0	0	76.01
76.97	07697	1,885	0	0	591	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	201	0	0	61	0	90.00
91.00	09100	36,771	0	36,771	23,941	0	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
99.20	09920	0	0	0	0	0	99.20
99.30	09930	0	0	0	0	0	99.30
99.40	09940	0	0	0	0	0	99.40
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1340

Period:
From 09/01/2016
To 08/31/2017

Worksheet B-1

Date/Time Prepared:
1/27/2018 2:54 pm

Cost Center Description		CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300						113.00
118.00		240,640	0	136,441	1,852,809	606,676	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	3	0	190.00
192.00	19200	2	0	0	0	0	192.00
194.00	07950	7,200	0	0	1,611	0	194.00
200.00							200.00
201.00							201.00
202.00		802,083	0	394,586	486,492	1,026,613	202.00
203.00		3.236267	0.000000	2.891990	0.262341	1.692193	203.00
204.00		175,750	0	61,485	190,946	177,009	204.00
205.00		0.709121	0.000000	0.450634	0.102968	0.291769	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1340

Period:
From 09/01/2016
To 08/31/2017

Worksheet B-1

Date/Time Prepared:
1/27/2018 2:54 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	
		16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS							
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 ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	102,237,996				16.00
17.00	01700	SOCIAL SERVICE	0	2,070			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES 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 ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	6,389,658	2,042	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	107,172	28	0	0	31.00
41.00	04100	SUBPROVIDER - I&R	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	575,011	0	0	0	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	7,873,081	0	0	0	50.00
51.00	05100	RECOVERY ROOM	1,146,526	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	813,358	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	2,458,852	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,574,967	0	0	0	54.00
55.00	03480	ONCOLOGY	5,658,964	0	0	0	55.00
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	14,022,119	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	1,882,122	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,082,758	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	271,394	0	0	0	66.00
66.01	06601	O/P PHYSICAL THERAPY	791,136	0	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY	69,504	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,006,141	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,226,501	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,141,768	0	0	0	73.00
76.00	03020	CLINICAL NUTRITION	48,097	0	0	0	76.00
76.01	03950	SLEEP LAB	330,226	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	202,493	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	102,798	0	0	0	90.00
91.00	09100	EMERGENCY	13,463,350	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1340

Period:
From 09/01/2016
To 08/31/2017

Worksheet B-1

Date/Time Prepared:
1/27/2018 2:54 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	
		16.00	17.00	19.00	20.00	21.00	
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
113.00	11300	INTEREST EXPENSE					0 113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	102,237,996	2,070	0	0	0 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
194.00	07950	COMMUNITY WELLNESS	0	0	0	0	0 194.00
200.00		Cross Foot Adjustments					0 200.00
201.00		Negative Cost Centers					0 201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	817,319	261,028	0	0	0 202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.007994	126.100483	0.000000	0.000000	0.000000 203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	126,460	10,208	0	0	0 204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.001237	4.931401	0.000000	0.000000	0.000000 205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1340

Period:
From 09/01/2016
To 08/31/2017

Worksheet B-1
Date/Time Prepared:
1/27/2018 2:54 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)		
	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
	22.00			
GENERAL SERVICE COST CENTERS				
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 ADMINISTRATIVE AND GENERAL				5.06
6.00 00600 MAINTENANCE & REPAIRS				6.00
7.00 00700 OPERATION OF PLANT				7.00
8.00 00800 LAUNDRY & LINEN SERVICE				8.00
9.00 00900 HOUSEKEEPING				9.00
10.00 01000 DIETARY				10.00
11.00 01100 CAFETERIA				11.00
12.00 01200 MAINTENANCE OF PERSONNEL				12.00
13.00 01300 NURSING ADMINISTRATION				13.00
14.00 01400 CENTRAL SERVICES & SUPPLY				14.00
15.00 01500 PHARMACY				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY				16.00
17.00 01700 SOCIAL SERVICE				17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS				19.00
20.00 02000 NURSING SCHOOL				20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0			22.00
23.00 02300 PARAMED PRGM-(SPECIFY)		0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 03000 ADULTS & PEDIATRICS	0	0		30.00
31.00 03100 INTENSIVE CARE UNIT	0	0		31.00
41.00 04100 SUBPROVIDER - IRF	0	0		41.00
42.00 04200 SUBPROVIDER	0	0		42.00
43.00 04300 NURSERY	0	0		43.00
45.00 04500 NURSING FACILITY	0	0		45.00
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 03480 ONCOLOGY	0	0		55.00
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
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
66.01 06601 O/P PHYSICAL THERAPY	0	0		66.01
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
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
76.00 03020 CLINICAL NUTRITION	0	0		76.00
76.01 03950 SLEEP LAB	0	0		76.01
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
99.10 09910 CORF	0	0		99.10
99.20 09920 OPT	0	0		99.20
99.30 09930 OOT	0	0		99.30
99.40 09940 OSP	0	0		99.40
101.00 10100 HOME HEALTH AGENCY	0	0		101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-1340

Period:
From 09/01/2016
To 08/31/2017

Worksheet B-1

Date/Time Prepared:
1/27/2018 2:54 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMETERED PRGM (ASSIGNED TIME)	PRGM COSTS (ASSIGNED TIME)	
	SERVICES-OTHER			
	22.00			
SPECIAL PURPOSE COST CENTERS				
109.00 10900	PANCREAS ACQUISITION	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	111.00
113.00 11300	INTEREST EXPENSE			113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	118.00
NONREIMBURSABLE COST CENTERS				
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00 07950	COMMUNITY WELLNESS	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	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-1340

Period:
From 09/01/2016
To 08/31/2017

Worksheet C
Part I
Date/Time Prepared:
1/27/2018 2:54 pm

		Title XVIII		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	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	6,114,460		6,114,460	0	0 30.00
31.00	03100 INTENSIVE CARE UNIT	460,994		460,994	0	0 31.00
41.00	04100 SUBPROVIDER - I RF	0		0	0	0 41.00
42.00	04200 SUBPROVIDER	0		0	0	0 42.00
43.00	04300 NURSERY	935,109		935,109	0	0 43.00
45.00	04500 NURSING FACILITY	0		0	0	0 45.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	4,966,647		4,966,647	0	0 50.00
51.00	05100 RECOVERY ROOM	342,370		342,370	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	400,948		400,948	0	0 52.00
53.00	05300 ANESTHESIOLOGY	150,057		150,057	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,138,412		4,138,412	0	0 54.00
55.00	03480 ONCOLOGY	1,630,550		1,630,550	0	0 55.00
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	3,140,473		3,140,473	0	0 60.00
64.00	06400 INTRAVENOUS THERAPY	105,232		105,232	0	0 64.00
65.00	06500 RESPIRATORY THERAPY	912,185	0	912,185	0	0 65.00
66.00	06600 PHYSICAL THERAPY	302,862	0	302,862	0	0 66.00
66.01	06601 O/P PHYSICAL THERAPY	736,297	0	736,297	0	0 66.01
69.00	06900 ELECTROCARDIOLOGY	43,811		43,811	0	0 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0		0	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,366,960		1,366,960	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1,276,355		1,276,355	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	2,050,867		2,050,867	0	0 73.00
76.00	03020 CLINICAL NUTRITION	111,795		111,795	0	0 76.00
76.01	03950 SLEEP LAB	144,790		144,790	0	0 76.01
76.97	07697 CARDIAC REHABILITATION	293,721		293,721	0	0 76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0 88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0 89.00
90.00	09000 CLINIC	54,029		54,029	0	0 90.00
91.00	09100 EMERGENCY	3,987,567		3,987,567	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,265,635		1,265,635	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910 CORF	0		0	0	0 99.10
99.20	09920 OPT	0		0	0	0 99.20
99.30	09930 OOT	0		0	0	0 99.30
99.40	09940 OSP	0		0	0	0 99.40
101.00	10100 HOME HEALTH AGENCY	0		0	0	0 101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900 PANCREAS ACQUISITION	0		0	0	0 109.00
110.00	11000 INTESTINAL ACQUISITION	0		0	0	0 110.00
111.00	11100 ISLET ACQUISITION	0		0	0	0 111.00
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)	34,932,126	0	34,932,126	0	0 200.00
201.00	Less Observation Beds	1,265,635		1,265,635	0	0 201.00
202.00	Total (see instructions)	33,666,491	0	33,666,491	0	0 202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-1340

Period:
From 09/01/2016
To 08/31/2017

Worksheet C
Part I
Date/Time Prepared:
1/27/2018 2:54 pm

		Title XVIII			Hospital	Cost	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	5,236,608		5,236,608		30.00
31.00	03100	INTENSIVE CARE UNIT	107,172		107,172		31.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	575,011		575,011		43.00
45.00	04500	NURSING FACILITY	0		0		45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,456,774	6,416,307	7,873,081	0.630839	50.00
51.00	05100	RECOVERY ROOM	262,941	883,585	1,146,526	0.298615	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	812,103	1,255	813,358	0.492954	52.00
53.00	05300	ANESTHESIOLOGY	446,335	2,012,517	2,458,852	0.061027	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,473,030	22,101,937	24,574,967	0.168399	54.00
55.00	03480	ONCOLOGY	0	5,658,964	5,658,964	0.288136	55.00
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	2,791,762	11,230,357	14,022,119	0.223966	60.00
64.00	06400	INTRAVENOUS THERAPY	789,953	1,092,169	1,882,122	0.055911	64.00
65.00	06500	RESPIRATORY THERAPY	1,065,577	1,017,181	2,082,758	0.437970	65.00
66.00	06600	PHYSICAL THERAPY	223,996	47,398	271,394	1.115950	66.00
66.01	06601	O/P PHYSICAL THERAPY	1,262	789,874	791,136	0.930683	66.01
69.00	06900	ELECTROCARDIOLOGY	0	69,504	69,504	0.630338	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,578,651	4,427,490	6,006,141	0.227594	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	637,660	3,588,841	4,226,501	0.301989	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,223,970	4,917,798	9,141,768	0.224340	73.00
76.00	03020	CLINICAL NUTRITION	600	47,497	48,097	2.324365	76.00
76.01	03950	SLEEP LAB	0	330,226	330,226	0.438457	76.01
76.97	07697	CARDIAC REHABILITATION	0	202,493	202,493	1.450524	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	102,798	102,798	0.525584	90.00
91.00	09100	EMERGENCY	1,287,480	12,175,870	13,463,350	0.296179	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	135,880	1,017,170	1,153,050	1.097641	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
99.20	09920	OPT	0	0	0		99.20
99.30	09930	OOT	0	0	0		99.30
99.40	09940	OSP	0	0	0		99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	24,106,765	78,131,231	102,237,996		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	24,106,765	78,131,231	102,237,996		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-1340	Period: From 09/01/2016 To 08/31/2017	Worksheet C Part I Date/Time Prepared: 1/27/2018 2:54 pm
			Title XVIII	Hospital	Cost
Cost Center Description			PPS Inpatient Ratio		
INPATIENT ROUTINE SERVICE COST CENTERS			11.00		
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
45.00	04500	NURSING FACILITY			45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	03480	ONCOLOGY	0.000000		55.00
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
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
66.01	06601	O/P PHYSICAL THERAPY	0.000000		66.01
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
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.00	03020	CLINICAL NUTRITION	0.000000		76.00
76.01	03950	SLEEP LAB	0.000000		76.01
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0.000000		90.00
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF			99.10
99.20	09920	OPT			99.20
99.30	09930	OOT			99.30
99.40	09940	OSP			99.40
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-1340

Period:
From 09/01/2016
To 08/31/2017

Worksheet C
Part I
Date/Time Prepared:
1/27/2018 2:54 pm

		Title XIX		Hospital		Cost
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		6,114,460	0	6,114,460	30.00
31.00	03100 INTENSIVE CARE UNIT		460,994	0	460,994	31.00
41.00	04100 SUBPROVIDER - I RF		0	0	0	41.00
42.00	04200 SUBPROVIDER		0	0	0	42.00
43.00	04300 NURSERY		935,109	0	935,109	43.00
45.00	04500 NURSING FACILITY		0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		4,966,647	0	4,966,647	50.00
51.00	05100 RECOVERY ROOM		342,370	0	342,370	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		400,948	0	400,948	52.00
53.00	05300 ANESTHESIOLOGY		150,057	0	150,057	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		4,138,412	0	4,138,412	54.00
55.00	03480 ONCOLOGY		1,630,550	0	1,630,550	55.00
57.00	05700 CT SCAN		0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION		0	0	0	59.00
60.00	06000 LABORATORY		3,140,473	0	3,140,473	60.00
64.00	06400 INTRAVENOUS THERAPY		105,232	0	105,232	64.00
65.00	06500 RESPIRATORY THERAPY	0	912,185	0	912,185	65.00
66.00	06600 PHYSICAL THERAPY	0	302,862	0	302,862	66.00
66.01	06601 O/P PHYSICAL THERAPY	0	736,297	0	736,297	66.01
69.00	06900 ELECTROCARDIOLOGY		43,811	0	43,811	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		1,366,960	0	1,366,960	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		1,276,355	0	1,276,355	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		2,050,867	0	2,050,867	73.00
76.00	03020 CLINICAL NUTRITION		111,795	0	111,795	76.00
76.01	03950 SLEEP LAB		144,790	0	144,790	76.01
76.97	07697 CARDIAC REHABILITATION		293,721	0	293,721	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	09000 CLINIC		54,029	0	54,029	90.00
91.00	09100 EMERGENCY		3,987,567	0	3,987,567	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		1,265,635	0	1,265,635	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910 CORF		0	0	0	99.10
99.20	09920 OPT		0	0	0	99.20
99.30	09930 OOT		0	0	0	99.30
99.40	09940 OSP		0	0	0	99.40
101.00	10100 HOME HEALTH AGENCY		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900 PANCREAS ACQUISITION		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION		0	0	0	110.00
111.00	11100 ISLET ACQUISITION		0	0	0	111.00
113.00	11300 INTEREST EXPENSE		0	0	0	113.00
200.00	Subtotal (see instructions)		34,932,126	0	34,932,126	200.00
201.00	Less Observation Beds		1,265,635	0	1,265,635	201.00
202.00	Total (see instructions)		33,666,491	0	33,666,491	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-1340

Period:
From 09/01/2016
To 08/31/2017

Worksheet C
Part I
Date/Time Prepared:
1/27/2018 2:54 pm

		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	5,236,608		5,236,608		30.00
31.00	03100	INTENSIVE CARE UNIT	107,172		107,172		31.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	575,011		575,011		43.00
45.00	04500	NURSING FACILITY	0		0		45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,456,774	6,416,307	7,873,081	0.630839	50.00
51.00	05100	RECOVERY ROOM	262,941	883,585	1,146,526	0.298615	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	812,103	1,255	813,358	0.492954	52.00
53.00	05300	ANESTHESIOLOGY	446,335	2,012,517	2,458,852	0.061027	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,473,030	22,101,937	24,574,967	0.168399	54.00
55.00	03480	ONCOLOGY	0	5,658,964	5,658,964	0.288136	55.00
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	2,791,762	11,230,357	14,022,119	0.223966	60.00
64.00	06400	INTRAVENOUS THERAPY	789,953	1,092,169	1,882,122	0.055911	64.00
65.00	06500	RESPIRATORY THERAPY	1,065,577	1,017,181	2,082,758	0.437970	65.00
66.00	06600	PHYSICAL THERAPY	223,996	47,398	271,394	1.115950	66.00
66.01	06601	O/P PHYSICAL THERAPY	1,262	789,874	791,136	0.930683	66.01
69.00	06900	ELECTROCARDIOLOGY	0	69,504	69,504	0.630338	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,578,651	4,427,490	6,006,141	0.227594	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	637,660	3,588,841	4,226,501	0.301989	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,223,970	4,917,798	9,141,768	0.224340	73.00
76.00	03020	CLINICAL NUTRITION	600	47,497	48,097	2.324365	76.00
76.01	03950	SLEEP LAB	0	330,226	330,226	0.438457	76.01
76.97	07697	CARDIAC REHABILITATION	0	202,493	202,493	1.450524	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	102,798	102,798	0.525584	90.00
91.00	09100	EMERGENCY	1,287,480	12,175,870	13,463,350	0.296179	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	135,880	1,017,170	1,153,050	1.097641	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
99.20	09920	OPT	0	0	0		99.20
99.30	09930	OOT	0	0	0		99.30
99.40	09940	OSP	0	0	0		99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	24,106,765	78,131,231	102,237,996		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	24,106,765	78,131,231	102,237,996		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-1340	Period: From 09/01/2016 To 08/31/2017	Worksheet C Part I Date/Time Prepared: 1/27/2018 2:54 pm
			Title XIX	Hospital	Cost
Cost Center Description			PPS Inpatient Ratio		
INPATIENT ROUTINE SERVICE COST CENTERS			11.00		
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
45.00	04500	NURSING FACILITY			45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	03480	ONCOLOGY	0.000000		55.00
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
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
66.01	06601	O/P PHYSICAL THERAPY	0.000000		66.01
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
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.00	03020	CLINICAL NUTRITION	0.000000		76.00
76.01	03950	SLEEP LAB	0.000000		76.01
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000		90.00
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF			99.10
99.20	09920	OPT			99.20
99.30	09930	OOT			99.30
99.40	09940	OSP			99.40
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-1340	Period: From 09/01/2016 To 08/31/2017	Worksheet D Part II Date/Time Prepared: 1/27/2018 2:54 pm
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Cost Center Description		Title XVIII			Hospital	Cost		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	811,963	7,873,081	0.103132	439,180	45,294	50.00
51.00	05100	RECOVERY ROOM	105,919	1,146,526	0.092383	93,051	8,596	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	50,613	813,358	0.062227	0	0	52.00
53.00	05300	ANESTHESIOLOGY	29,768	2,458,852	0.012106	129,750	1,571	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	638,112	24,574,967	0.025966	704,230	18,286	54.00
55.00	03480	ONCOLOGY	156,281	5,658,964	0.027617	0	0	55.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	328,005	14,022,119	0.023392	751,333	17,575	60.00
64.00	06400	INTRAVENOUS THERAPY	10,458	1,882,122	0.005556	296,752	1,649	64.00
65.00	06500	RESPIRATORY THERAPY	80,136	2,082,758	0.038476	544,955	20,968	65.00
66.00	06600	PHYSICAL THERAPY	67,770	271,394	0.249711	162,930	40,685	66.00
66.01	06601	O/P PHYSICAL THERAPY	102,881	791,136	0.130042	140	18	66.01
69.00	06900	ELECTROCARDIOLOGY	14,594	69,504	0.209974	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	105,047	6,006,141	0.017490	524,056	9,166	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	118,020	4,226,501	0.027924	436,335	12,184	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	231,208	9,141,768	0.025291	1,628,119	41,177	73.00
76.00	03020	CLINICAL NUTRITION	28,670	48,097	0.596087	204	122	76.00
76.01	03950	SLEEP LAB	40,427	330,226	0.122422	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	104,104	202,493	0.514112	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	11,555	102,798	0.112405	0	0	90.00
91.00	09100	EMERGENCY	440,730	13,463,350	0.032736	38,379	1,256	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	213,429	1,153,050	0.185100	12,971	2,401	92.00
200.00		Total (lines 50-199)	3,689,690	96,319,205		5,762,385	220,948	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-1340	Period: From 09/01/2016 To 08/31/2017	Worksheet D Part IV Date/Time Prepared: 1/27/2018 2:54 pm
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Cost Center Description		Title XVIII				Hospital		Total Cost (sum of col 1 through col. 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Cost			
		1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00	03480	ONCOLOGY	0	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
66.01	06601	O/P PHYSICAL THERAPY	0	0	0	0	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
76.00	03020	CLINICAL NUTRITION	0	0	0	0	0	0	76.00
76.01	03950	SLEEP LAB	0	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
200.00		Total (Lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-1340	Period: From 09/01/2016 To 08/31/2017	Worksheet D Part IV Date/Time Prepared: 1/27/2018 2:54 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	7,873,081	0.000000	0.000000	439,180	50.00
51.00	05100 RECOVERY ROOM	0	1,146,526	0.000000	0.000000	93,051	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	813,358	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	2,458,852	0.000000	0.000000	129,750	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	24,574,967	0.000000	0.000000	704,230	54.00
55.00	03480 ONCOLOGY	0	5,658,964	0.000000	0.000000	0	55.00
57.00	05700 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	14,022,119	0.000000	0.000000	751,333	60.00
64.00	06400 INTRAVENOUS THERAPY	0	1,882,122	0.000000	0.000000	296,752	64.00
65.00	06500 RESPIRATORY THERAPY	0	2,082,758	0.000000	0.000000	544,955	65.00
66.00	06600 PHYSICAL THERAPY	0	271,394	0.000000	0.000000	162,930	66.00
66.01	06601 O/P PHYSICAL THERAPY	0	791,136	0.000000	0.000000	140	66.01
69.00	06900 ELECTROCARDIOLOGY	0	69,504	0.000000	0.000000	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,006,141	0.000000	0.000000	524,056	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	4,226,501	0.000000	0.000000	436,335	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	9,141,768	0.000000	0.000000	1,628,119	73.00
76.00	03020 CLINICAL NUTRITION	0	48,097	0.000000	0.000000	204	76.00
76.01	03950 SLEEP LAB	0	330,226	0.000000	0.000000	0	76.01
76.97	07697 CARDIAC REHABILITATION	0	202,493	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	102,798	0.000000	0.000000	0	90.00
91.00	09100 EMERGENCY	0	13,463,350	0.000000	0.000000	38,379	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,153,050	0.000000	0.000000	12,971	92.00
200.00	Total (lines 50-199)	0	96,319,205			5,762,385	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-1340	Period: From 09/01/2016 To 08/31/2017	Worksheet D Part IV Date/Time Prepared: 1/27/2018 2:54 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	Cost
		11.00	12.00	13.00		
Title XVIII						
Hospital						
Cost						
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00	03480	ONCOLOGY	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	66.00
66.01	06601	O/P PHYSICAL THERAPY	0	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	73.00
76.00	03020	CLINICAL NUTRITION	0	0	0	76.00
76.01	03950	SLEEP LAB	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-1340	Period: From 09/01/2016 To 08/31/2017	Worksheet D Part V Date/Time Prepared: 1/27/2018 2:54 pm
		Title XVIII	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.630839	0	1,808,135	0	0 50.00
51.00 05100 RECOVERY ROOM	0.298615	0	196,324	0	0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.492954	0	0	0	0 52.00
53.00 05300 ANESTHESIOLOGY	0.061027	0	535,904	0	0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.168399	0	7,481,344	0	0 54.00
55.00 03480 ONCOLOGY	0.288136	0	3,259,242	0	0 55.00
57.00 05700 CT SCAN	0.000000	0	0	0	0 57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0 58.00
59.00 05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0 59.00
60.00 06000 LABORATORY	0.223966	0	4,506,168	0	0 60.00
64.00 06400 INTRAVENOUS THERAPY	0.055911	0	285,020	0	0 64.00
65.00 06500 RESPIRATORY THERAPY	0.437970	0	494,209	0	0 65.00
66.00 06600 PHYSICAL THERAPY	1.115950	0	28,622	0	0 66.00
66.01 06601 O/P PHYSICAL THERAPY	0.930683	0	259,911	0	0 66.01
69.00 06900 ELECTROCARDIOLOGY	0.630338	0	30,369	0	0 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.227594	0	868,336	0	0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.301989	0	492,069	0	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.224340	0	1,534,549	2,830	0 73.00
76.00 03020 CLINICAL NUTRITION	2.324365	0	12,483	0	0 76.00
76.01 03950 SLEEP LAB	0.438457	0	129,334	0	0 76.01
76.97 07697 CARDIAC REHABILITATION	1.450524	0	103,099	0	0 76.97
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0.000000				0 88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0 89.00
90.00 09000 CLINIC	0.525584	0	49,788	0	0 90.00
91.00 09100 EMERGENCY	0.296179	0	3,684,586	1,274	0 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.097641	0	533,495	0	0 92.00
200.00 Subtotal (see instructions)		0	26,292,987	4,104	0 200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00 Net Charges (line 200 +/- line 201)		0	26,292,987	4,104	0 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-1340	Period: From 09/01/2016 To 08/31/2017	Worksheet D Part V Date/Time Prepared: 1/27/2018 2:54 pm
		Title XVIII	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	1,140,642	0	50.00
51.00	05100 RECOVERY ROOM	58,625	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	32,705	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,259,851	0	54.00
55.00	03480 ONCOLOGY	939,105	0	55.00
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	1,009,228	0	60.00
64.00	06400 INTRAVENOUS THERAPY	15,936	0	64.00
65.00	06500 RESPIRATORY THERAPY	216,449	0	65.00
66.00	06600 PHYSICAL THERAPY	31,941	0	66.00
66.01	06601 O/P PHYSICAL THERAPY	241,895	0	66.01
69.00	06900 ELECTROCARDIOLOGY	19,143	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	197,628	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	148,599	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	344,261	635	73.00
76.00	03020 CLINICAL NUTRITION	29,015	0	76.00
76.01	03950 SLEEP LAB	56,707	0	76.01
76.97	07697 CARDIAC REHABILITATION	149,548	0	76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	26,168	0	90.00
91.00	09100 EMERGENCY	1,091,297	377	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	585,586	0	92.00
200.00	Subtotal (see instructions)	7,594,329	1,012	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	7,594,329	1,012	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-1340	Period: From 09/01/2016 To 08/31/2017	Worksheet D-1 Date/Time Prepared: 1/27/2018 2:54 pm
Cost Center Description		Title XVIII	Hospital	Cost
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,575	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,575	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)		2,042	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)		948	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			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)		6,114,460	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)		6,114,460	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		6,114,460	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		2,374.55	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,251,073	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,251,073	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-1340	Period: From 09/01/2016 To 08/31/2017	Worksheet D-1 Date/Time Prepared: 1/27/2018 2:54 pm		
Cost Center Description			Title XVIII		Hospital	Cost	
	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	460,994	28	16,464.07	19	312,817	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,679,210	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,243,100	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)					533	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					2,374.55	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,265,635	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-1340		Period: From 09/01/2016 To 08/31/2017		Worksheet D-1 Date/Time Prepared: 1/27/2018 2:54 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	1,031,106	6,114,460	0.168634	1,265,635	213,429	90.00
91.00	Nursing School cost	0	6,114,460	0.000000	1,265,635	0	91.00
92.00	Allied health cost	0	6,114,460	0.000000	1,265,635	0	92.00
93.00	All other Medical Education	0	6,114,460	0.000000	1,265,635	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-1340	Period: From 09/01/2016 To 08/31/2017	Worksheet D-3 Date/Time Prepared: 1/27/2018 2:54 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		1,612,402	30.00
31.00	03100	INTENSIVE CARE UNIT		63,253	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.630839	439,180	277,052 50.00
51.00	05100	RECOVERY ROOM	0.298615	93,051	27,786 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.492954	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.061027	129,750	7,918 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.168399	704,230	118,592 54.00
55.00	03480	ONCOLOGY	0.288136	0	0 55.00
57.00	05700	CT SCAN	0.000000	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	06000	LABORATORY	0.223966	751,333	168,273 60.00
64.00	06400	INTRAVENOUS THERAPY	0.055911	296,752	16,592 64.00
65.00	06500	RESPIRATORY THERAPY	0.437970	544,955	238,674 65.00
66.00	06600	PHYSICAL THERAPY	1.115950	162,930	181,822 66.00
66.01	06601	O/P PHYSICAL THERAPY	0.930683	140	130 66.01
69.00	06900	ELECTROCARDIOLOGY	0.630338	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.227594	524,056	119,272 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.301989	436,335	131,768 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.224340	1,628,119	365,252 73.00
76.00	03020	CLINICAL NUTRITION	2.324365	204	474 76.00
76.01	03950	SLEEP LAB	0.438457	0	0 76.01
76.97	07697	CARDIAC REHABILITATION	1.450524	0	0 76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	0.525584	0	0 90.00
91.00	09100	EMERGENCY	0.296179	38,379	11,367 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.097641	12,971	14,238 92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		5,762,385	1,679,210 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		5,762,385	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-1340	Period: From 09/01/2016 To 08/31/2017	Worksheet E Part B Date/Time Prepared: 1/27/2018 2:54 pm
		Title XVIII	Hospital	Cost
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		7,595,341	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		7,595,341	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		7,671,294	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		39,479	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		4,456,007	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)		3,175,808	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)		3,175,808	30.00
31.00	Primary payer payments		1,276	31.00
32.00	Subtotal (line 30 minus line 31)		3,174,532	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		434,617	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		282,501	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		238,881	36.00
37.00	Subtotal (see instructions)		3,457,033	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00			0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		3,457,033	40.00
40.01	Sequestration adjustment (see instructions)		69,141	40.01
41.00	Interim payments		4,222,656	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-834,764	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		69,141	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-1340

Period:
From 09/01/2016
To 08/31/2017

Worksheet E-1
Part I
Date/Time Prepared:
1/27/2018 2:54 pm

		Title XVIII		Hospital		Cost	
		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		3,095,368		3,577,261	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		32,738		270,336	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	12/06/2016	29,237	12/06/2016	67,910	3.01	
3.02		03/30/2017	21,284	03/30/2017	307,149	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)		50,521		375,059	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,178,627		4,222,656	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		692,461		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		834,764	6.02	
7.00	Total Medicare program liability (see instructions)		3,871,088		3,387,892	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: 14-1340	Period: From 09/01/2016 To 08/31/2017	Worksheet E-1 Part II Date/Time Prepared: 1/27/2018 2:54 pm
		Title XVIII	Hospital	Cost
				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			869 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			967 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			107 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			2,070 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			102,237,996 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			948,220 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			0 8.00
9.00	Sequestration adjustment amount (see instructions)			0 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			0 10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			0 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			0 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-1340	Period: From 09/01/2016 To 08/31/2017	Worksheet E-3 Part V Date/Time Prepared: 1/27/2018 2:54 pm
		Title XVIII	Hospital	Cost
				1.00
PART V - CALCULATION OF REIMBURSEMENT SETTLEMENT FOR MEDICARE PART A SERVICES - COST REIMBURSEMENT				
1.00	Inpatient services		4,243,100	1.00
2.00	Nursing and Allied Health Managed Care payment (see instructions)		0	2.00
3.00	Organ acquisition		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		4,243,100	4.00
5.00	Primary payer payments		0	5.00
6.00	Total cost (line 4 less line 5). For CAH (see instructions)		4,257,102	6.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
7.00	Routine service charges		0	7.00
8.00	Ancillary service charges		0	8.00
9.00	Organ acquisition charges, net of revenue		0	9.00
10.00	Total reasonable charges		0	10.00
Customary charges				
11.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	11.00
12.00	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	12.00
13.00	Ratio of line 11 to line 12 (not to exceed 1.000000)		0.000000	13.00
14.00	Total customary charges (see instructions)		0	14.00
15.00	Excess of customary charges over reasonable cost (complete only if line 14 exceeds line 6) (see instructions)		0	15.00
16.00	Excess of reasonable cost over customary charges (complete only if line 6 exceeds line 14) (see instructions)		0	16.00
17.00	Cost of physicians' services in a teaching hospital (see instructions)		0	17.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18.00	Direct graduate medical education payments (from Worksheet E-4, line 49)		0	18.00
19.00	Cost of covered services (sum of lines 6, 17 and 18)		4,257,102	19.00
20.00	Deductibles (exclude professional component)		333,200	20.00
21.00	Excess reasonable cost (from line 16)		0	21.00
22.00	Subtotal (line 19 minus line 20 and 21)		3,923,902	22.00
23.00	Coinsurance		966	23.00
24.00	Subtotal (line 22 minus line 23)		3,922,936	24.00
25.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		41,776	25.00
26.00	Adjusted reimbursable bad debts (see instructions)		27,154	26.00
27.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		28,560	27.00
28.00	Subtotal (sum of lines 24 and 25, or line 26)		3,950,090	28.00
29.00	SEQUESTRATION ADJUSTMENT		0	29.00
29.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	29.50
29.99	Recovery of Accelerated Depreciation		0	29.99
30.00	Subtotal (see instructions)		3,950,090	30.00
30.01	Sequestration adjustment (see instructions)		79,002	30.01
31.00	Interim payments		3,178,627	31.00
32.00	Tentative settlement (for contractor use only)		0	32.00
33.00	Balance due provider/program (line 30 minus lines 30.01, 31, and 32)		692,461	33.00
34.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		79,002	34.00

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

Provider CCN: 14-1340

Period:
From 09/01/2016
To 08/31/2017

Worksheet G
Date/Time Prepared:
1/27/2018 2:54 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	22,518,465	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	7,876,503	0	0	0	4.00
5.00	Other receivable	361,795	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	1,132,271	0	0	0	7.00
8.00	Prepaid expenses	103,108	0	0	0	8.00
9.00	Other current assets	1,295,751	0	0	0	9.00
10.00	Due from other funds	-5,709,910	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	27,577,983	0	0	0	11.00
FIXED ASSETS						
12.00	Land	1,560,000	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	20,206,409	0	0	0	15.00
16.00	Accumulated depreciation	-3,355,702	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	4,608,367	0	0	0	23.00
24.00	Accumulated depreciation	-2,240,332	0	0	0	24.00
25.00	Minor equipment depreciable	687	0	0	0	25.00
26.00	Accumulated depreciation	-687	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)	20,778,742	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	28,800,859	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	151,704	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	28,952,563	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	77,309,288	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	333,644	0	0	0	37.00
38.00	Salaries, wages, and fees payable	1,312,134	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	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	3,330,027	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	4,975,805	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	1,333,389	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	1,333,389	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	6,309,194	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	71,000,094				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)	71,000,094	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	77,309,288	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-1340

Period:
From 09/01/2016
To 08/31/2017

Worksheet G-1

Date/Time Prepared:
1/27/2018 2:54 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		64,329,326		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		7,246,389			2.00
3.00	Total (sum of line 1 and line 2)		71,575,715		0	3.00
4.00		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)		71,575,715		0	11.00
12.00	OTHER	575,621		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)		575,621		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		71,000,094		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			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	OTHER		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: 14-1340

Period:
From 09/01/2016
To 08/31/2017

Worksheet G-2
Parts I & II
Date/Time Prepared:
1/27/2018 2:54 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	5,236,608		5,236,608	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	5,236,608		5,236,608	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	107,172		107,172	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)	107,172		107,172	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	5,343,780		5,343,780	17.00
18.00	Ancillary services	16,764,616	64,835,394	81,600,010	18.00
19.00	Outpatient services	1,423,360	13,295,838	14,719,198	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
24.20	OPT	0	0	0	24.20
24.30	OOT	0	0	0	24.30
24.40	OSP	0	0	0	24.40
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NURSERY / PRO FEES / OTHER	1,302,165	4,463,615	5,765,780	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	24,833,921	82,594,847	107,428,768	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		37,955,491		29.00
30.00	ROUNDING	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	ROUNDING	1			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)		1		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		37,955,490		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 14-1340	Period: From 09/01/2016 To 08/31/2017	Worksheet G-3 Date/Time Prepared: 1/27/2018 2:54 pm
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		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	107,428,768	1.00
2.00	Less contractual allowances and discounts on patients' accounts	62,690,230	2.00
3.00	Net patient revenues (line 1 minus line 2)	44,738,538	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	37,955,490	4.00
5.00	Net income from service to patients (line 3 minus line 4)	6,783,048	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	-115,917	6.00
7.00	Income from investments	17,167	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	92,954	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	182,680	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING INCOME	219,975	24.00
24.01	MISCELLANEOUS	-2,271	24.01
24.02	OTHER MISC INCOME	68,753	24.02
24.03	ROUNDING	0	24.03
25.00	Total other income (sum of lines 6-24)	463,341	25.00
26.00	Total (line 5 plus line 25)	7,246,389	26.00
27.00	ROUNDING	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)	7,246,389	29.00