

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: 14-3026	Period: From 09/01/2016 To 08/31/2017	Worksheet 5 Parts I-III Date/Time Prepared: 1/17/2018 8:45 am
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**PART I - COST REPORT STATUS**

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 1/17/2018 Time: 8:45 am
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN
		10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

**PART II - CERTIFICATION**

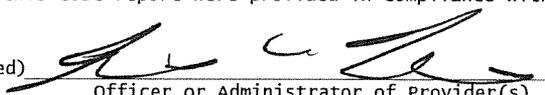
MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by SHIRLEY RYAN ABILITYLAB ( 14-3026 ) 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.

**Encryption Information**

ECR: Date: 1/17/2018 Time: 8:45 am  
55U05nGC49wn3pz1mNEJgIqRgu5ff0  
QNYhh07trSM3EYzGa9dw5M0oBVsaAE  
WK1n0uw9qF0Eg8Iv  
PI: Date: 1/17/2018 Time: 8:45 am  
YSv2nTIabOewPi08q5c6A9p16OQQR0  
t16ut0sss71AAwCm11UnXsLw7e1DjF  
ENpf0Byusy0ncQDk

(Signed)   
Officer or Administrator of Provider(s)  
Senior Vice President, CFO  
Title  
1/17/18  
Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00	Hospital	0	-72,882	95,434	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
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	-72,882	95,434	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: 14-3026	Period: From 09/01/2016 To 08/31/2017	Worksheet 5-2 Part I Date/Time Prepared: 1/17/2018 8:38 am
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1.00		2.00		3.00		4.00				
<b>Hospital and Hospital Health Care Complex Address:</b>										
1.00	Street: 355 E. ERIE ST.		PO Box:							1.00
2.00	City: CHICAGO		State: IL		Zip Code: 60611-		County: COOK			2.00
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
							V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	

<b>Hospital and Hospital-Based Component Identification:</b>											
3.00	Hospital		SHIRLEY RYAN ABILITYLAB	143026	16974	5	09/01/1967	N	P	O	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
17.10	Hospital-Based (CORF) I										17.10
18.00	Renal Dialysis										18.00
19.00	Other										19.00

		From:	To:	
		1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	09/01/2016	08/31/2017	20.00
21.00	Type of Control (see instructions)	2		21.00

<b>Inpatient PPS Information</b>										
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	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
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.	5,605	2,138	0	0	6,075		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-3026	Period: From 09/01/2016 To 08/31/2017	Worksheet S-2 Part I Date/Time Prepared: 1/17/2018 8:38 am		
		Urban/Rural	S	Date of Geogr		
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPI 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	XVIII	XIX		
		1.00	2.00	3.00		
<b>Prospective Payment System (PPS)-Capital</b>						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	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	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
<b>Teaching Hospitals</b>						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete worksheet E-4. If column 2 is "N", complete wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete wkst. D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete wkst. D-2, Pt. I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05

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	Y/N	IME	Direct GME	IME	Direct GME		
	1.00	2.00	3.00	4.00	5.00		
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)	0.00	0.00				61.06
		<b>Program Name</b>	<b>Program Code</b>	<b>Unweighted IME FTE Count</b>	<b>Unweighted Direct GME FTE Count</b>		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00		61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00		61.20
					1.00		
62.00	<b>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</b>						
	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
	<b>Teaching Hospitals that Claim Residents in Nonprovider Settings</b>						
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
				<b>Unweighted FTEs Nonprovider Site</b>	<b>Unweighted FTEs in Hospital</b>	<b>Ratio (col. 1/ (col. 1 + col. 2))</b>	
				1.00	2.00	3.00	
64.00	<b>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.</b>						
	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
		<b>Program Name</b>	<b>Program Code</b>	<b>Unweighted FTEs Nonprovider Site</b>	<b>Unweighted FTEs in Hospital</b>	<b>Ratio (col. 3/ (col. 3 + col. 4))</b>	
		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

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
<b>Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010</b>						
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
<b>Inpatient Psychiatric Facility PPS</b>						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		
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)			N	0	71.00
<b>Inpatient Rehabilitation Facility PPS</b>						
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.			Y		
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)			Y	N	0
<b>Long Term Care Hospital PPS</b>						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N
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
<b>TEFRA Providers</b>						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					N
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
<b>Title V and XIX Services</b>						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	
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	
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
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
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N	
				V	XIX	
				1.00	2.00	

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		V	XIX				
		1.00	2.00				
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00				95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N				96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00				97.00
<b>Rural Providers</b>							
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N					105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)						106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.						107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N					108.00
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.						109.00
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.					N	110.00
						1.00	2.00
							3.00
<b>Miscellaneous Cost Reporting Information</b>							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N					0
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N					116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N					117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1					118.00
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	0	0			729,502	118.01
						1.00	2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N					118.02
119.00	DO NOT USE THIS LINE						119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N			N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	N					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
<b>Transplant Center Information</b>							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N					125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						132.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-3026		Period: From 09/01/2016 To 08/31/2017		Worksheet S-2 Part I Date/Time Prepared: 1/17/2018 8:38 am	
		1.00	2.00				
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
<b>All Providers</b>							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	N				140.00	
		1.00	2.00	3.00			
<b>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.</b>							
141.00	Name:	Contractor's Name:		Contractor's Number:		141.00	
142.00	Street:	PO Box:				142.00	
143.00	City:	State:		Zip Code:		143.00	
						1.00	
144.00	Are provider based physicians' costs included in worksheet A?			Y		144.00	
						1.00	
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.	N		N		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	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
<b>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)</b>							
155.00	Hospital	N		N		N	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC	N		N		N	
161.10	CORF	N		N		N	
						1.00	
<b>Multicampus</b>							
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00	
		Name		County		State	
		0		1.00		2.00	
						3.00	
						4.00	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
<b>Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act</b>							
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)					0168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					0.00169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-3026	Period: From 09/01/2016 To 08/31/2017	Worksheet S-2 Part I Date/Time Prepared: 1/17/2018 8:38 am
			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: 14-3026		Period: From 09/01/2016 To 08/31/2017		Worksheet S-2 Part II Date/Time Prepared: 1/17/2018 8:38 am	
		Y/N	Date				
		1.00	2.00				
<b>General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.</b>							
<b>COMPLETED BY ALL HOSPITALS</b>							
<b>Provider Organization and Operation</b>							
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			V/I	
		1.00	2.00			3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "v" for voluntary or "i" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type			Date	
		1.00	2.00			3.00	
<b>Financial Data and Reports</b>							
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.	N					5.00
		Y/N			Legal Oper.		
		1.00			2.00		
<b>Approved Educational Activities</b>							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	Y					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					
<b>Bad Debts</b>							
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
<b>Bed Complement</b>							
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		
16.00	PS&R Data Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	Y	12/15/2017	Y	12/15/2017		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-3026	Period: From 09/01/2016 To 08/31/2017	Worksheet S-2 Part II Date/Time Prepared: 1/17/2018 8:38 am
		Description	Y/N	Y/N
		0	1.00	3.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N
		Y/N	Date	Y/N
		1.00	2.00	3.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N
				1.00
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>				
<b>Capital Related Cost</b>				
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions			22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			27.00
<b>Interest Expense</b>				
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			31.00
<b>Purchased Services</b>				
32.00	Were changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			33.00
<b>Provider-Based Physicians</b>				
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			35.00
			Y/N	Date
			1.00	2.00
<b>Home Office Costs</b>				
36.00	Were home office costs claimed on the cost report?			36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			40.00
			1.00	2.00
<b>Cost Report Preparer Contact Information</b>				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	COLETTE	AIMONE	41.00
42.00	Enter the employer/company name of the cost report preparer.	SHIRLEY RYAN ABILITYLAB		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(312)238-1296	CAIMONE@SRALAB.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-3026	Period: From 09/01/2016 To 08/31/2017	Worksheet S-2 Part II Date/Time Prepared: 1/17/2018 8:38 am
		3.00		
<b>Cost Report Preparer Contact Information</b>				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR REIMBURSEMENT		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: 14-3026      Period: From 09/01/2016 To 08/31/2017      worksheet S-3 Part I Date/Time Prepared: 1/17/2018 8:38 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	Title V
	Line Number				Visits / Trips	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	210	70,910	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		210	70,910	0.00	0	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)		210	70,910	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		210				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

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)	17,655	5,605	62,336			1.00
2.00 HMO and other (see instructions)	3,152	8,213				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)	17,655	5,605	62,336			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)	17,655	5,605	62,336	28.54	1,979.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER		0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				28.54	1,979.00	27.00
28.00 Observation Bed Days		0	0			28.00
29.00 Ambulance Trips	0		0			29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

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	892	193	2,619	1.00
2.00	HMO and other (see instructions)			146	259		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	892	193	2,619	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						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0.00					25.10
26.00	RURAL HEALTH CLINIC	0.00					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-3026

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

Worksheet A  
Date/Time Prepared:  
1/17/2018 8:38 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0	13,265,238	13,265,238	1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	9,317,443	9,317,443	2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,138,010	2,480,810	4,618,820	32,355,725	4.00	
5.01	00540	PURCHASING RECEIVING AND STORES	387,493	1,051,817	1,439,310	-342,370	5.01	
5.02	00570	ADMITTING	2,244,413	717,548	2,961,961	-624,830	5.02	
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,812,735	1,321,011	3,133,746	-502,344	5.03	
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	25,786,649	45,246,565	71,033,214	-18,932,315	5.04	
7.00	00700	OPERATION OF PLANT	1,656,054	19,192,428	20,848,482	-8,978,360	7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	269,404	8.00	
9.00	00900	HOUSEKEEPING	1,823,150	2,574,403	4,397,553	-797,114	9.00	
10.00	01000	DIETARY	1,579,029	2,392,419	3,971,448	-2,266,764	10.00	
11.00	01100	CAFETERIA	0	0	0	1,812,387	11.00	
13.00	01300	NURSING ADMINISTRATION	1,359,830	730,152	2,089,982	-446,800	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	470,044	589,779	1,059,823	-178,268	14.00	
15.00	01500	PHARMACY	1,248,540	7,375,237	8,623,777	-6,868,948	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	588,374	452,070	1,040,444	-164,898	16.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	297,289	2,896,694	3,193,983	-74,855	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00	
23.00	02300	PARAMED ED PRGM-(SPECIFY)	118,133	29,604	147,737	644,427	792,164	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	19,061,418	11,725,824	30,787,242	-10,239,651	20,547,591	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
54.00	05400	RADIOLOGY-DIAGNOSTIC	779,942	895,142	1,675,084	1,012,813	2,687,897	54.00
54.01	05401	PSYCHOLOGY	0	0	0	1,395,618	1,395,618	54.01
54.02	05402	PULMONARY	0	0	0	185,698	185,698	54.02
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	305,258	786,333	1,091,591	-92,977	998,614	60.00
60.01	06001	VOCATIONAL REHABILITATION	377,696	160,167	537,863	-122,943	414,920	60.01
65.00	06500	RESPIRATORY THERAPY	989,847	298,140	1,287,987	-282,931	1,005,056	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	8,567,297	8,567,297	66.00
66.01	06601	ALLIED HEALTH	16,331,443	5,730,569	22,062,012	-22,062,012	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	5,231,831	5,231,831	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,535,310	2,535,310	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	2,869,252	2,869,252	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	6,504,209	6,504,209	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	2,089,690	3,189,515	5,279,205	-1,277,282	4,001,923	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	29,229,474	14,823,864	44,053,338	-5,467,388	38,585,950	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	110,674,511	124,660,091	235,334,602	6,243,602	241,578,204	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
191.00	19100	RESEARCH	10,026,048	13,289,175	23,315,223	-2,925,355	20,389,868	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	FOUNDATION	1,997,539	924,602	2,922,141	-398,594	2,523,547	192.01
192.02	19202	ACADEMY	549,435	344,263	893,698	-169,296	724,402	192.02
192.03	19203	PARTNERSHIP EXPENSE	8,911,373	2,962,239	11,873,612	-2,273,162	9,600,450	192.03
192.04	19204	PATHWAYS	1,565,055	1,707,333	3,272,388	-477,195	2,795,193	192.04
192.05	19205	UNUSED SPACE	0	0	0	0	0	192.05
200.00		TOTAL (SUM OF LINES 118-199)	133,723,961	143,887,703	277,611,664	0	277,611,664	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES	Provider CCN: 14-3026	Period: From 09/01/2016 To 08/31/2017	Worksheet A Date/Time Prepared: 1/17/2018 8:38 am
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Cost Center Description		Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100 CAP REL COSTS-BLDG & FIXT	-4,774,975	8,490,263	1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP	-15,941	9,301,502	2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	0	36,974,545	4.00
5.01	00540 PURCHASING RECEIVING AND STORES	0	1,096,940	5.01
5.02	00570 ADMITTING	0	2,337,131	5.02
5.03	00580 CASHIERING/ACCOUNTS RECEIVABLE	0	2,631,402	5.03
5.04	00560 OTHER ADMINISTRATIVE AND GENERAL	-13,163,212	38,937,687	5.04
7.00	00700 OPERATION OF PLANT	-1,219,106	10,651,016	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	269,404	8.00
9.00	00900 HOUSEKEEPING	0	3,600,439	9.00
10.00	01000 DIETARY	-11,345	1,693,339	10.00
11.00	01100 CAFETERIA	-1,101,761	710,626	11.00
13.00	01300 NURSING ADMINISTRATION	0	1,643,182	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	881,555	14.00
15.00	01500 PHARMACY	0	1,754,829	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	-79,817	795,729	16.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRV	-10,629	3,108,499	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)	-60,000	732,164	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS	-8,920	20,538,671	30.00
41.00	04100 SUBPROVIDER - IRF	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
54.00	05400 RADIOLOGY-DIAGNOSTIC	-1,191	2,686,706	54.00
54.01	05401 PSYCHOLOGY	-391	1,395,227	54.01
54.02	05402 PULMONARY	0	185,698	54.02
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MRI	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	998,614	60.00
60.01	06001 VOCATIONAL REHABILITATION	-800	414,120	60.01
65.00	06500 RESPIRATORY THERAPY	0	1,005,056	65.00
66.00	06600 PHYSICAL THERAPY	-7,675	8,559,622	66.00
66.01	06601 ALLIED HEALTH	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	-4,687	5,227,144	67.00
68.00	06800 SPEECH PATHOLOGY	-2,271	2,533,039	68.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,869,252	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	6,504,209	73.00
76.00	03020 PROSTHETICS AND ORTHOTICS	-3,534	3,998,389	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	-12,957,894	25,628,056	90.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	09910 CORF	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-33,424,149	208,154,055	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
191.00	19100 RESEARCH	0	20,389,868	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201 FOUNDATION	0	2,523,547	192.01
192.02	19202 ACADEMY	0	724,402	192.02
192.03	19203 PARTNERSHIP EXPENSE	0	9,600,450	192.03
192.04	19204 PATHWAYS	0	2,795,193	192.04
192.05	19205 UNUSED SPACE	0	0	192.05
200.00	TOTAL (SUM OF LINES 118-199)	-33,424,149	244,187,515	200.00

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
<b>A - EMPLOYEE BENEFITS</b>					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	32,427,930	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
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
0			0	32,427,930	
<b>B - DEPRECIATION</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	8,490,262	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	9,301,502	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
0			0	17,791,764	
<b>C - INTEREST</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,774,976	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	15,941	2.00
0			0	4,790,917	
<b>E - ALLIED HEALTH</b>					
1.00	OCCUPATIONAL THERAPY	67.00	5,094,576	137,255	1.00
2.00	PSYCHOLOGY	54.01	425,533	11,464	2.00
3.00	PHYSICAL THERAPY	66.00	8,342,537	224,760	3.00
4.00	SPEECH PATHOLOGY	68.00	2,468,797	66,513	4.00
0			16,331,443	439,992	
<b>F - NMH SERVICES</b>					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,764,657	1.00
0			0	1,764,657	
<b>G - MEDICAL SUPPLIES</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	2,869,252	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
0			0	2,869,252	
<b>H - TRANSCRIPTION AND PHY PRACTICE</b>					
1.00	CLINIC	90.00	775,981	117,311	1.00
0			775,981	117,311	
<b>I - LINEN</b>					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	269,404	1.00
0			0	269,404	
<b>J - CAFETERIA</b>					
1.00	CAFETERIA	11.00	552,660	1,259,727	1.00
0			552,660	1,259,727	
<b>K - DRUGS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	6,504,209	1.00
0			0	6,504,209	
<b>L - PULMONARY</b>					
1.00	PULMONARY	54.02	118,615	67,083	1.00
2.00		0.00	0	0	2.00
0			118,615	67,083	
<b>M - PARAMEDICAL EDUCATION</b>					
1.00	PARAMED ED PRGM-(SPECIFY)	23.00	662,413	6,072	1.00
0			662,413	6,072	
<b>N - PSYCHOLOGY</b>					
1.00	PSYCHOLOGY	54.01	958,621	0	1.00
<b>TOTALS</b>					
500.00	Grand Total: Increases		19,399,733	68,308,318	500.00

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
<b>A - EMPLOYEE BENEFITS</b>							
1.00	PURCHASING RECEIVING AND STORES	5.01	0	105,836	0	1.00	
2.00	ADMITTING	5.02	0	608,963	0	2.00	
3.00	CASHIERING/ACCOUNTS RECEIVABLE	5.03	0	502,344	0	3.00	
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	6,997,719	0	4.00	
5.00	OPERATION OF PLANT	7.00	0	454,390	0	5.00	
6.00	HOUSEKEEPING	9.00	0	497,399	0	6.00	
7.00	DIETARY	10.00	0	435,823	0	7.00	
8.00	NURSING ADMINISTRATION	13.00	0	373,894	0	8.00	
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	130,578	0	9.00	
10.00	PHARMACY	15.00	0	344,034	0	10.00	
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	164,898	0	11.00	
12.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	74,622	0	12.00	
13.00	PARAMED ED PRGM-(SPECIFY)	23.00	0	24,058	0	13.00	
14.00	ADULTS & PEDIATRICS	30.00	0	5,290,789	0	14.00	
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	208,158	0	15.00	
16.00	LABORATORY	60.00	0	84,088	0	16.00	
17.00	VOCATIONAL REHABILITATION	60.01	0	104,831	0	17.00	
18.00	ALLIED HEALTH	66.01	0	4,538,515	0	18.00	
19.00	PROSTHETICS AND ORTHOTICS	76.00	0	581,131	0	19.00	
20.00	CLINIC	90.00	0	4,711,568	0	20.00	
21.00	RESEARCH	191.00	0	2,686,213	0	21.00	
22.00	FOUNDATION	192.01	0	398,594	0	22.00	
23.00	ACADEMY	192.02	0	151,732	0	23.00	
24.00	PARTNERSHIP EXPENSE	192.03	0	2,273,162	0	24.00	
25.00	RESPIRATORY THERAPY	65.00	0	278,291	0	25.00	
26.00	PATHWAYS	192.04	0	406,300	0	26.00	
0			0	32,427,930			
<b>B - DEPRECIATION</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	72,161	9	1.00	
2.00	PURCHASING RECEIVING AND STORES	5.01	0	220,593	9	2.00	
3.00	ADMITTING	5.02	0	15,867	9	3.00	
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	6,266,328	9	4.00	
5.00	OPERATION OF PLANT	7.00	0	8,523,970	9	5.00	
6.00	HOUSEKEEPING	9.00	0	30,311	9	6.00	
7.00	DIETARY	10.00	0	18,554	9	7.00	
8.00	NURSING ADMINISTRATION	13.00	0	61,600	9	8.00	
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	14,122	9	9.00	
10.00	PHARMACY	15.00	0	20,699	9	10.00	
11.00	ADULTS & PEDIATRICS	30.00	0	312,797	9	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	536,500	9	12.00	
13.00	VOCATIONAL REHABILITATION	60.01	0	18,112	9	13.00	
14.00	RESPIRATORY THERAPY	65.00	0	4,640	9	14.00	
15.00	ALLIED HEALTH	66.01	0	744,943	9	15.00	
16.00	PROSTHETICS AND ORTHOTICS	76.00	0	27,648	9	16.00	
17.00	CLINIC	90.00	0	568,925	9	17.00	
18.00	RESEARCH	191.00	0	239,142	9	18.00	
19.00	ACADEMY	192.02	0	17,564	9	19.00	
20.00	PATHWAYS	192.04	0	70,895	0	20.00	
21.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	233	9	21.00	
22.00	LABORATORY	60.00	0	6,160	9	22.00	
0			0	17,791,764			
<b>C - INTEREST</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	4,774,976	11	1.00	
2.00	PURCHASING RECEIVING AND STORES	5.01	0	15,941	11	2.00	
0			0	4,790,917			
<b>E - ALLIED HEALTH</b>							
1.00	ALLIED HEALTH	66.01	16,331,443	439,992	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	
0			16,331,443	439,992			

		Decreases					
	Cost Center	Line #	Salary	Other	wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
<b>F - NMH SERVICES</b>							
1.00	ADULTS & PEDIATRICS	30.00	0	1,764,657	0		1.00
	0		0	1,764,657			
<b>G - MEDICAL SUPPLIES</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	44	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	33,568	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	2,767,823	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	7,186	0		4.00
5.00	ALLIED HEALTH	66.01	0	7,119	0		5.00
6.00	PROSTHETICS AND ORTHOTICS	76.00	0	18	0		6.00
7.00	CLINIC	90.00	0	39,453	0		7.00
8.00	LABORATORY	60.00	0	2,729	0		8.00
9.00	PHARMACY	15.00	0	6	0		9.00
10.00	NURSING ADMINISTRATION	13.00	0	11,306	0		10.00
	0		0	2,869,252			
<b>H - TRANSCRIPTION AND PHY PRACTICE</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	775,981	117,311	0		1.00
	0		775,981	117,311			
<b>I - LINEN</b>							
1.00	HOUSEKEEPING	9.00	0	269,404	0		1.00
	0		0	269,404			
<b>J - CAFETERIA</b>							
1.00	DIETARY	10.00	552,660	1,259,727	0		1.00
	0		552,660	1,259,727			
<b>K - DRUGS</b>							
1.00	PHARMACY	15.00	0	6,504,209	0		1.00
	0		0	6,504,209			
<b>L - PULMONARY</b>							
1.00	ADULTS & PEDIATRICS	30.00	64,133	39,452	0		1.00
2.00	CLINIC	90.00	54,482	27,631	0		2.00
	0		118,615	67,083			
<b>M - PARAMEDICAL EDUCATION</b>							
1.00	PROSTHETICS AND ORTHOTICS	76.00	662,413	6,072	0		1.00
	0		662,413	6,072			
<b>N - PSYCHOLOGY</b>							
1.00	CLINIC	90.00	958,621	0	0		1.00
	TOTALS		958,621	0			
500.00	Grand Total: Decreases		19,399,733	68,308,318			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-3026

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
1/17/2018 8:38 am

	Beginning Balances	Acquisitions			Disposals and Retirements		
		Purchases	Donation	Total			
	1.00	2.00	3.00	4.00	5.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	33,789,596	32,843	0	32,843	0	1.00
2.00	Land Improvements	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	108,187,690	527,136,836	0	527,136,836	106,707,403	3.00
4.00	Building Improvements	493,067,863	-482,165,240	0	-482,165,240	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	59,355,821	57,618,586	0	57,618,586	15,771,784	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	694,400,970	102,623,025	0	102,623,025	122,479,187	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	694,400,970	102,623,025	0	102,623,025	122,479,187	10.00
	Ending Balance		Fully Depreciated Assets				
	6.00		7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	33,822,439	0				1.00
2.00	Land Improvements	0	0				2.00
3.00	Buildings and Fixtures	528,617,123	0				3.00
4.00	Building Improvements	10,902,623	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	101,202,623	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	674,544,808	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	674,544,808	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-3026

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
1/17/2018 8:38 am

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-3026

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
1/17/2018 8:38 am

Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>							
1.00	CAP REL COSTS-BLDG & FIXT	539,519,747	0	539,519,747	0.842049	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	101,202,624	0	101,202,624	0.157951	0	2.00
3.00	Total (sum of lines 1-2)	640,722,371	0	640,722,371	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		
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	8,490,262	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	9,301,502	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	17,791,764	0	3.00
Cost Center Description	SUMMARY OF CAPITAL						
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
	11.00	12.00	13.00	14.00	15.00		
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>							
1.00	CAP REL COSTS-BLDG & FIXT	1	0	0	0	8,490,263	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	9,301,502	2.00
3.00	Total (sum of lines 1-2)	1	0	0	0	17,791,765	3.00

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on worksheet A To/From which the Amount is to be Adjusted				
				Cost Center	Line #	Wkst. A-7	Ref.	
				1.00	2.00	3.00	4.00	5.00
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-4,774,975	CAP REL COSTS-BLDG & FIXT	1.00		11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-15,941	CAP REL COSTS-MVBLE EQUIP	2.00		11	2.00
3.00	Investment income - other (chapter 2)		0		0.00		0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00		0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00		0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00		0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00		0	7.00
8.00	Television and radio service (chapter 21)		0		0.00		0	8.00
9.00	Parking lot (chapter 21)	B	-1,158,551	OPERATION OF PLANT	7.00		0	9.00
10.00	Provider-based physician adjustment	A-8-2	-12,264,845				0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00		0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	0				0	12.00
13.00	Laundry and linen service		0		0.00		0	13.00
14.00	Cafeteria-employees and guests	B	-1,090,481	CAFETERIA	11.00		0	14.00
15.00	Rental of quarters to employee and others		0		0.00		0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00		0	16.00
17.00	Sale of drugs to other than patients		0		0.00		0	17.00
18.00	Sale of medical records and abstracts		0		0.00		0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00		0	19.00
20.00	Vending machines	B	-11,280	CAFETERIA	11.00		0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00		0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00		0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00			23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00			24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00			25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00		0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00		0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00			28.00
29.00	Physicians' assistant		0		0.00		0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00			30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00			30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00			31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00		0	32.00
33.00	RENTAL INCOME	B	-32,199	OTHER ADMINISTRATIVE AND GENERAL	5.04		0	33.00

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	
33.01 RENTAL INCOME	B	-15,539	OPERATION OF PLANT	7.00	0	33.01
35.00 CLINIC RENTAL INCOME	B	-19,460	CLINIC	90.00	0	35.00
38.00 PRIVATE DUTY NURSING	A	-8,920	ADULTS & PEDIATRICS	30.00	0	38.00
40.00 PROVIDER TAX	A	-8,301,392	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	40.00
41.00 INTERNATIONAL RELATIONS	A	-54,862	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	41.00
41.02 REFERRAL DEVELOPMENT	A	-82,364	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	41.02
42.00 MARKETING	A	-382,530	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	42.00
42.02 LOBBYING EXPENSE	A	-490,968	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	42.02
45.00 ADVANTAGE SERIES	A	-14,295	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	45.00
45.02 OTHER OPERATING REVENUE	B	-3,587,623	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	45.02
45.03 OTHER OPERATING REVENUE	B	-45,016	OPERATION OF PLANT	7.00	0	45.03
45.04 OTHER OPERATING REVENUE	B	-11,345	DIETARY	10.00	0	45.04
45.05 OTHER OPERATING REVENUE	B	-79,817	MEDICAL RECORDS & LIBRARY	16.00	0	45.05
45.06 OTHER OPERATING REVENUE	B	-10,629	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	45.06
45.07 OTHER OPERATING REVENUE	B	-60,000	PARAMED ED PRGM-(SPECIFY)	23.00	0	45.07
45.08 OTHER OPERATING REVENUE	B	-1,191	RADIOLOGY-DIAGNOSTIC	54.00	0	45.08
45.09 OTHER OPERATING REVENUE	B	-3,534	PROSTHETICS AND ORTHOTICS	76.00	0	45.09
45.10 OTHER OPERATING REVENUE	B	-800	VOCATIONAL REHABILITATION	60.01	0	45.10
45.11 CONCIERGE SERVICES	B	-31,010	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	45.11
45.12 OTHER OPERATING REVENUE	B	-521,125	CLINIC	90.00	0	45.12
45.13 OTHER OPERATING REVENUE	B	-4,687	OCCUPATIONAL THERAPY	67.00	0	45.13
45.14 OTHER OPERATING REVENUE	B	-391	PSYCHOLOGY	54.01	0	45.14
45.15 OTHER OPERATING REVENUE	B	-7,675	PHYSICAL THERAPY	66.00	0	45.15
45.16 OTHER OPERATING REVENUE	B	-2,271	SPEECH PATHOLOGY	68.00	0	45.16
45.18 DEPOSITION INCOME	B	-185,969	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	45.18
45.20 DEPOSITION INCOME	B	-152,464	CLINIC	90.00	0	45.20
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200.)		-33,424,149				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.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-3026

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

Worksheet A-8-2

Date/Time Prepared:  
1/17/2018 8:38 am

	wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	90.00	AGGREGATE-CLINIC	15,016,267	11,167,605	3,848,662	211,500	25,580	1.00
2.00	0.00		0	0	0	0	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			15,016,267	11,167,605	3,848,662		25,580	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	90.00	AGGREGATE-CLINIC	2,601,043	130,052	129,372	33,158	457,359	1.00
2.00	0.00		0	0	0	0	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			2,601,043	130,052	129,372	33,158	457,359	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	90.00	AGGREGATE-CLINIC	117,221	2,751,422	1,097,240	12,264,845	1.00
2.00	0.00		0	0	0	0	2.00
3.00	0.00		0	0	0	0	3.00
4.00	0.00		0	0	0	0	4.00
5.00	0.00		0	0	0	0	5.00
6.00	0.00		0	0	0	0	6.00
7.00	0.00		0	0	0	0	7.00
8.00	0.00		0	0	0	0	8.00
9.00	0.00		0	0	0	0	9.00
10.00	0.00		0	0	0	0	10.00
200.00			117,221	2,751,422	1,097,240	12,264,845	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-3026

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

Worksheet B  
Part I  
Date/Time Prepared:  
1/17/2018 8:38 am

Cost Center Description	Net Expenses for Cost Allocation (from wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING RECEIVING AND STORES	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	8,490,263	8,490,263			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	9,301,502		9,301,502		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	36,974,545	10,978	72,161	37,057,684	4.00
5.01 00540	PURCHASING RECEIVING AND STORES	1,096,940	12,882	220,593	109,127	1,439,542 5.01
5.02 00570	ADMITTING	2,337,131	33,255	15,867	632,078	5,128 5.02
5.03 00580	CASHIERING/ACCOUNTS RECEIVABLE	2,631,402	24,035	0	510,508	16,320 5.03
5.04 00560	OTHER ADMINISTRATIVE AND GENERAL	38,937,687	667,832	6,300,036	7,043,579	362,372 5.04
7.00 00700	OPERATION OF PLANT	10,651,016	2,370,369	0	466,383	50,978 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	269,404	0	0	0	0 8.00
9.00 00900	HOUSEKEEPING	3,600,439	48,000	30,311	513,441	23,051 9.00
10.00 01000	DIETARY	1,693,339	312,587	18,554	289,049	23,541 10.00
11.00 01100	CAFETERIA	710,626	0	0	155,642	12,675 11.00
13.00 01300	NURSING ADMINISTRATION	1,643,182	38,926	61,600	382,959	7,181 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	881,555	171,437	14,122	132,375	113,960 14.00
15.00 01500	PHARMACY	1,754,829	29,363	20,699	351,618	65,069 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	795,729	13,435	0	165,700	42,729 16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	3,108,499	55,477	233	83,723	10,011 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0 22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	732,164	0	0	219,820	0 23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	20,538,671	1,945,337	312,797	5,350,072	54,014 30.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,686,706	64,453	536,500	219,650	6,875 54.00
54.01 05401	PSYCHOLOGY	1,395,227	67,379	19,410	389,810	2,999 54.01
54.02 05402	PULMONARY	185,698	0	0	33,405	0 54.02
57.00 05700	CT SCAN	0	0	0	0	0 57.00
58.00 05800	MRI	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	998,614	21,634	6,160	85,968	2,723 60.00
60.01 06001	VOCATIONAL REHABILITATION	414,120	0	18,112	106,368	3,255 60.01
65.00 06500	RESPIRATORY THERAPY	1,005,056	0	4,640	278,764	547 65.00
66.00 06600	PHYSICAL THERAPY	8,559,622	516,586	380,537	2,349,450	58,801 66.00
66.01 06601	ALLIED HEALTH	0	0	0	0	0 66.01
67.00 06700	OCCUPATIONAL THERAPY	5,227,144	317,775	232,384	1,434,750	35,908 67.00
68.00 06800	SPEECH PATHOLOGY	2,533,039	139,330	112,612	695,270	17,400 68.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,869,252	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	6,504,209	0	0	0	0 73.00
76.00 03020	PROSTHETICS AND ORTHOTICS	3,998,389	113,103	27,648	401,954	53,375 76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	25,628,056	310,368	568,925	8,164,965	106,642 90.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910	CORF	0	0	0	0	0 99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0 111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	208,154,055	7,284,541	8,973,901	30,566,428	1,075,554 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
191.00 19100	RESEARCH	20,389,868	760,289	239,142	2,823,566	68,760 191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
192.01 19201	FOUNDATION	2,523,547	28,880	0	562,553	156,061 192.01
192.02 19202	ACADEMY	724,402	131,908	17,564	154,734	77,553 192.02
192.03 19203	PARTNERSHIP EXPENSE	9,600,450	0	0	2,509,648	6,222 192.03
192.04 19204	PATHWAYS	2,795,193	2,037	70,895	440,755	55,392 192.04
192.05 19205	UNUSED SPACE	0	282,608	0	0	0 192.05
200.00	Cross Foot Adjustments					
201.00	Negative Cost Centers		0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	244,187,515	8,490,263	9,301,502	37,057,684	1,439,542 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-3026

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

Worksheet B  
Part I  
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Cost Center Description		ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	
		5.02	5.03	5A.03	5.04	7.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00570	3,023,459					5.02
5.03	00580		3,182,265				5.03
5.04	00560			53,311,506	53,311,506		5.04
7.00	00700			13,538,746	3,781,358	17,320,104	7.00
8.00	00800			269,404	75,244	0	8.00
9.00	00900			4,215,242	1,177,313	154,790	9.00
10.00	01000			2,337,070	652,741	1,008,030	10.00
11.00	01100			878,943	245,488	0	11.00
13.00	01300			2,133,848	595,982	125,530	13.00
14.00	01400			1,313,449	366,845	552,849	14.00
15.00	01500			2,221,578	620,485	94,689	15.00
16.00	01600			1,017,593	284,213	43,326	16.00
21.00	02100			3,257,943	909,940	178,902	21.00
22.00	02200			0	0	0	22.00
23.00	02300			951,984	265,888	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	1,160,150	705,235	30,066,276	8,397,481	6,273,319	30.00
41.00	04100			0	0	0	41.00
42.00	04200			0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
54.00	05400	44,803	73,223	3,632,210	1,014,473	207,846	54.00
54.01	05401	18,307	51,857	1,944,989	543,233	217,284	54.01
54.02	05402	3,903	3,976	226,982	63,396	0	54.02
57.00	05700			0	0	0	57.00
58.00	05800			0	0	0	58.00
59.00	05900			0	0	0	59.00
60.00	06000	179,229	114,771	1,409,099	393,560	69,764	60.00
60.01	06001	496	16,824	559,175	156,177	0	60.01
65.00	06500	99,349	61,205	1,449,561	404,861	0	65.00
66.00	06600	397,564	426,478	12,689,038	3,544,036	1,665,886	66.00
66.01	06601			0	0	0	66.01
67.00	06700	383,364	276,490	7,907,815	2,208,645	1,024,759	67.00
68.00	06800	139,916	103,387	3,740,954	1,044,845	449,310	68.00
71.00	07100	114,631	71,090	3,054,973	853,251	0	71.00
72.00	07200			0	0	0	72.00
73.00	07300	435,872	333,882	7,273,963	2,031,611	0	73.00
76.00	03020	45,875	136,337	4,776,681	1,334,122	364,736	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800			0	0	0	88.00
89.00	08900			0	0	0	89.00
90.00	09000		807,510	35,586,466	9,939,290	1,000,873	90.00
92.00	09200			0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910			0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900			0	0	0	109.00
110.00	11000			0	0	0	110.00
111.00	11100			0	0	0	111.00
118.00		3,023,459	3,182,265	199,765,488	40,904,478	13,431,893	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
191.00	19100			24,281,625	6,781,834	2,451,778	191.00
192.00	19200			0	0	0	192.00
192.01	19201			3,271,041	913,598	93,131	192.01
192.02	19202			1,106,161	308,950	425,378	192.02
192.03	19203			12,116,320	3,384,076	0	192.03
192.04	19204			3,364,272	939,638	6,570	192.04
192.05	19205			282,608	78,932	911,354	192.05
200.00				0	0	0	200.00
201.00				0	0	0	201.00
202.00		3,023,459	3,182,265	244,187,515	53,311,506	17,320,104	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-3026

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

Worksheet B  
Part I  
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Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		8.00	9.00	10.00	11.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00570						5.02
5.03	00580						5.03
5.04	00560						5.04
7.00	00700						7.00
8.00	00800	344,648					8.00
9.00	00900	0	5,547,345				9.00
10.00	01000	0	572,077	4,569,918			10.00
11.00	01100	0	0	0	1,124,431		11.00
13.00	01300	0	38,175	0	18,541	2,912,076	13.00
14.00	01400	0	35,993	0	15,727	0	14.00
15.00	01500	0	12,543	0	17,178	0	15.00
16.00	01600	0	15,270	0	8,134	0	16.00
21.00	02100	0	156,517	0	1,725	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	6,215	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	344,648	3,303,212	4,569,918	443,130	2,912,076	30.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
54.00	05400	0	33,267	0	10,600	0	54.00
54.01	05401	0	66,533	0	13,664	0	54.01
54.02	05402	0	25,632	0	0	0	54.02
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	14,179	0	8,762	0	60.00
60.01	06001	0	64,897	0	5,159	0	60.01
65.00	06500	0	0	0	19,032	0	65.00
66.00	06600	0	416,105	0	99,087	0	66.00
66.01	06601	0	0	0	0	0	66.01
67.00	06700	0	173,423	0	60,507	0	67.00
68.00	06800	0	88,347	0	29,326	0	68.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
76.00	03020	0	48,537	0	20,774	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	329,939	0	222,318	0	90.00
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
118.00		344,648	5,394,646	4,569,918	999,879	2,912,076	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
191.00	19100	0	73,077	0	89,841	0	191.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	59,989	0	11,616	0	192.01
192.02	19202	0	19,633	0	4,087	0	192.02
192.03	19203	0	0	0	0	0	192.03
192.04	19204	0	0	0	19,008	0	192.04
192.05	19205	0	0	0	0	0	192.05
200.00		0	0	0	0	0	200.00
201.00		0	0	0	0	0	201.00
202.00		344,648	5,547,345	4,569,918	1,124,431	2,912,076	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-3026

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

Worksheet B  
Part I  
Date/Time Prepared:  
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Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
	14.00	15.00	16.00	21.00	22.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	PURCHASING RECEIVING AND STORES					5.01
5.02 00570	ADMITTING					5.02
5.03 00580	CASHIERING/ACCOUNTS RECEIVABLE					5.03
5.04 00560	OTHER ADMINISTRATIVE AND GENERAL					5.04
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	2,284,863				14.00
15.00 01500	PHARMACY	0	2,966,473			15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	1,368,536		16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	4,505,027	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	0	862,177	2,703,016	30.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	17,791	0	54.00
54.01 05401	PSYCHOLOGY	0	0	27,371	0	54.01
54.02 05402	PULMONARY	0	0	6,843	0	54.02
57.00 05700	CT SCAN	0	0	0	0	57.00
58.00 05800	MRI	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	0	0	12,317	0	60.00
60.01 06001	VOCATIONAL REHABILITATION	0	0	26,002	0	60.01
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	43,793	1,351,508	66.00
66.01 06601	ALLIED HEALTH	0	0	0	0	66.01
67.00 06700	OCCUPATIONAL THERAPY	0	0	38,319	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	30,108	0	68.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,284,863	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	2,966,473	0	0	73.00
76.00 03020	PROSTHETICS AND ORTHOTICS	0	0	15,054	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	0	0	288,761	0	90.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910	CORF	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,284,863	2,966,473	1,368,536	4,054,524	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
191.00 19100	RESEARCH	0	0	0	0	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01 19201	FOUNDATION	0	0	0	0	192.01
192.02 19202	ACADEMY	0	0	0	0	192.02
192.03 19203	PARTNERSHIP EXPENSE	0	0	0	450,503	192.03
192.04 19204	PATHWAYS	0	0	0	0	192.04
192.05 19205	UNUSED SPACE	0	0	0	0	192.05
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)	2,284,863	2,966,473	1,368,536	4,505,027	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-3026

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

Worksheet B  
Part I  
Date/Time Prepared:  
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Cost Center Description		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.00	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100					1.00
2.00	00200					2.00
4.00	00400					4.00
5.01	00540					5.01
5.02	00570					5.02
5.03	00580					5.03
5.04	00560					5.04
7.00	00700					7.00
8.00	00800					8.00
9.00	00900					9.00
10.00	01000					10.00
11.00	01100					11.00
13.00	01300					13.00
14.00	01400					14.00
15.00	01500					15.00
16.00	01600					16.00
21.00	02100					21.00
22.00	02200					22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	1,224,087			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	575,321	60,450,574	-2,703,016	57,747,558
41.00	04100	SUBPROVIDER - IRF	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>						
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,916,187	0	4,916,187
54.01	05401	PSYCHOLOGY	0	2,813,074	0	2,813,074
54.02	05402	PULMONARY	0	322,853	0	322,853
57.00	05700	CT SCAN	0	0	0	0
58.00	05800	MRI	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0
60.00	06000	LABORATORY	0	1,907,681	0	1,907,681
60.01	06001	VOCATIONAL REHABILITATION	0	811,410	0	811,410
65.00	06500	RESPIRATORY THERAPY	0	1,873,454	0	1,873,454
66.00	06600	PHYSICAL THERAPY	0	19,809,453	-1,351,508	18,457,945
66.01	06601	ALLIED HEALTH	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	11,413,468	0	11,413,468
68.00	06800	SPEECH PATHOLOGY	0	5,382,890	0	5,382,890
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	6,193,087	0	6,193,087
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	12,272,047	0	12,272,047
76.00	03020	PROSTHETICS AND ORTHOTICS	0	6,559,904	0	6,559,904
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0
90.00	09000	CLINIC	648,766	48,016,413	0	48,016,413
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	09910	CORF	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>						
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
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,224,087	182,742,495	-4,054,524	178,687,971
<b>NONREIMBURSABLE COST CENTERS</b>						
191.00	19100	RESEARCH	0	33,678,155	0	33,678,155
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0
192.01	19201	FOUNDATION	0	4,349,375	0	4,349,375
192.02	19202	ACADEMY	0	1,864,209	0	1,864,209
192.03	19203	PARTNERSHIP EXPENSE	0	15,950,899	-450,503	15,500,396
192.04	19204	PATHWAYS	0	4,329,488	0	4,329,488
192.05	19205	UNUSED SPACE	0	1,272,894	0	1,272,894
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)	1,224,087	244,187,515	-4,505,027	239,682,488

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-3026

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

Worksheet B  
Part II  
Date/Time Prepared:  
1/17/2018 8:38 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	55,098	10,978	72,161	138,237	138,237 4.00
5.01 00540	PURCHASING RECEIVING AND STORES	0	12,882	220,593	233,475	407 5.01
5.02 00570	ADMITTING	45,270	33,255	15,867	94,392	2,359 5.02
5.03 00580	CASHIERING/ACCOUNTS RECEIVABLE	133,353	24,035	0	157,388	1,905 5.03
5.04 00560	OTHER ADMINISTRATIVE AND GENERAL	912,286	667,832	6,300,036	7,880,154	26,286 5.04
7.00 00700	OPERATION OF PLANT	42,970	2,370,369	0	2,413,339	1,741 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0 8.00
9.00 00900	HOUSEKEEPING	0	48,000	30,311	78,311	1,916 9.00
10.00 01000	DIETARY	0	312,587	18,554	331,141	1,079 10.00
11.00 01100	CAFETERIA	0	0	0	0	581 11.00
13.00 01300	NURSING ADMINISTRATION	0	38,926	61,600	100,526	1,429 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	171,437	14,122	185,559	494 14.00
15.00 01500	PHARMACY	0	29,363	20,699	50,062	1,312 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	10,604	13,435	0	24,039	618 16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	55,477	233	55,710	312 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0 22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	820 23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	1,945,337	312,797	2,258,134	19,966 30.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	64,453	536,500	600,953	820 54.00
54.01 05401	PSYCHOLOGY	667	67,379	19,410	87,456	1,455 54.01
54.02 05402	PULMONARY	0	0	0	0	125 54.02
57.00 05700	CT SCAN	0	0	0	0	0 57.00
58.00 05800	MRI	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	0	21,634	6,160	27,794	321 60.00
60.01 06001	VOCATIONAL REHABILITATION	28,193	0	18,112	46,305	397 60.01
65.00 06500	RESPIRATORY THERAPY	0	0	4,640	4,640	1,040 65.00
66.00 06600	PHYSICAL THERAPY	13,081	516,586	380,537	910,204	8,768 66.00
66.01 06601	ALLIED HEALTH	0	0	0	0	0 66.01
67.00 06700	OCCUPATIONAL THERAPY	7,988	317,775	232,384	558,147	5,354 67.00
68.00 06800	SPEECH PATHOLOGY	3,871	139,330	112,612	255,813	2,595 68.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
76.00 03020	PROSTHETICS AND ORTHOTICS	0	113,103	27,648	140,751	1,500 76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	1,907,311	310,368	568,925	2,786,604	30,413 90.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART				0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910	CORF	0	0	0	0	0 99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0 111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	3,160,692	7,284,541	8,973,901	19,419,134	114,013 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
191.00 19100	RESEARCH	166,959	760,289	239,142	1,166,390	10,537 191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
192.01 19201	FOUNDATION	152,397	28,880	0	181,277	2,099 192.01
192.02 19202	ACADEMY	0	131,908	17,564	149,472	577 192.02
192.03 19203	PARTNERSHIP EXPENSE	109,114	0	0	109,114	9,366 192.03
192.04 19204	PATHWAYS	600,012	2,037	70,895	672,944	1,645 192.04
192.05 19205	UNUSED SPACE	0	282,608	0	282,608	0 192.05
200.00	Cross Foot Adjustments				0	0 200.00
201.00	Negative Cost Centers		0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	4,189,174	8,490,263	9,301,502	21,980,939	138,237 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-3026

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

Worksheet B  
Part II  
Date/Time Prepared:  
1/17/2018 8:38 am

Cost Center Description		PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	
		5.01	5.02	5.03	5.04	7.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540	233,882					5.01
5.02	00570	833	97,584				5.02
5.03	00580	2,651	0	161,944			5.03
5.04	00560	58,876	0	0	7,965,316		5.04
7.00	00700	8,282	0	0	564,972	2,988,334	7.00
8.00	00800	0	0	0	11,242	0	8.00
9.00	00900	3,745	0	0	175,902	26,707	9.00
10.00	01000	3,825	0	0	97,526	173,921	10.00
11.00	01100	2,059	0	0	36,678	0	11.00
13.00	01300	1,167	0	0	89,045	21,658	13.00
14.00	01400	18,515	0	0	54,810	95,386	14.00
15.00	01500	10,572	0	0	92,706	16,337	15.00
16.00	01600	6,942	0	0	42,464	7,475	16.00
21.00	02100	1,626	0	0	135,954	30,867	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	39,726	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	8,776	37,381	35,919	1,254,666	1,082,371	30.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
54.00	05400	1,117	1,448	3,729	151,572	35,861	54.00
54.01	05401	487	591	2,641	81,164	37,489	54.01
54.02	05402	0	126	202	9,472	0	54.02
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	442	5,791	5,846	58,802	12,037	60.00
60.01	06001	529	16	857	23,334	0	60.01
65.00	06500	89	3,210	3,117	60,490	0	65.00
66.00	06600	9,553	12,845	21,722	529,514	287,425	66.00
66.01	06601	0	0	0	0	0	66.01
67.00	06700	5,834	12,386	14,082	329,993	176,807	67.00
68.00	06800	2,827	4,521	5,266	156,110	77,522	68.00
71.00	07100	0	3,704	3,621	127,484	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	14,083	17,005	303,542	0	73.00
76.00	03020	8,672	1,482	6,944	199,331	62,930	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	17,326	0	40,993	1,485,086	172,686	90.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
118.00		174,745	97,584	161,944	6,111,585	2,317,479	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
191.00	19100	11,171	0	0	1,013,272	423,019	191.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	25,355	0	0	136,501	16,068	192.01
192.02	19202	12,600	0	0	46,160	73,393	192.02
192.03	19203	1,011	0	0	505,614	0	192.03
192.04	19204	9,000	0	0	140,391	1,134	192.04
192.05	19205	0	0	0	11,793	157,241	192.05
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		233,882	97,584	161,944	7,965,316	2,988,334	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-3026

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

Worksheet B  
Part II  
Date/Time Prepared:  
1/17/2018 8:38 am

Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION		
		8.00	9.00	10.00	11.00	13.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00540	PURCHASING RECEIVING AND STORES					5.01	
5.02	00570	ADMITTING					5.02	
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.03	
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL					5.04	
7.00	00700	OPERATION OF PLANT					7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	11,242				8.00	
9.00	00900	HOUSEKEEPING	0	286,581			9.00	
10.00	01000	DIETARY	0	29,554	637,046		10.00	
11.00	01100	CAFETERIA	0	0	0	39,318	11.00	
13.00	01300	NURSING ADMINISTRATION	0	1,972	0	648	216,445	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,859	0	550	0	14.00
15.00	01500	PHARMACY	0	648	0	601	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	789	0	284	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	8,086	0	60	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	217	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	11,242	170,648	637,046	15,496	216,445	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,719	0	371	0	54.00
54.01	05401	PSYCHOLOGY	0	3,437	0	478	0	54.01
54.02	05402	PULMONARY	0	1,324	0	0	0	54.02
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	733	0	306	0	60.00
60.01	06001	VOCATIONAL REHABILITATION	0	3,353	0	180	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	666	0	65.00
66.00	06600	PHYSICAL THERAPY	0	21,496	0	3,465	0	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	8,959	0	2,116	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,564	0	1,025	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	0	2,507	0	726	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	17,045	0	7,774	0	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	11,242	278,693	637,046	34,963	216,445	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
191.00	19100	RESEARCH	0	3,775	0	3,141	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	FOUNDATION	0	3,099	0	406	0	192.01
192.02	19202	ACADEMY	0	1,014	0	143	0	192.02
192.03	19203	PARTNERSHIP EXPENSE	0	0	0	0	0	192.03
192.04	19204	PATHWAYS	0	0	0	665	0	192.04
192.05	19205	UNUSED SPACE	0	0	0	0	0	192.05
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)	11,242	286,581	637,046	39,318	216,445	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-3026

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

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS		
				SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
				14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	PURCHASING RECEIVING AND STORES					5.01
5.02 00570	ADMITTING					5.02
5.03 00580	CASHIERING/ACCOUNTS RECEIVABLE					5.03
5.04 00560	OTHER ADMINISTRATIVE AND GENERAL					5.04
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	357,173				14.00
15.00 01500	PHARMACY	0	172,238			15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	82,611		16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	232,615	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	0	52,045		30.00
41.00 04100	SUBPROVIDER - IRF	0	0	0		41.00
42.00 04200	SUBPROVIDER	0	0	0		42.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	1,074		54.00
54.01 05401	PSYCHOLOGY	0	0	1,652		54.01
54.02 05402	PULMONARY	0	0	413		54.02
57.00 05700	CT SCAN	0	0	0		57.00
58.00 05800	MRI	0	0	0		58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 06000	LABORATORY	0	0	743		60.00
60.01 06001	VOCATIONAL REHABILITATION	0	0	1,570		60.01
65.00 06500	RESPIRATORY THERAPY	0	0	0		65.00
66.00 06600	PHYSICAL THERAPY	0	0	2,644		66.00
66.01 06601	ALLIED HEALTH	0	0	0		66.01
67.00 06700	OCCUPATIONAL THERAPY	0	0	2,313		67.00
68.00 06800	SPEECH PATHOLOGY	0	0	1,817		68.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	357,173	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	172,238	0		73.00
76.00 03020	PROSTHETICS AND ORTHOTICS	0	0	909		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 09000	CLINIC	0	0	17,431		90.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910	CORF	0	0	0		99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00 11100	ISLET ACQUISITION	0	0	0		111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	357,173	172,238	82,611	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
191.00 19100	RESEARCH	0	0	0		191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0		192.00
192.01 19201	FOUNDATION	0	0	0		192.01
192.02 19202	ACADEMY	0	0	0		192.02
192.03 19203	PARTNERSHIP EXPENSE	0	0	0		192.03
192.04 19204	PATHWAYS	0	0	0		192.04
192.05 19205	UNUSED SPACE	0	0	0		192.05
200.00	Cross Foot Adjustments				232,615	0 200.00
201.00	Negative Cost Centers	0	0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	357,173	172,238	82,611	232,615	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-3026

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

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.00	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	PURCHASING RECEIVING AND STORES				5.01
5.02	00570	ADMITTING				5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL				5.04
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	40,763			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	5,800,135	0	5,800,135	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
54.00	05400	RADIOLOGY-DIAGNOSTIC	798,664	0	798,664	54.00
54.01	05401	PSYCHOLOGY	216,850	0	216,850	54.01
54.02	05402	PULMONARY	11,662	0	11,662	54.02
57.00	05700	CT SCAN	0	0	0	57.00
58.00	05800	MRI	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000	LABORATORY	112,815	0	112,815	60.00
60.01	06001	VOCATIONAL REHABILITATION	76,541	0	76,541	60.01
65.00	06500	RESPIRATORY THERAPY	73,252	0	73,252	65.00
66.00	06600	PHYSICAL THERAPY	1,807,636	0	1,807,636	66.00
66.01	06601	ALLIED HEALTH	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	1,115,991	0	1,115,991	67.00
68.00	06800	SPEECH PATHOLOGY	512,060	0	512,060	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	491,982	0	491,982	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	506,868	0	506,868	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	425,752	0	425,752	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	4,575,358	0	4,575,358	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	09910	CORF	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	16,525,566	0	16,525,566
<b>NONREIMBURSABLE COST CENTERS</b>						
191.00	19100	RESEARCH	2,631,305	0	2,631,305	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
192.01	19201	FOUNDATION	364,805	0	364,805	192.01
192.02	19202	ACADEMY	283,359	0	283,359	192.02
192.03	19203	PARTNERSHIP EXPENSE	625,105	0	625,105	192.03
192.04	19204	PATHWAYS	825,779	0	825,779	192.04
192.05	19205	UNUSED SPACE	451,642	0	451,642	192.05
200.00		Cross Foot Adjustments	40,763	273,378	0	273,378
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	40,763	21,980,939	0	21,980,939

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIE)	PURCHASING RECEIVING AND STORES (OTHER EXPENSE)	ADMITTING (INPATIENT CHARGES)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	1,212,697				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		9,301,500			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	1,568	72,161	131,585,951		4.00
5.01 00540	PURCHASING RECEIVING AND STORES	1,840	220,593	387,493	860,646	5.01
5.02 00570	ADMITTING	4,750	15,867	2,244,413	3,066	282,316,873
5.03 00580	CASHIERING/ACCOUNTS RECEIVABLE	3,433	0	1,812,735	9,757	0
5.04 00560	OTHER ADMINISTRATIVE AND GENERAL	95,389	6,300,034	25,010,668	216,648	0
7.00 00700	OPERATION OF PLANT	338,569	0	1,656,054	30,478	0
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0
9.00 00900	HOUSEKEEPING	6,856	30,311	1,823,150	13,781	0
10.00 01000	DIETARY	44,648	18,554	1,026,369	14,074	0
11.00 01100	CAFETERIA	0	0	552,660	7,578	0
13.00 01300	NURSING ADMINISTRATION	5,560	61,600	1,359,830	4,293	0
14.00 01400	CENTRAL SERVICES & SUPPLY	24,487	14,122	470,044	68,132	0
15.00 01500	PHARMACY	4,194	20,699	1,248,540	38,902	0
16.00 01600	MEDICAL RECORDS & LIBRARY	1,919	0	588,374	25,546	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	7,924	233	297,289	5,985	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	780,546	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	277,860	312,797	18,997,285	32,293	108,322,067
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00 04200	SUBPROVIDER	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>						
54.00 05400	RADIOLOGY-DIAGNOSTIC	9,206	536,500	779,942	4,110	4,183,712
54.01 05401	PSYCHOLOGY	9,624	19,410	1,384,154	1,793	1,709,526
54.02 05402	PULMONARY	0	0	118,615	0	364,454
57.00 05700	CT SCAN	0	0	0	0	0
58.00 05800	MRI	0	0	0	0	0
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00 06000	LABORATORY	3,090	6,160	305,258	1,628	16,736,333
60.01 06001	VOCATIONAL REHABILITATION	0	18,112	377,696	1,946	46,334
65.00 06500	RESPIRATORY THERAPY	0	4,640	989,847	327	9,277,173
66.00 06600	PHYSICAL THERAPY	73,786	380,537	8,342,537	35,155	37,124,270
66.01 06601	ALLIED HEALTH	0	0	0	0	0
67.00 06700	OCCUPATIONAL THERAPY	45,389	232,384	5,094,576	21,468	35,798,271
68.00 06800	SPEECH PATHOLOGY	19,901	112,612	2,468,797	10,403	13,065,283
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	10,704,150
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	40,701,509
76.00 03020	PROSTHETICS AND ORTHOTICS	16,155	27,648	1,427,277	31,911	4,283,791
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 09000	CLINIC	44,331	568,925	28,992,352	63,757	0
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910	CORF	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00 11100	ISLET ACQUISITION	0	0	0	0	0
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,040,479	8,973,899	108,536,501	643,031	282,316,873
<b>NONREIMBURSABLE COST CENTERS</b>						
191.00 19100	RESEARCH	108,595	239,142	10,026,048	41,109	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01 19201	FOUNDATION	4,125	0	1,997,539	93,303	0
192.02 19202	ACADEMY	18,841	17,564	549,435	46,366	0
192.03 19203	PARTNERSHIP EXPENSE	0	0	8,911,373	3,720	0
192.04 19204	PATHWAYS	291	70,895	1,565,055	33,117	0
192.05 19205	UNUSED SPACE	40,366	0	0	0	0
200.00	Cross Foot Adjustments					
201.00	Negative Cost Centers					
202.00	Cost to be allocated (per Wkst. B, Part I)	8,490,263	9,301,502	37,057,684	1,439,542	3,023,459
203.00	Unit cost multiplier (Wkst. B, Part I)	7.001141	1.000000	0.281623	1.672630	0.010709
204.00	Cost to be allocated (per Wkst. B, Part II)			138,237	233,882	97,584

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-3026

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

Worksheet B-1

Date/Time Prepared:  
1/17/2018 8:38 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIE)	PURCHASING RECEIVING AND STORES (OTHER EXPENSE)	ADMITTING (INPATIENT CHARGES)	
	BLDG & FIXT (SQARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
205.00	Unit cost multiplier (wkst. B, Part II)		0.001051	0.271752	0.000346	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-3026

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

Worksheet B-1  
Date/Time Prepared:  
1/17/2018 8:38 am

Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
		5.03	5A.04	5.04	7.00	8.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	PURCHASING RECEIVING AND STORES					5.01
5.02	00570	ADMITTING					5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	482,409,771				5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	0	-53,311,506	190,876,009		5.04
7.00	00700	OPERATION OF PLANT	0	0	13,538,746	767,148	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	269,404	0	46,398
9.00	00900	HOUSEKEEPING	0	0	4,215,242	6,856	0
10.00	01000	DIETARY	0	0	2,337,070	44,648	0
11.00	01100	CAFETERIA	0	0	878,943	0	0
13.00	01300	NURSING ADMINISTRATION	0	0	2,133,848	5,560	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	1,313,449	24,487	0
15.00	01500	PHARMACY	0	0	2,221,578	4,194	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1,017,593	1,919	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	3,257,943	7,924	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	951,984	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	106,902,341	0	30,066,276	277,860	46,398
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,099,480	0	3,632,210	9,206	0
54.01	05401	PSYCHOLOGY	7,860,690	0	1,944,989	9,624	0
54.02	05402	PULMONARY	602,675	0	226,982	0	0
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MRI	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	17,397,435	0	1,409,099	3,090	0
60.01	06001	VOCATIONAL REHABILITATION	2,550,287	0	559,175	0	0
65.00	06500	RESPIRATORY THERAPY	9,277,640	0	1,449,561	0	0
66.00	06600	PHYSICAL THERAPY	64,647,332	0	12,689,038	73,786	0
66.01	06601	ALLIED HEALTH	0	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	41,911,512	0	7,907,815	45,389	0
68.00	06800	SPEECH PATHOLOGY	15,671,751	0	3,740,954	19,901	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,776,130	0	3,054,973	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	50,611,211	0	7,273,963	0	0
76.00	03020	PROSTHETICS AND ORTHOTICS	20,666,475	0	4,776,681	16,155	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	122,434,812	0	35,586,466	44,331	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	482,409,771	-53,311,506	146,453,982	594,930	46,398
<b>NONREIMBURSABLE COST CENTERS</b>							
191.00	19100	RESEARCH	0	0	24,281,625	108,595	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	FOUNDATION	0	0	3,271,041	4,125	0
192.02	19202	ACADEMY	0	0	1,106,161	18,841	0
192.03	19203	PARTNERSHIP EXPENSE	0	0	12,116,320	0	0
192.04	19204	PATHWAYS	0	0	3,364,272	291	0
192.05	19205	UNUSED SPACE	0	0	282,608	40,366	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					
202.00		Cost to be allocated (per wkst. B, Part I)	3,182,265		53,311,506	17,320,104	344,648
203.00		Unit cost multiplier (Wkst. B, Part I)	0.006597		0.279299	22.577265	7.428079
204.00		Cost to be allocated (per wkst. B, Part II)	161,944		7,965,316	2,988,334	11,242
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000336		0.041730	3.895381	0.242295

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-3026

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

Worksheet B-1

Date/Time Prepared:  
1/17/2018 8:38 am

Cost Center Description		HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		9.00	10.00	11.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00570						5.02
5.03	00580						5.03
5.04	00560						5.04
7.00	00700						7.00
8.00	00800						8.00
9.00	00900	10,172					9.00
10.00	01000	1,049	187,008				10.00
11.00	01100	0	0	139,488			11.00
13.00	01300	70	0	2,300	898,420		13.00
14.00	01400	66	0	1,951	0	1,000	14.00
15.00	01500	23	0	2,131	0	0	15.00
16.00	01600	28	0	1,009	0	0	16.00
21.00	02100	287	0	214	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	771	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	6,057	187,008	54,971	898,420	0	30.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
54.00	05400	61	0	1,315	0	0	54.00
54.01	05401	122	0	1,695	0	0	54.01
54.02	05402	47	0	0	0	0	54.02
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	26	0	1,087	0	0	60.00
60.01	06001	119	0	640	0	0	60.01
65.00	06500	0	0	2,361	0	0	65.00
66.00	06600	763	0	12,292	0	0	66.00
66.01	06601	0	0	0	0	0	66.01
67.00	06700	318	0	7,506	0	0	67.00
68.00	06800	162	0	3,638	0	0	68.00
71.00	07100	0	0	0	0	1,000	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
76.00	03020	89	0	2,577	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	605	0	27,579	0	0	90.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
118.00		9,892	187,008	124,037	898,420	1,000	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
191.00	19100	134	0	11,145	0	0	191.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	110	0	1,441	0	0	192.01
192.02	19202	36	0	507	0	0	192.02
192.03	19203	0	0	0	0	0	192.03
192.04	19204	0	0	2,358	0	0	192.04
192.05	19205	0	0	0	0	0	192.05
200.00							200.00
201.00							201.00
202.00		5,547,345	4,569,918	1,124,431	2,912,076	2,284,863	202.00
203.00		545.354404	24.437019	8.061131	3.241330	2,284.863000	203.00
204.00		286,581	637,046	39,318	216,445	357,173	204.00
205.00		28.173516	3.406517	0.281874	0.240917	357.173000	205.00

Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	INTERNS & RESIDENTS		PARAMED ED PRGM (ASSIGNED TIME)	
			SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
	15.00	16.00	21.00	22.00	23.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	PURCHASING RECEIVING AND STORES					5.01
5.02 00570	ADMITTING					5.02
5.03 00580	CASHIERING/ACCOUNTS RECEIVABLE					5.03
5.04 00560	OTHER ADMINISTRATIVE AND GENERAL					5.04
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY	1,000				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	1,000			16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	1,000		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	1,000	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	100 23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	630	600	600	47 30.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	13	0	0	0 54.00
54.01 05401	PSYCHOLOGY	0	20	0	0	0 54.01
54.02 05402	PULMONARY	0	5	0	0	0 54.02
57.00 05700	CT SCAN	0	0	0	0	0 57.00
58.00 05800	MRI	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	0	9	0	0	0 60.00
60.01 06001	VOCATIONAL REHABILITATION	0	19	0	0	0 60.01
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	0 65.00
66.00 06600	PHYSICAL THERAPY	0	32	300	300	0 66.00
66.01 06601	ALLIED HEALTH	0	0	0	0	0 66.01
67.00 06700	OCCUPATIONAL THERAPY	0	28	0	0	0 67.00
68.00 06800	SPEECH PATHOLOGY	0	22	0	0	0 68.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	1,000	0	0	0	0 73.00
76.00 03020	PROSTHETICS AND ORTHOTICS	0	11	0	0	0 76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	0	211	0	0	53 90.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910	CORF	0	0	0	0	0 99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0 111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,000	1,000	900	900	100 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
191.00 19100	RESEARCH	0	0	0	0	0 191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
192.01 19201	FOUNDATION	0	0	0	0	0 192.01
192.02 19202	ACADEMY	0	0	0	0	0 192.02
192.03 19203	PARTNERSHIP EXPENSE	0	0	100	100	0 192.03
192.04 19204	PATHWAYS	0	0	0	0	0 192.04
192.05 19205	UNUSED SPACE	0	0	0	0	0 192.05
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	2,966,473	1,368,536	4,505,027	0	1,224,087 202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	2,966.473000	1,368.536000	4,505.027000	0.000000	12,240.870000 203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	172,238	82,611	232,615	0	40,763 204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-3026

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

Worksheet B-1

Date/Time Prepared:  
1/17/2018 8:38 am

Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	INTERNS & RESIDENTS		PARAMED ED PRGM (ASSIGNED TIME)	
			SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
	15.00	16.00	21.00	22.00	23.00	
205.00   Unit cost multiplier (wkst. B, Part II)	172.238000	82.611000	232.615000	0.000000	407.630000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-3026

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

Worksheet C  
Part I  
Date/Time Prepared:  
1/17/2018 8:38 am

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Hospital		PPS	
				Total Costs	RCE		
				Total Costs	Disallowance		
		1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	57,747,558		57,747,558	0	57,747,558	30.00
41.00	04100 SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,916,187		4,916,187	0	4,916,187	54.00
54.01	05401 PSYCHOLOGY	2,813,074		2,813,074	0	2,813,074	54.01
54.02	05402 PULMONARY	322,853		322,853	0	322,853	54.02
57.00	05700 CT SCAN	0		0	0	0	57.00
58.00	05800 MRI	0		0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000 LABORATORY	1,907,681		1,907,681	0	1,907,681	60.00
60.01	06001 VOCATIONAL REHABILITATION	811,410		811,410	0	811,410	60.01
65.00	06500 RESPIRATORY THERAPY	1,873,454	0	1,873,454	0	1,873,454	65.00
66.00	06600 PHYSICAL THERAPY	18,457,945	0	18,457,945	0	18,457,945	66.00
66.01	06601 ALLIED HEALTH	0	0	0	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	11,413,468	0	11,413,468	0	11,413,468	67.00
68.00	06800 SPEECH PATHOLOGY	5,382,890	0	5,382,890	0	5,382,890	68.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	6,193,087		6,193,087	0	6,193,087	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0		0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	12,272,047		12,272,047	0	12,272,047	73.00
76.00	03020 PROSTHETICS AND ORTHOTICS	6,559,904		6,559,904	0	6,559,904	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINIC	48,016,413		48,016,413	1,097,240	49,113,653	90.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0		0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910 CORF	0		0		0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900 PANCREAS ACQUISITION	0		0		0	109.00
110.00	11000 INTESTINAL ACQUISITION	0		0		0	110.00
111.00	11100 ISLET ACQUISITION	0		0		0	111.00
200.00	Subtotal (see instructions)	178,687,971	0	178,687,971	1,097,240	179,785,211	200.00
201.00	Less Observation Beds	0		0		0	201.00
202.00	Total (see instructions)	178,687,971	0	178,687,971	1,097,240	179,785,211	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-3026

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

Worksheet C  
Part I  
Date/Time Prepared:  
1/17/2018 8:38 am

		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	106,902,341		106,902,341		30.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,603,438	5,496,042	11,099,480	0.442920	54.00
54.01	05401	PSYCHOLOGY	1,709,526	6,151,164	7,860,690	0.357866	54.01
54.02	05402	PULMONARY	364,454	238,221	602,675	0.535700	54.02
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	16,736,333	661,102	17,397,435	0.109653	60.00
60.01	06001	VOCATIONAL REHABILITATION	46,334	2,503,953	2,550,287	0.318164	60.01
65.00	06500	RESPIRATORY THERAPY	9,277,173	467	9,277,640	0.201932	65.00
66.00	06600	PHYSICAL THERAPY	37,124,270	27,523,062	64,647,332	0.285518	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	35,798,271	6,113,241	41,911,512	0.272323	67.00
68.00	06800	SPEECH PATHOLOGY	13,065,283	2,606,468	15,671,751	0.343477	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,704,150	71,980	10,776,130	0.574704	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	40,701,509	9,909,702	50,611,211	0.242477	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	4,283,791	16,382,684	20,666,475	0.317418	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	122,434,812	122,434,812	0.392179	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0		99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
200.00		Subtotal (see instructions)	282,316,873	200,092,898	482,409,771		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	282,316,873	200,092,898	482,409,771		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES	Provider CCN: 14-3026	Period: From 09/01/2016 To 08/31/2017	Worksheet C Part 1 Date/Time Prepared: 1/17/2018 8:38 am
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Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS				30.00
41.00	04100 SUBPROVIDER - IRF				41.00
42.00	04200 SUBPROVIDER				42.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.442920			54.00
54.01	05401 PSYCHOLOGY	0.357866			54.01
54.02	05402 PULMONARY	0.535700			54.02
57.00	05700 CT SCAN	0.000000			57.00
58.00	05800 MRI	0.000000			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000 LABORATORY	0.109653			60.00
60.01	06001 VOCATIONAL REHABILITATION	0.318164			60.01
65.00	06500 RESPIRATORY THERAPY	0.201932			65.00
66.00	06600 PHYSICAL THERAPY	0.285518			66.00
66.01	06601 ALLIED HEALTH	0.000000			66.01
67.00	06700 OCCUPATIONAL THERAPY	0.272323			67.00
68.00	06800 SPEECH PATHOLOGY	0.343477			68.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.574704			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.242477			73.00
76.00	03020 PROSTHETICS AND ORTHOTICS	0.317418			76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC				88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	09000 CLINIC	0.401141			90.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10	09910 CORF				99.10
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00	10900 PANCREAS ACQUISITION				109.00
110.00	11000 INTESTINAL ACQUISITION				110.00
111.00	11100 ISLET ACQUISITION				111.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-3026

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

Worksheet C  
Part I  
Date/Time Prepared:  
1/17/2018 8:38 am

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Title XIX		Hospital		Total Costs	Cost
				Total Costs	RCE Disallowance	Total Costs	Cost		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	57,747,558		57,747,558	0	57,747,558	30.00	
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00	
42.00	04200	SUBPROVIDER	0		0	0	0	42.00	
<b>ANCILLARY SERVICE COST CENTERS</b>									
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,916,187		4,916,187	0	4,916,187	54.00	
54.01	05401	PSYCHOLOGY	2,813,074		2,813,074	0	2,813,074	54.01	
54.02	05402	PULMONARY	322,853		322,853	0	322,853	54.02	
57.00	05700	CT SCAN	0		0	0	0	57.00	
58.00	05800	MRI	0		0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	59.00	
60.00	06000	LABORATORY	1,907,681		1,907,681	0	1,907,681	60.00	
60.01	06001	VOCATIONAL REHABILITATION	811,410		811,410	0	811,410	60.01	
65.00	06500	RESPIRATORY THERAPY	1,873,454	0	1,873,454	0	1,873,454	65.00	
66.00	06600	PHYSICAL THERAPY	18,457,945	0	18,457,945	0	18,457,945	66.00	
66.01	06601	ALLIED HEALTH	0	0	0	0	0	66.01	
67.00	06700	OCCUPATIONAL THERAPY	11,413,468	0	11,413,468	0	11,413,468	67.00	
68.00	06800	SPEECH PATHOLOGY	5,382,890	0	5,382,890	0	5,382,890	68.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,193,087		6,193,087	0	6,193,087	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	12,272,047		12,272,047	0	12,272,047	73.00	
76.00	03020	PROSTHETICS AND ORTHOTICS	6,559,904		6,559,904	0	6,559,904	76.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>									
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00	
90.00	09000	CLINIC	48,016,413		48,016,413	1,097,240	49,113,653	90.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0	0	0	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>									
99.10	09910	CORF	0		0		0	99.10	
<b>SPECIAL PURPOSE COST CENTERS</b>									
109.00	10900	PANCREAS ACQUISITION	0		0		0	109.00	
110.00	11000	INTESTINAL ACQUISITION	0		0		0	110.00	
111.00	11100	ISLET ACQUISITION	0		0		0	111.00	
200.00		Subtotal (see instructions)	178,687,971	0	178,687,971	1,097,240	179,785,211	200.00	
201.00		Less Observation Beds	0		0		0	201.00	
202.00		Total (see instructions)	178,687,971	0	178,687,971	1,097,240	179,785,211	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-3026

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

Worksheet C  
Part I  
Date/Time Prepared:  
1/17/2018 8:38 am

		Title XIX			Hospital	Cost	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	106,902,341		106,902,341		30.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,603,438	5,496,042	11,099,480	0.442920	54.00
54.01	05401	PSYCHOLOGY	1,709,526	6,151,164	7,860,690	0.357866	54.01
54.02	05402	PULMONARY	364,454	238,221	602,675	0.535700	54.02
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	16,736,333	661,102	17,397,435	0.109653	60.00
60.01	06001	VOCATIONAL REHABILITATION	46,334	2,503,953	2,550,287	0.318164	60.01
65.00	06500	RESPIRATORY THERAPY	9,277,173	467	9,277,640	0.201932	65.00
66.00	06600	PHYSICAL THERAPY	37,124,270	27,523,062	64,647,332	0.285518	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	35,798,271	6,113,241	41,911,512	0.272323	67.00
68.00	06800	SPEECH PATHOLOGY	13,065,283	2,606,468	15,671,751	0.343477	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,704,150	71,980	10,776,130	0.574704	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	40,701,509	9,909,702	50,611,211	0.242477	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	4,283,791	16,382,684	20,666,475	0.317418	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	122,434,812	122,434,812	0.392179	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0		99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
200.00		Subtotal (see instructions)	282,316,873	200,092,898	482,409,771		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	282,316,873	200,092,898	482,409,771		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES	Provider CCN: 14-3026	Period: From 09/01/2016 To 08/31/2017	Worksheet C Part I Date/Time Prepared: 1/17/2018 8:38 am
	Title XIX	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio		
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	05401 PSYCHOLOGY	0.000000		54.01
54.02	05402 PULMONARY	0.000000		54.02
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
60.01	06001 VOCATIONAL REHABILITATION	0.000000		60.01
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
66.01	06601 ALLIED HEALTH	0.000000		66.01
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.00	03020 PROSTHETICS AND ORTHOTICS	0.000000		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000 CLINIC	0.000000		90.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	09910 CORF			99.10
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
200.00	Subtotal (see instructions)			200.00
201.00	Less observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-3026

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

Worksheet D  
Part I  
Date/Time Prepared:  
1/17/2018 8:38 am

Cost Center Description		Title XVIII			Hospital		Per Diem (col. 3 / col. 4)	PPS
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days			
		1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	ADULTS & PEDIATRICS	5,800,135	0	5,800,135	62,336	93.05	30.00	
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00	
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00	
200.00	Total (lines 30-199)	5,800,135		5,800,135	62,336		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	ADULTS & PEDIATRICS	17,655	1,642,798					30.00
41.00	SUBPROVIDER - IRF	0	0					41.00
42.00	SUBPROVIDER	0	0					42.00
200.00	Total (lines 30-199)	17,655	1,642,798					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-3026		Period: From 09/01/2016 To 08/31/2017		Worksheet D Part II Date/Time Prepared: 1/17/2018 8:38 am		
Title XVIII			Hospital		PPS			
Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)			
	1.00	2.00	3.00	4.00	5.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
54.00	05400	RADIOLOGY-DIAGNOSTIC	798,664	11,099,480	0.071955	1,441,454	103,720	54.00
54.01	05401	PSYCHOLOGY	216,850	7,860,690	0.027587	320,130	8,831	54.01
54.02	05402	PULMONARY	11,662	602,675	0.019350	190,379	3,684	54.02
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	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	112,815	17,397,435	0.006485	6,192,069	40,156	60.00
60.01	06001	VOCATIONAL REHABILITATION	76,541	2,550,287	0.030013	4,440	133	60.01
65.00	06500	RESPIRATORY THERAPY	73,252	9,277,640	0.007896	2,772,041	21,888	65.00
66.00	06600	PHYSICAL THERAPY	1,807,636	64,647,332	0.027961	11,752,528	328,612	66.00
66.01	06601	ALLIED HEALTH	0	0	0.000000	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	1,115,991	41,911,512	0.026627	11,330,947	301,709	67.00
68.00	06800	SPEECH PATHOLOGY	512,060	15,671,751	0.032674	4,011,853	131,083	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	491,982	10,776,130	0.045655	2,757,136	125,877	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	506,868	50,611,211	0.010015	10,948,889	109,653	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	425,752	20,666,475	0.020601	1,052,087	21,674	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	4,575,358	122,434,812	0.037370	0	0	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0.000000	0	0	92.00
200.00		Total (lines 50-199)	10,725,431	375,507,430		52,773,953	1,197,020	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS Provider CCN: 14-3026 Period: From 09/01/2016 To 08/31/2017 Worksheet D Part III Date/Time Prepared: 1/17/2018 8:38 am

Cost Center Description		Title XVIII			Hospital	Total Costs (sum of cols. 1 through 3, minus col. 4)	PPS	
		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)			
		1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	575,321	0	0	575,321	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
200.00		Total (lines 30-199)	0	575,321	0	0	575,321	200.00
Cost Center Description		Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)			
						6.00	7.00	8.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	62,336	9.23	17,655	162,956		30.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0		41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0		42.00
200.00		Total (lines 30-199)	62,336		17,655	162,956		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS  
 Provider CCN: 14-3026  
 Period: From 09/01/2016 To 08/31/2017  
 Worksheet D Part IV  
 Date/Time Prepared: 1/17/2018 8:38 am

Cost Center Description	Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
	1.00	2.00	3.00	4.00		5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	PSYCHOLOGY	0	0	0	0	0	54.01
54.02	05402	PULMONARY	0	0	0	0	0	54.02
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	VOCATIONAL REHABILITATION	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	0	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	648,766	0	648,766	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	648,766	0	648,766	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS Provider CCN:14-3026 Period: From 09/01/2016 To 08/31/2017 Worksheet D Part IV Date/Time Prepared: 1/17/2018 8:38 am

Cost Center Description		Title XVIII			Hospital		PPS
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	11,099,480	0.000000	0.000000	1,441,454	54.00
54.01	05401 PSYCHOLOGY	0	7,860,690	0.000000	0.000000	320,130	54.01
54.02	05402 PULMONARY	0	602,675	0.000000	0.000000	190,379	54.02
57.00	05700 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800 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	17,397,435	0.000000	0.000000	6,192,069	60.00
60.01	06001 VOCATIONAL REHABILITATION	0	2,550,287	0.000000	0.000000	4,440	60.01
65.00	06500 RESPIRATORY THERAPY	0	9,277,640	0.000000	0.000000	2,772,041	65.00
66.00	06600 PHYSICAL THERAPY	0	64,647,332	0.000000	0.000000	11,752,528	66.00
66.01	06601 ALLIED HEALTH	0	0	0.000000	0.000000	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0	41,911,512	0.000000	0.000000	11,330,947	67.00
68.00	06800 SPEECH PATHOLOGY	0	15,671,751	0.000000	0.000000	4,011,853	68.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	10,776,130	0.000000	0.000000	2,757,136	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	50,611,211	0.000000	0.000000	10,948,889	73.00
76.00	03020 PROSTHETICS AND ORTHOTICS	0	20,666,475	0.000000	0.000000	1,052,087	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	648,766	122,434,812	0.005299	0.005299	0	90.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	648,766	375,507,430			52,773,953	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS  
 Provider CCN: 14-3026  
 Period: From 09/01/2016 To 08/31/2017  
 Worksheet D Part IV  
 Date/Time Prepared: 1/17/2018 8:38 am

Cost Center Description		Title XVIII			Hospital	PPS
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
<b>ANCILLARY SERVICE COST CENTERS</b>		11.00	12.00	13.00		
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	1,231,885	0		54.00
54.01	05401 PSYCHOLOGY	0	608,363	0		54.01
54.02	05402 PULMONARY	0	91,713	0		54.02
57.00	05700 CT SCAN	0	0	0		57.00
58.00	05800 MRI	0	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000 LABORATORY	0	147,313	0		60.00
60.01	06001 VOCATIONAL REHABILITATION	0	0	0		60.01
65.00	06500 RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	230,974	0		66.00
66.01	06601 ALLIED HEALTH	0	0	0		66.01
67.00	06700 OCCUPATIONAL THERAPY	0	4,867	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	20,332	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	4,260,442	0		73.00
76.00	03020 PROSTHETICS AND ORTHOTICS	0	573	0		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800 RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000 CLINIC	0	4,664,469	24,717		90.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0		92.00
200.00	Total (lines 50-199)	0	11,260,931	24,717		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-3026	Period: From 09/01/2016 To 08/31/2017	Worksheet D Part V Date/Time Prepared: 1/17/2018 8:38 am
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Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Title XVIII		Hospital	PPS		
			Charges		Costs	PPS Services (see inst.)		
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)			Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
1.00	2.00	3.00	4.00	5.00				
<b>ANCILLARY SERVICE COST CENTERS</b>								
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.442920	1,231,885	0	0	545,627	54.00
54.01	05401	PSYCHOLOGY	0.357866	608,363	0	0	217,712	54.01
54.02	05402	PULMONARY	0.535700	91,713	0	0	49,131	54.02
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	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	0.109653	147,313	0	0	16,153	60.00
60.01	06001	VOCATIONAL REHABILITATION	0.318164	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.201932	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.285518	230,974	0	0	65,947	66.00
66.01	06601	ALLIED HEALTH	0.000000	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.272323	4,867	0	0	1,325	67.00
68.00	06800	SPEECH PATHOLOGY	0.343477	0	0	0	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.574704	20,332	0	0	11,685	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.242477	4,260,442	0	0	1,033,059	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	0.317418	573	785	0	182	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	0.392179	4,664,469	0	0	1,829,307	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
200.00		Subtotal (see instructions)		11,260,931	785	0	3,770,128	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		11,260,931	785	0	3,770,128	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-3026	Period: From 09/01/2016 To 08/31/2017	Worksheet D Part V Date/Time Prepared: 1/17/2018 8:38 am
Title XVIII		Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05401 PSYCHOLOGY	0	0		54.01
54.02 05402 PULMONARY	0	0		54.02
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 VOCATIONAL REHABILITATION	0	0		60.01
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
66.01 06601 ALLIED HEALTH	0	0		66.01
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
76.00 03020 PROSTHETICS AND ORTHOTICS	249	0		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00 Subtotal (see instructions)	249	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	249	0		202.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-3026

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

Worksheet D-1  
Date/Time Prepared:  
1/17/2018 8:38 am

Cost Center Description		Title XVIII	Hospital	PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			62,336 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			62,336 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)			62,336 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)			17,655 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			0 15.00
16.00	Nursery days (title V or XIX only)			0 16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			57,747,558 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)			57,747,558 27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			57,747,558 37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			926.39 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			16,355,415 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)			16,355,415 41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-3026

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

Worksheet D-1  
Date/Time Prepared:  
1/17/2018 8:38 am

Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Hospital Program Days	Program Cost (col. 3 x col. 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00	INTENSIVE CARE UNIT						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
<b>Cost Center Description</b>							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					14,487,711	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					30,843,126	49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,805,754	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,197,020	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,002,774	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					27,840,352	53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
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
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 14-3026	Period: From 09/01/2016 To 08/31/2017	Worksheet D-1 Date/Time Prepared: 1/17/2018 8:38 am
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Cost Center Description	Title XVIII			Hospital	PPS
	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
<b>COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>					
90.00 Capital-related cost	5,800,135	57,747,558	0.100439	0	0 90.00
91.00 Nursing School cost	0	57,747,558	0.000000	0	0 91.00
92.00 Allied health cost	575,321	57,747,558	0.009963	0	0 92.00
93.00 All other Medical Education	0	57,747,558	0.000000	0	0 93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 14-3026	Period: From 09/01/2016 To 08/31/2017	Worksheet D-3 Date/Time Prepared: 1/17/2018 8:38 am
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Cost Center Description		Ratio of Cost To Charges	Hospital Inpatient Program Charges	PPS Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		29,725,348		30.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
42.00	04200 SUBPROVIDER		0		42.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.442920	1,441,454	638,449	54.00
54.01	05401 PSYCHOLOGY	0.357866	320,130	114,564	54.01
54.02	05402 PULMONARY	0.535700	190,379	101,986	54.02
57.00	05700 CT SCAN	0.000000	0	0	57.00
58.00	05800 MRI	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.109653	6,192,069	678,979	60.00
60.01	06001 VOCATIONAL REHABILITATION	0.318164	4,440	1,413	60.01
65.00	06500 RESPIRATORY THERAPY	0.201932	2,772,041	559,764	65.00
66.00	06600 PHYSICAL THERAPY	0.285518	11,752,528	3,355,558	66.00
66.01	06601 ALLIED HEALTH	0.000000	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0.272323	11,330,947	3,085,677	67.00
68.00	06800 SPEECH PATHOLOGY	0.343477	4,011,853	1,377,979	68.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.574704	2,757,136	1,584,537	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.242477	10,948,889	2,654,854	73.00
76.00	03020 PROSTHETICS AND ORTHOTICS	0.317418	1,052,087	333,951	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	0.401141	0	0	90.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		52,773,953	14,487,711	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net charges (line 200 minus line 201)		52,773,953		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-3026	Period: From 09/01/2016 To 08/31/2017	Worksheet E Part B Date/Time Prepared: 1/17/2018 8:38 am
		Title XVIII	Hospital	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		249	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		3,745,411	2.00
3.00	PPS payments		3,343,433	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		24,717	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		249	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		785	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)		785	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		785	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		536	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)		249	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)		3,368,150	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		199	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		701,312	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)		2,666,888	27.00
28.00	Direct graduate medical education payments (from wkst. E-4, line 50)		79,494	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)		2,746,382	30.00
31.00	Primary payer payments		1,680	31.00
32.00	Subtotal (line 30 minus line 31)		2,744,702	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		143,131	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		93,035	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		143,131	36.00
37.00	Subtotal (see instructions)		2,837,737	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	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)		2,837,737	40.00
40.01	Sequestration adjustment (see instructions)		56,755	40.01
41.00	Interim payments		2,685,548	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		95,434	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 14-3026	Period: From 09/01/2016 To 08/31/2017	Worksheet E-1 Part I Date/Time Prepared: 1/17/2018 8:38 am	
		Title XVIII	Hospital	PPS	
		Inpatient Part A		Part B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount
		1.00	2.00	3.00	4.00
1.00	Total interim payments paid to provider		26,521,043		2,683,637
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0
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)				
<b>Program to Provider</b>					
3.01	ADJUSTMENTS TO PROVIDER	08/31/2017	26,787	08/31/2017	1,911
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
<b>Provider to Program</b>					
3.50	ADJUSTMENTS TO PROGRAM		0		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		26,787		1,911
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)		26,547,830		2,685,548
<b>TO BE COMPLETED BY CONTRACTOR</b>					
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)				
<b>Program to Provider</b>					
5.01	TENTATIVE TO PROVIDER		0		0
5.02			0		0
5.03			0		0
<b>Provider to Program</b>					
5.50	TENTATIVE TO PROGRAM		0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				
6.01	SETTLEMENT TO PROVIDER		0		95,434
6.02	SETTLEMENT TO PROGRAM		72,882		0
7.00	Total Medicare program liability (see instructions)		26,474,948		2,780,982
				Contractor Number	NPR Date (Mo/Day/Yr)
			0	1.00	2.00
8.00	Name of Contractor				

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-3026	Period: From 09/01/2016 To 08/31/2017	Worksheet E-3 Part III Date/Time Prepared: 1/17/2018 8:38 am
		Title XVIII	Hospital	PPS
		1.00		
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>				
1.00	Net Federal PPS Payment (see instructions)		20,249,963	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0409	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		1,557,222	3.00
4.00	Outlier Payments		2,873,738	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)		22.77	5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	5.01
6.00	New Teaching program adjustment. (see instructions)		0.00	6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		28.54	7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)		22.77	9.00
10.00	Average Daily Census (see instructions)		170.783562	10.00
11.00	Teaching Adjustment Factor (see instructions)		0.135641	11.00
12.00	Teaching Adjustment (see instructions)		2,746,725	12.00
13.00	Total PPS Payment (see instructions)		27,427,648	13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)		0	14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)		0	15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)		0	16.00
17.00	Subtotal (see instructions)		27,427,648	17.00
18.00	Primary payer payments		0	18.00
19.00	Subtotal (line 17 less line 18).		27,427,648	19.00
20.00	Deductibles		116,172	20.00
21.00	Subtotal (line 19 minus line 20)		27,311,476	21.00
22.00	Coinsurance		1,197,749	22.00
23.00	Subtotal (line 21 minus line 22)		26,113,727	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		135,369	24.00
25.00	Adjusted reimbursable bad debts (see instructions)		87,990	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		135,369	26.00
27.00	Subtotal (sum of lines 23 and 25)		26,201,717	27.00
28.00	Direct graduate medical education payments (from wkst. E-4, line 49)		650,580	28.00
29.00	Other pass through costs (see instructions)		162,956	29.00
30.00	Outlier payments reconciliation		0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	31.50
31.99	Recovery of Accelerated Depreciation		0	31.99
32.00	Total amount payable to the provider (see instructions)		27,015,253	32.00
32.01	Sequestration adjustment (see instructions)		540,305	32.01
33.00	Interim payments		26,547,830	33.00
34.00	Tentative settlement (for contractor use only)		0	34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 33, and 34)		-72,882	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from wkst. E-3, Pt. III, line 4		2,873,738	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time value of Money (see instructions)		0	53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 14-3026	Period: From 09/01/2016 To 08/31/2017	Worksheet E-4 Date/Time Prepared: 1/17/2018 8:38 am
	Title XVIII	Hospital	PPS

				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			28.25	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			5.33	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			22.92	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			28.54	6.00
7.00	Enter the lesser of line 5 or line 6			22.92	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	25.86	25.86	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.00	20.77	20.77	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	0.00	20.77		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	21.70		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	21.92		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	21.46		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	0.00	21.46		17.00
18.00	Per resident amount	0.00	104,151.00		18.00
19.00	Approved amount for resident costs	0	2,235,080	2,235,080	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			5.62	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			2,235,080	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days (see instructions)	17,655	3,152		26.00
27.00	Total Inpatient Days (see instructions)	62,336	62,336		27.00
28.00	Ratio of inpatient days to total inpatient days	0.283223	0.050565		28.00
29.00	Program direct GME amount	633,026	113,017		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		15,969		30.00
31.00	Net Program direct GME amount			730,074	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 14-3026	Period: From 09/01/2016 To 08/31/2017	Worksheet E-4 Date/Time Prepared: 1/17/2018 8:38 am
	Title XVIII	Hospital	PPS

		1.00	
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>			
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)	0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)	0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)	0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)	0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)	0	36.00
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>			
<b>Part A Reasonable Cost</b>			
37.00	Reasonable cost (see instructions)	30,843,126	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)	0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)	0	39.00
40.00	Primary payer payments (see instructions)	0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	30,843,126	41.00
<b>Part B Reasonable Cost</b>			
42.00	Reasonable cost (see instructions)	3,770,377	42.00
43.00	Primary payer payments (see instructions)	1,680	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	3,768,697	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	34,611,823	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.891115	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.108885	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>			
48.00	Total program GME payment (line 31)	730,074	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)	650,580	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	79,494	50.00

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

Provider CCN: 14-3026

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

Worksheet G

Date/Time Prepared:  
1/17/2018 8:38 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	18,202,000	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	39,241,000	0	0	0	4.00
5.00	Other receivable	55,826,000	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	1,976,000	0	0	0	7.00
8.00	Prepaid expenses	5,695,000	0	0	0	8.00
9.00	Other current assets	2,960,000	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	123,900,000	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	33,822,000	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	536,370,000	0	0	0	15.00
16.00	Accumulated depreciation	-9,246,000	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	102,083,000	0	0	0	19.00
20.00	Accumulated depreciation	-40,317,000	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	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	622,712,000	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	216,602,000	12,417,000	95,666,000	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	35,511,000	39,097,000	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	252,113,000	51,514,000	95,666,000	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	998,725,000	51,514,000	95,666,000	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	24,182,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	21,057,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	7,687,000	0	0	0	40.00
41.00	Deferred income	1,965,000	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	8,443,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	63,334,000	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	382,995,000	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	108,862,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	491,857,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	555,191,000	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	443,534,000	0	0	0	52.00
53.00	Specific purpose fund	0	51,514,000	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	95,666,000	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	443,534,000	51,514,000	95,666,000	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	998,725,000	51,514,000	95,666,000	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-3026

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

Worksheet G-1

Date/Time Prepared:  
1/17/2018 8:38 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		305,512,902		103,155,000		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-10,255,000				2.00
3.00	Total (sum of line 1 and line 2)		295,257,902		103,155,000		3.00
4.00	INVTMENT INCOME	18,409,000		0		1,127,000	4.00
5.00	NET APPRECIATION	0		0		9,433,000	5.00
6.00	CONTRIBUTIONS	0		0		22,000	6.00
7.00	OTHER	129,867,098		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		148,276,098		0		10.00
11.00	Subtotal (line 3 plus line 10)		443,534,000		103,155,000		11.00
12.00	EXPENDITURE	0		51,641,000		4,115,000	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		51,641,000		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		443,534,000		51,514,000		19.00

		Endowment Fund	Plant Fund		
		6.00	7.00	8.00	
1.00	Fund balances at beginning of period	89,199,000		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)	89,199,000		0	3.00
4.00	INVTMENT INCOME		0		4.00
5.00	NET APPRECIATION		0		5.00
6.00	CONTRIBUTIONS		0		6.00
7.00	OTHER		0		7.00
8.00			0		8.00
9.00			0		9.00
10.00	Total additions (sum of line 4-9)	10,582,000		0	10.00
11.00	Subtotal (line 3 plus line 10)	99,781,000		0	11.00
12.00	EXPENDITURE		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)	4,115,000		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	95,666,000		0	19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN:14-3026

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
1/17/2018 8:38 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
<b>General Inpatient Routine Services</b>					
1.00	Hospital	181,390,771		181,390,771	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				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	181,390,771		181,390,771	10.00
<b>Intensive Care Type Inpatient Hospital Services</b>					
11.00	INTENSIVE CARE UNIT				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)	0		0	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	181,390,771		181,390,771	17.00
18.00	Ancillary services	133,783,265	210,500,492	344,283,757	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PATHWAYS	0	1,063,988	1,063,988	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to wkst. G-3, line 1)	315,174,036	211,564,480	526,738,516	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per wkst. A, column 3, line 200)		277,611,664		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to wkst. G-3, line 4)		277,611,664		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-3026

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

Worksheet G-3

Date/Time Prepared:  
1/17/2018 8:38 am

		1.00	
1.00	Total patient revenues (from wkst. G-2, Part I, column 3, line 28)	526,738,516	1.00
2.00	Less contractual allowances and discounts on patients' accounts	322,250,505	2.00
3.00	Net patient revenues (line 1 minus line 2)	204,488,011	3.00
4.00	Less total operating expenses (from wkst. G-2, Part II, line 43)	277,611,664	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-73,123,653	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	9,392,000	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	1,158,551	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	1,101,761	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	11,280	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	51,205,061	24.00
25.00	Total other income (sum of lines 6-24)	62,868,653	25.00
26.00	Total (line 5 plus line 25)	-10,255,000	26.00
27.00	OTHER EXPENSES (SPECIFY)	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)	-10,255,000	29.00