

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 09/01/2017 To 08/31/2018	Worksheet S Parts I-III Date/Time Prepared: 1/15/2019 3:02 pm
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<b>PART I - COST REPORT STATUS</b>			
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: 1/15/2019	Time: 3:02 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by SHIRLEY RYAN ABILITYLAB ( 14-3026 ) for the cost reporting period beginning 09/01/2017 and ending 08/31/2018 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) JONATHAN TINGSTAD  
 Officer or Administrator of Provider(s)

SENIOR VICE PRESIDENT, CFO  
 Title

(Dated when report is electronically signed.)  
 Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	529,049	128,478	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
4.00 SUBPROVIDER I						4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
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	529,049	128,478	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-3026		Period: From 09/01/2017 To 08/31/2018		Worksheet S-2 Part I Date/Time Prepared: 1/15/2019 3:02 pm					
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IL		4.00 Zip Code: 60611- County: COOK					
1.00 Street: 355 E. ERIE		2.00 City: CHICAGO									
Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)					
1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00			
3.00 Hospital and Hospital-Based Component Identification:											
3.00	Hospital	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)					09/01/2017	08/31/2018		20.00		
21.00	Type of Control (see instructions)					2			21.00		
						1.00	2.00	3.00			
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.				N	N				22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)				N	N				22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.				N	N				22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.				N	N	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.					N				23.00	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00	6.00				
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.				0	0	0	0	0	0	24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-3026			Period: From 09/01/2017 To 08/31/2018		Worksheet S-2 Part I Date/Time Prepared: 1/15/2019 3:02 pm		
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	5,823	1,933	0	0	7,270		25.00	
						Urban/Rural	Date of Geogr		
						1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginning:	Ending:		
						1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)					N		37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
						Y/N	Y/N		
						1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00	
						V	XVII	XIX	
						1.00	2.00	3.00	
<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(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
<b>Teaching Hospitals</b>									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					Y			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criteria Code			
				1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)			Y				60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)				23.00	1		60.01	
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)				23.01	1		60.02	

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		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00		2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
						1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. 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

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		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000		65.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
				1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010								
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000		66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000		67.00
						1.00	2.00	3.00
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				N		0	71.00
Inpatient Rehabilitation Facility PPS								
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				Y			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				Y	N	0	76.00

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				1.00	
<b>Long Term Care Hospital PPS</b>					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N	80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N	81.00	
<b>TEFRA Providers</b>					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N	85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N	87.00	
		V	XIX		
		1.00	2.00		
<b>Title V and XIX Services</b>					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.06	
<b>Rural Providers</b>					
105.00	Does this hospital qualify as a CAH?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.			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 Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.		N	110.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-3026	Period: From 09/01/2017 To 08/31/2018	Worksheet S-2 Part I Date/Time Prepared: 1/15/2019 3:02 pm		
		1.00	2.00			
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00
		1.00	2.00			
<b>Miscellaneous Cost Reporting Information</b>						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	248,494	95,000			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 healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N				122.00
<b>Transplant Center Information</b>						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00
<b>All Providers</b>						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	N				140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-3026	Period: From 09/01/2017 To 08/31/2018	Worksheet S-2 Part I Date/Time Prepared: 1/15/2019 3:02 pm
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		1.00	2.00	3.00						
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.										
141.00	Name:	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		
								2.00		
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.							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	Title XIX					
		1.00	2.00	3.00	4.00					
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)										
155.00	Hospital	N	N	N	N			155.00		
156.00	Subprovider - IPF	N	N	N	N			156.00		
157.00	Subprovider - IRF	N	N	N	N			157.00		
158.00	SUBPROVIDER							158.00		
159.00	SNF	N	N	N	N			159.00		
160.00	HOME HEALTH AGENCY	N	N	N	N			160.00		
161.00	CMHC		N	N	N			161.00		
161.10	CORF		N	N	N			161.10		
								1.00		
Multi campus										
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N	165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus			
		0	1.00	2.00	3.00	4.00	5.00			
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)							0.00	166.00	
								1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act										
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.							N	167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							0	168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							0.00	169.00	
							Beginni ng	Endi ng		
							1.00	2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)								170.00	
							1.00	2.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)							N	0	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-3026		Period: From 09/01/2017 To 08/31/2018		Worksheet S-2 Part II Date/Time Prepared: 1/15/2019 3:02 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	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					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.					N	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					N	15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	12/10/2018	Y	12/10/2018		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 09/01/2017 To 08/31/2018	Worksheet S-2 Part II Date/Time Prepared: 1/15/2019 3:02 pm	
		Description	Y/N	Y/N	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	0	1.00	3.00	20.00
			N	N	
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
					1.00
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				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	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
<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		AI MONE	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 09/01/2017  
To 08/31/2018

Worksheet S-2  
Part II  
Date/Time Prepared:  
1/15/2019 3:02 pm

		3.00	
<b>Cost Report Preparer Contact Information</b>			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DI RECTOR 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 09/01/2017  
To 08/31/2018

Worksheet S-3  
Part I  
Date/Time Prepared:  
1/15/2019 3:02 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	225	82,125	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)		225	82,125	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)		225	82,125	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)		225				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-3026

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet S-3  
Part I  
Date/Time Prepared:  
1/15/2019 3:02 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	22,949	5,823	71,959			1.00
2.00 HMO and other (see instructions)	3,967	9,203				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)	22,949	5,823	71,959			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)	22,949	5,823	71,959	28.27	2,263.50	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)				28.27	2,263.50	27.00
28.00 Observation Bed Days		0	0			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00
33.01 LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-3026

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet S-3  
Part I  
Date/Time Prepared:  
1/15/2019 3:02 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,150	207	3,157	1.00
2.00 HMO and other (see instructions)			202	428		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	1,150	207	3,157	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				0		33.00
33.01 LTCH site neutral days and discharges				0		33.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-3026

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet A  
Date/Time Prepared:  
1/15/2019 3:02 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0	28,659,148	28,659,148	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	12,091,051	12,091,051	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,989,378	2,178,653	4,168,031	30,080,839	4.00
5.01	00540	PURCHASING RECEIVING AND STORES	521,374	1,528,743	2,050,117	-642,051	5.01
5.02	00570	ADMINISTRATIVE	2,361,144	721,391	3,082,535	-601,417	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,772,594	1,609,409	3,382,003	-402,823	5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	31,176,123	51,766,824	82,942,947	-26,244,136	5.04
7.00	00700	OPERATION OF PLANT	2,180,719	27,759,712	29,940,431	-16,589,092	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	650,739	8.00
9.00	00900	HOUSEKEEPING	2,836,382	3,199,096	6,035,478	-1,353,334	9.00
10.00	01000	DIETARY	2,108,761	2,829,234	4,937,995	-2,981,416	10.00
11.00	01100	CAFETERIA	0	0	0	2,441,176	11.00
13.00	01300	NURSING ADMINISTRATION	1,823,497	1,038,904	2,862,401	-651,174	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	507,465	-97,181	410,284	-131,980	14.00
15.00	01500	PHARMACY	1,631,694	8,424,075	10,055,769	-7,931,832	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	652,732	457,262	1,109,994	-150,072	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	507,569	3,222,957	3,730,526	-100,671	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIALTY)ORTOTICS	0	0	0	439,985	23.00
23.01	02301	PARAMED ED PRGM-(SPECIALTY)PROSTHETICS	0	0	0	302,481	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	24,418,847	12,426,243	36,845,090	-10,579,617	30.00
41.00	04100	SUBPROVIDER - I RF	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	1,248,169	1,685,455	2,933,624	-594,348	54.00
54.01	05401	PSYCHOLOGY	0	0	0	1,259,249	54.01
54.02	05402	PULMONARY	0	0	0	193,173	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	429,304	769,090	1,198,394	-114,487	60.00
60.01	06001	VOCATIONAL REHABILITATION	373,526	139,190	512,716	-102,838	60.01
65.00	06500	RESPIRATORY THERAPY	1,029,898	319,521	1,349,419	-302,185	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	10,786,501	66.00
66.01	06601	ALLIED HEALTH	19,892,011	6,115,807	26,007,818	-26,007,818	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	5,887,228	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	3,262,325	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	3,716,652	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	7,362,584	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	2,344,650	3,822,389	6,167,039	-1,297,596	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	29,834,441	16,121,182	45,955,623	-5,406,517	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	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 through 117)	129,640,278	146,037,956	275,678,234	4,947,727	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
191.00	19100	RESEARCH	10,515,476	9,894,083	20,409,559	-2,537,863	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	FOUNDATION	1,407,801	676,449	2,084,250	-312,834	192.01
192.02	19202	ACADEMY	584,392	327,251	911,643	-132,311	192.02
192.03	19203	PARTNERSHIP EXPENSE	7,641,101	2,301,923	9,943,024	-1,580,420	192.03
192.04	19204	PATHWAYS	1,442,655	1,211,999	2,654,654	-384,299	192.04
192.05	19205	UNUSED SPACE	0	0	0	0	192.05
200.00		TOTAL (SUM OF LINES 118 through 199)	151,231,703	160,449,661	311,681,364	0	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-3026

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet A  
Date/Time Prepared:  
1/15/2019 3:02 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-12,613,442	16,045,706	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-83,939	12,007,112	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-15	34,248,855	4.00
5.01	00540	PURCHASING RECEIVING AND STORES	0	1,408,066	5.01
5.02	00570	ADMINISTRATIVE	0	2,481,118	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	2,979,180	5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	-14,352,130	42,346,681	5.04
7.00	00700	OPERATION OF PLANT	-1,693,701	11,657,638	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	650,739	8.00
9.00	00900	HOUSEKEEPING	0	4,682,144	9.00
10.00	01000	DIETARY	-58,712	1,897,867	10.00
11.00	01100	CAFETERIA	-1,534,318	906,858	11.00
13.00	01300	NURSING ADMINISTRATION	-7,500	2,203,727	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	278,304	14.00
15.00	01500	PHARMACY	-15,117	2,108,820	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-61,351	898,571	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	-62,736	3,567,119	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	22.00
23.00	02300	PARAMEDICAL PRGM-(SPECIFY)ORTOTICS	0	439,985	23.00
23.01	02301	PARAMEDICAL PRGM-(SPECIFY)PROSTHETICS	0	302,481	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-972	26,264,501	30.00
41.00	04100	SUBPROVIDER - I RF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
54.00	05400	RADIOLOGY-DIAGNOSTIC	-35,717	2,303,559	54.00
54.01	05401	PSYCHOLOGY	-252	1,258,997	54.01
54.02	05402	PULMONARY	0	193,173	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	1,083,907	60.00
60.01	06001	VOCATIONAL REHABILITATION	0	409,878	60.01
65.00	06500	RESPIRATORY THERAPY	0	1,047,234	65.00
66.00	06600	PHYSICAL THERAPY	-7,479	10,779,022	66.00
66.01	06601	ALLIED HEALTH	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	-4,082	5,883,146	67.00
68.00	06800	SPEECH PATHOLOGY	-2,262	3,260,063	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,716,652	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	7,362,584	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	-1,600	4,867,843	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	-14,858,697	25,690,409	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 through 117)	-45,394,022	235,231,939	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
191.00	19100	RESEARCH	0	17,871,696	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	FOUNDATION	0	1,771,416	192.01
192.02	19202	ACADEMY	0	779,332	192.02
192.03	19203	PARTNERSHIP EXPENSE	0	8,362,604	192.03
192.04	19204	PATHWAYS	0	2,270,355	192.04
192.05	19205	UNUSED SPACE	0	0	192.05
200.00		TOTAL (SUM OF LINES 118 through 199)	-45,394,022	266,287,342	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	30,119,311	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
0			0	30,119,311	
<b>B - DEPRECIATION</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	16,045,706	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	12,005,735	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
0			0	28,051,441	
<b>C - INTEREST</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	12,613,442	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	85,316	2.00
0			0	12,698,758	
<b>E - ALLIED HEALTH</b>					
1.00	OCCUPATIONAL THERAPY	67.00	5,769,122	118,106	1.00
2.00	PSYCHOLOGY	54.01	355,902	7,286	2.00
3.00	PHYSICAL THERAPY	66.00	10,570,109	216,392	3.00
4.00	SPEECH PATHOLOGY	68.00	3,196,878	65,447	4.00
0			19,892,011	407,231	
<b>F - NMH SERVICES</b>					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,010,318	1.00
0			0	1,010,318	
<b>G - MEDICAL SUPPLIES</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	3,716,652	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

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
			0	3,716,652	
H - TRANSCRIPTION AND PHY PRACTICE					
1.00	CLINIC	90.00	935,292	85,485	1.00
			935,292	85,485	
I - LINEN					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	650,739	1.00
			0	650,739	
J - CAFETERIA					
1.00	CAFETERIA	11.00	738,066	1,703,110	1.00
			738,066	1,703,110	
K - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	7,362,584	1.00
			0	7,362,584	
L - PULMONARY					
1.00	PULMONARY	54.02	126,695	66,478	1.00
2.00		0.00	0	0	2.00
			126,695	66,478	
M - PARAMEDICAL EDUCATION					
1.00	PARAMED ED PRGM-(SPECIFY)ORTOTICS	23.00	436,385	3,600	1.00
2.00	PARAMED ED PRGM-(SPECIFY)PROSTHETICS	23.01	299,481	3,000	2.00
			735,866	6,600	
N - PSYCHOLOGY					
1.00	PSYCHOLOGY	54.01	896,061	0	1.00
	TOTALS		896,061	0	
500.00	Grand Total: Increases		23,323,991	85,878,707	500.00

RECLASSIFICATIONS

Provider CCN: 14-3026

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet A-6  
Date/Time Prepared:  
1/15/2019 3:02 pm

		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	118,587	0	1.00
2.00	ADMINISTRATIVE AND GENERAL	5.02	0	537,459	0	2.00
3.00	CASHIERING/ACCOUNTS RECEIVABLE	5.03	0	402,823	0	3.00
4.00	OPERATION OF PLANT	5.04	0	6,344,473	0	4.00
5.00	HOUSEKEEPING	7.00	0	498,507	0	5.00
6.00	DIETARY	9.00	0	649,153	0	6.00
7.00	NURSING ADMINISTRATION	10.00	0	485,752	0	7.00
8.00	CENTRAL SERVICES & SUPPLY	13.00	0	418,314	0	8.00
9.00	PHARMACY	14.00	0	115,961	0	9.00
10.00	MEDICAL RECORDS & LIBRARY	15.00	0	373,692	0	10.00
11.00	I&R SERVICES-SALARY & FRINGES APPRV	16.00	0	150,072	0	11.00
12.00	ADULTS & PEDIATRICS	21.00	0	100,111	0	12.00
13.00	RADIOLOGY-DIAGNOSTIC	30.00	0	5,604,794	0	13.00
14.00	LABORATORY	54.00	0	283,731	0	14.00
15.00	VOCATIONAL REHABILITATION	60.00	0	98,267	0	15.00
16.00	ALLIED HEALTH	60.01	0	84,726	0	16.00
17.00	PROSTHETICS AND ORTHOTICS	66.01	0	4,554,505	0	17.00
18.00	CLINIC	76.00	0	533,134	0	18.00
19.00	RESEARCH	90.00	0	3,881,313	0	19.00
20.00	FOUNDATION	191.00	0	2,292,540	0	20.00
21.00	ACADEMY	192.01	0	312,834	0	21.00
22.00	PARTNERSHIP EXPENSE	192.02	0	132,311	0	22.00
23.00	RESPIRATORY THERAPY	192.03	0	1,580,420	0	23.00
24.00	PATHWAYS	65.00	0	237,994	0	24.00
25.00	LABORATORY	192.04	0	327,838	0	25.00
<b>O</b>						
<b>B - DEPRECIATION</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	38,452	9	1.00
2.00	PURCHASING RECEIVING AND STORES	5.01	0	438,148	9	2.00
3.00	ADMINISTRATIVE AND GENERAL	5.02	0	63,958	9	3.00
4.00	OPERATION OF PLANT	5.04	0	6,263,502	9	4.00
5.00	HOUSEKEEPING	7.00	0	16,048,912	9	5.00
6.00	DIETARY	9.00	0	53,442	9	6.00
7.00	NURSING ADMINISTRATION	10.00	0	54,488	9	7.00
8.00	CENTRAL SERVICES & SUPPLY	13.00	0	230,757	9	8.00
9.00	PHARMACY	14.00	0	16,019	9	9.00
10.00	ADULTS & PEDIATRICS	15.00	0	195,494	9	10.00
11.00	RADIOLOGY-DIAGNOSTIC	30.00	0	316,733	9	11.00
12.00	VOCATIONAL REHABILITATION	54.00	0	1,296,972	9	12.00
13.00	RESPIRATORY THERAPY	60.01	0	18,112	9	13.00
14.00	ALLIED HEALTH	65.00	0	17,331	9	14.00
15.00	PROSTHETICS AND ORTHOTICS	66.01	0	1,148,689	9	15.00
16.00	CLINIC	76.00	0	21,981	9	16.00
17.00	RESEARCH	90.00	0	1,511,324	9	17.00
18.00	FOUNDATION	191.00	0	245,323	9	18.00
19.00	ACADEMY	192.04	0	56,461	9	19.00
20.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	560	9	20.00
21.00	LABORATORY	60.00	0	14,783	9	21.00
<b>O</b>						
<b>C - INTEREST</b>						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	12,613,442	11	1.00
2.00	PURCHASING RECEIVING AND STORES	5.01	0	85,316	11	2.00
<b>O</b>						
<b>E - ALLIED HEALTH</b>						
1.00	ALLIED HEALTH	66.01	19,892,011	407,231	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
<b>O</b>						
<b>F - NMH SERVICES</b>						
1.00	ADULTS & PEDIATRICS	30.00	0	1,010,318	0	1.00
<b>O</b>						

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
<b>G - MEDICAL SUPPLIES</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	20	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	1,942	0		2.00
3.00	OPERATION OF PLANT	7.00	0	41,673	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	2,103	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	3,552,895	0		5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	23,963	0		6.00
7.00	ALLIED HEALTH	66.01	0	5,382	0		7.00
8.00	PROSTHETICS AND ORTHOTICS	76.00	0	15	0		8.00
9.00	CLINIC	90.00	0	40,300	0		9.00
10.00	LABORATORY	60.00	0	1,437	0		10.00
11.00	RESPIRATORY THERAPY	65.00	0	46,860	0		11.00
12.00	PHARMACY	15.00	0	62	0		12.00
	O		0	3,716,652			
<b>H - TRANSCRIPTION AND PHYSICIAN PRACTICE</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	935,292	85,485	0		1.00
	O		935,292	85,485			
<b>I - LINEN</b>							
1.00	HOUSEKEEPING	9.00	0	650,739	0		1.00
	O		0	650,739			
<b>J - CAFETERIA</b>							
1.00	DIETARY	10.00	738,066	1,703,110	0		1.00
	O		738,066	1,703,110			
<b>K - DRUGS</b>							
1.00	PHARMACY	15.00	0	7,362,584	0		1.00
	O		0	7,362,584			
<b>L - PULMONARY</b>							
1.00	ADULTS & PEDIATRICS	30.00	62,879	31,998	0		1.00
2.00	CLINIC	90.00	63,816	34,480	0		2.00
	O		126,695	66,478			
<b>M - PARAMEDICAL EDUCATION</b>							
1.00	PROSTHETICS AND ORTHOTICS	76.00	735,866	6,600	0		1.00
2.00		0.00	0	0	0		2.00
	O		735,866	6,600			
<b>N - PSYCHOLOGY</b>							
1.00	CLINIC	90.00	896,061	0	0		1.00
	TOTALS		896,061	0			
500.00	Grand Total: Decreases		23,323,991	85,878,707			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-3026

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet A-7  
Part I  
Date/Time Prepared:  
1/15/2019 3:02 pm

		Acquisitions			Disposals and Retirements		
		Beginning Balances	Purchases	Donation			Total
		1.00	2.00	3.00			4.00
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	33,822,439	90,213	0	90,213	0	1.00
2.00	Land Improvements	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	528,617,124	22,668,025	0	22,668,025	1,589,892	3.00
4.00	Building Improvements	10,902,623	0	0	0	5,572,264	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	101,202,624	9,340,743	0	9,340,743	338,399	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	674,544,810	32,098,981	0	32,098,981	7,500,555	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	674,544,810	32,098,981	0	32,098,981	7,500,555	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	33,912,652	0				1.00
2.00	Land Improvements	0	0				2.00
3.00	Buildings and Fixtures	549,695,257	0				3.00
4.00	Building Improvements	5,330,359	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	110,204,968	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	699,143,236	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	699,143,236	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-3026

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet A-7  
Part II  
Date/Time Prepared:  
1/15/2019 3:02 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	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				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
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 09/01/2017  
To 08/31/2018

Worksheet A-7  
Part III  
Date/Time Prepared:  
1/15/2019 3:02 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	555,025,617	0	555,025,617	0.834336	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	110,204,968	0	110,204,968	0.165664	0	2.00
3.00	Total (sum of lines 1-2)	665,230,585	0	665,230,585	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	16,045,706	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	12,005,735	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	28,051,441	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	16,045,706	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1,377	0	0	0	12,007,112	2.00
3.00	Total (sum of lines 1-2)	1,377	0	0	0	28,052,818	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-3026

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet A-8

Date/Time Prepared:  
1/15/2019 3:02 pm

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	Ref.
				Cost Center	Line #		
				1.00	2.00		
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-12,613,442	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-83,939	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)	B	-28,102	OPERATION OF PLANT	7.00	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	-1,610,525	OPERATION OF PLANT	7.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-14,150,214			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	-1,529,239	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 and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	B	-5,079	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

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.00 RENTAL INCOME	B	-11,506	OTHER ADMIN STRATIVE AND GENERAL	5.04	0 33.00	
35.00 CLINIC RENTAL INCOME	B	-6,300	CLINIC	90.00	0 35.00	
38.00 PRIVATE DUTY NURSING	A	-972	ADULTS & PEDIATRICS	30.00	0 38.00	
38.01 TUITION	B	-4,065	OTHER ADMIN STRATIVE AND GENERAL	5.04	0 38.01	
40.00 PROVIDER TAX	A	-8,390,354	OTHER ADMIN STRATIVE AND GENERAL	5.04	0 40.00	
41.00 INTERNATIONAL RELATIONS	A	-89,287	OTHER ADMIN STRATIVE AND GENERAL	5.04	0 41.00	
41.02 REFERRAL DEVELOPMENT	A	-96,376	OTHER ADMIN STRATIVE AND GENERAL	5.04	0 41.02	
42.00 MARKETING	A	-478,526	OTHER ADMIN STRATIVE AND GENERAL	5.04	0 42.00	
42.02 LOBBYING EXPENSE	A	-244,022	OTHER ADMIN STRATIVE AND GENERAL	5.04	0 42.02	
45.00 ADVANTAGE SERIES	A	-96,276	OTHER ADMIN STRATIVE AND GENERAL	5.04	0 45.00	
45.01 OTHER OPERATING REVENUE	B	-7,500	NURSING ADMIN STRATION	13.00	0 45.01	
45.02 OTHER OPERATING REVENUE	B	-4,814,033	OTHER ADMIN STRATIVE AND GENERAL	5.04	0 45.02	
45.03 OTHER OPERATING REVENUE	B	-55,074	OPERATION OF PLANT	7.00	0 45.03	
45.04 OTHER OPERATING REVENUE	B	-58,712	DIETARY	10.00	0 45.04	
45.05 OTHER OPERATING REVENUE	B	-61,351	MEDICAL RECORDS & LIBRARY	16.00	0 45.05	
45.06 OTHER OPERATING REVENUE	B	-62,736	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0 45.06	
45.07 OTHER OPERATING REVENUE	B	-15	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 45.07	
45.08 OTHER OPERATING REVENUE	B	-35,717	RADIOLOGY-DIAGNOSTIC	54.00	0 45.08	
45.09 OTHER OPERATING REVENUE	B	-1,600	PROSTHETICS AND ORTHOTICS	76.00	0 45.09	
45.10 OTHER OPERATING REVENUE	B	-15,117	PHARMACY	15.00	0 45.10	
45.12 OTHER OPERATING REVENUE	B	-580,090	CLINIC	90.00	0 45.12	
45.13 OTHER OPERATING REVENUE	B	-4,082	OCCUPATIONAL THERAPY	67.00	0 45.13	
45.14 OTHER OPERATING REVENUE	B	-252	PSYCHOLOGY	54.01	0 45.14	
45.15 OTHER OPERATING REVENUE	B	-7,479	PHYSICAL THERAPY	66.00	0 45.15	
45.16 OTHER OPERATING REVENUE	B	-2,262	SPEECH PATHOLOGY	68.00	0 45.16	
45.18 DEPOSITION INCOME	B	-127,685	OTHER ADMIN STRATIVE AND GENERAL	5.04	0 45.18	
45.20 DEPOSITION INCOME	B	-122,093	CLINIC	90.00	0 45.20	
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-45,394,022			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 09/01/2017  
To 08/31/2018

Worksheet A-8-2

Date/Time Prepared:  
1/15/2019 3:02 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	90.00	AGGREGATE-CLINIC	16,455,251	12,719,156	3,736,095	211,500	22,095	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			16,455,251	12,719,156	3,736,095		22,095	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	2,246,679	112,334	98,431	22,348	158,602	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			2,246,679	112,334	98,431	22,348	158,602	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	36,010	2,305,037	1,431,058	14,150,214		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			36,010	2,305,037	1,431,058	14,150,214		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-3026

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet B  
Part I  
Date/Time Prepared:  
1/15/2019 3:02 pm

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			
		1.00	2.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	16,045,706	16,045,706			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	12,007,112		12,007,112		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	34,248,855	41,246	38,455	34,328,556	4.00
5.01 00540	PURCHASING RECEIVING AND STORES	1,408,066	20,958	438,198	119,926	1,987,148
5.02 00570	ADMITTING	2,481,118	40,931	63,965	543,108	4,353
5.03 00580	CASHIERING/ACCOUNTS RECEIVABLE	2,979,180	102,768	0	407,730	18,072
5.04 00560	OTHER ADMINISTRATIVE AND GENERAL	42,346,681	615,321	6,267,429	6,955,951	442,772
7.00 00700	OPERATION OF PLANT	11,657,638	7,784,803	0	501,607	162,691
8.00 00800	LAUNDRY & LINEN SERVICE	650,739	0	0	0	0
9.00 00900	HOUSEKEEPING	4,682,144	103,988	53,448	652,422	17,749
10.00 01000	DIETARY	1,897,867	242,582	54,494	315,286	68,290
11.00 01100	CAFETERIA	906,858	0	0	169,769	36,773
13.00 01300	NURSING ADMINISTRATION	2,203,727	14,554	230,784	419,439	12,893
14.00 01400	CENTRAL SERVICES & SUPPLY	278,304	327,988	16,021	116,727	0
15.00 01500	PHARMACY	2,108,820	44,527	195,516	375,321	41,025
16.00 01600	MEDICAL RECORDS & LIBRARY	898,571	20,459	0	150,141	15,038
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	3,567,119	34,672	560	116,751	15,886
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00 02300	PARAMED ED PRGM-(SPECIFY)ORTOTICS	439,985	0	0	100,377	0
23.01 02301	PARAMED ED PRGM-(SPECIFY)PROSTHETICS	302,481	0	0	68,886	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	26,264,501	2,961,239	316,769	5,602,335	55,779
41.00 04100	SUBPROVIDER - I RF	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	2,303,559	123,699	1,297,121	287,103	16,375
54.01 05401	PSYCHOLOGY	1,258,997	18,963	20,554	287,975	3,787
54.02 05402	PULMONARY	193,173	0	0	29,142	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	1,083,907	11,483	14,785	98,748	18,274
60.01 06001	VOCATIONAL REHABILITATION	409,878	0	18,114	85,918	4,883
65.00 06500	RESPIRATORY THERAPY	1,047,234	0	17,333	236,896	1,413
66.00 06600	PHYSICAL THERAPY	10,779,022	563,130	610,454	2,431,326	112,509
66.01 06601	ALLIED HEALTH	0	0	0	0	0
67.00 06700	OCCUPATIONAL THERAPY	5,883,146	307,359	333,183	1,327,008	61,406
68.00 06800	SPEECH PATHOLOGY	3,260,063	170,313	184,629	735,343	34,026
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,716,652	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	7,362,584	0	0	0	0
76.00 03020	PROSTHETICS AND ORTHOTICS	4,867,843	148,253	21,984	370,051	78,198
<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	25,690,409	271,611	1,511,498	6,856,833	176,235
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 through 117)	235,231,939	13,970,847	11,705,294	29,362,119	1,398,427
<b>NONREIMBURSABLE COST CENTERS</b>						
191.00 19100	RESEARCH	17,871,696	727,118	245,351	2,418,759	130,330
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	323,821	0
192.01 19201	FOUNDATION	1,771,416	22,231	0	134,421	317,734
192.02 19202	ACADEMY	779,332	108,332	0	1,757,598	48,155
192.03 19203	PARTNERSHIP EXPENSE	8,362,604	0	0	331,838	6,510
192.04 19204	PATHWAYS	2,270,355	8,727	56,467	0	85,992
192.05 19205	UNUSED SPACE	0	1,208,451	0	0	0
200.00	Cross Foot Adjustments					
201.00	Negative Cost Centers		0	0	0	0
202.00	TOTAL (sum lines 118 through 201)	266,287,342	16,045,706	12,007,112	34,328,556	1,987,148

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-3026	Period: 09/01/2017 To 08/31/2018	Worksheet B Part I Date/Time Prepared: 1/15/2019 3:02 pm		
Cost Center	Description	ADMITTING	CASHIERING/ACCOUNTS 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	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	3,133,475				5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	3,507,750			5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	0	0	56,628,154	56,628,154	5.04
7.00	00700	OPERATION OF PLANT	0	0	20,106,739	5,430,750	25,537,489
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	650,739	175,762	0
9.00	00900	HOUSEKEEPING	0	0	5,509,751	1,488,162	356,951
10.00	01000	DIETARY	0	0	2,578,519	696,448	832,690
11.00	01100	CAFETERIA	0	0	1,113,400	300,725	0
13.00	01300	NURSING ADMINISTRATION	0	0	2,881,397	778,254	49,957
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	739,040	199,612	1,125,855
15.00	01500	PHARMACY	0	0	2,765,209	746,872	152,844
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1,084,209	292,841	70,228
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	3,734,988	1,008,805	119,014
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)ORTOTICS	0	0	540,362	145,950	0
23.01	02301	PARAMED ED PRGM-(SPECIFY)PROSTHETICS	0	0	371,367	100,305	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	1,330,669	915,750	37,447,042	10,114,341	10,164,768
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	57,696	99,768	4,185,321	1,130,438	424,611
54.01	05401	PSYCHOLOGY	14,998	46,708	1,651,982	446,194	65,093
54.02	05402	PULMONARY	3,426	3,992	229,733	62,050	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	176,528	124,974	1,528,699	412,895	39,416
60.01	06001	VOCATIONAL REHABILITATION	317	14,893	534,003	144,232	0
65.00	06500	RESPIRATORY THERAPY	56,321	38,776	1,397,973	377,587	0
66.00	06600	PHYSICAL THERAPY	399,514	494,979	15,390,934	4,157,030	1,933,004
66.01	06601	ALLIED HEALTH	0	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	358,451	292,537	8,563,090	2,312,856	1,055,041
68.00	06800	SPEECH PATHOLOGY	149,889	124,913	4,659,176	1,258,425	584,618
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	114,951	79,585	3,911,188	1,056,396	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	414,956	348,086	8,125,626	2,194,699	0
76.00	03020	PROSTHETICS AND ORTHOTICS	55,759	158,627	5,700,715	1,539,740	508,894
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	764,162	35,270,748	9,526,488	932,334
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	0	0
<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 through 117)	3,133,475	3,507,750	227,300,104	46,097,857	18,415,318
<b>NONREIMBURSABLE COST CENTERS</b>							
191.00	19100	RESEARCH	0	0	21,393,254	5,778,232	2,495,909
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	323,821	87,463	0
192.01	19201	FOUNDATION	0	0	2,245,802	606,582	76,309
192.02	19202	ACADEMY	0	0	2,693,417	727,481	371,861
192.03	19203	PARTNERSHIP EXPENSE	0	0	8,700,952	2,350,092	0
192.04	19204	PATHWAYS	0	0	2,421,541	654,049	29,956
192.05	19205	UNUSED SPACE	0	0	1,208,451	326,398	4,148,136
200.00		Cross Foot Adjustments	0	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	3,133,475	3,507,750	266,287,342	56,628,154	25,537,489

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 14-3026	Period: From 09/01/2017 To 08/31/2018	Worksheet B Part I Date/Time Prepared: 1/15/2019 3:02 pm				
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	826,501				8.00	
9.00	00900	HOUSEKEEPING	0	7,354,864			9.00	
10.00	01000	DIETARY	0	152,479	4,260,136		10.00	
11.00	01100	CAFETERIA	0	0	0	1,414,125	11.00	
13.00	01300	NURSING ADMINISTRATION	0	8,969	0	30,608	3,749,185	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	219,749	0	21,825	0	14.00
15.00	01500	PHARMACY	0	31,393	0	27,004	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	13,454	0	10,754	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	22,423	0	5,129	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)ORTOTICS	0	0	0	3,030	0	23.00
23.01	02301	PARAMED ED PRGM-(SPECIFY)PROSTHETICS	0	0	0	2,020	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	826,501	4,323,226	4,260,136	655,254	3,749,185	30.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	85,209	0	20,924	0	54.00
54.01	05401	PSYCHOLOGY	0	22,423	0	14,388	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	8,969	0	15,022	0	60.00
60.01	06001	VOCATIONAL REHABILITATION	0	0	0	6,080	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	24,597	0	65.00
66.00	06600	PHYSICAL THERAPY	0	421,559	0	153,842	0	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	255,626	0	83,961	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	125,571	0	46,531	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	94,178	0	28,271	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	757,910	0	135,156	0	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
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 through 117)	826,501	6,543,138	4,260,136	1,284,396	3,749,185	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
191.00	19100	RESEARCH	0	663,732	0	112,064	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	FOUNDATION	0	13,454	0	12,328	0	192.01
192.02	19202	ACADEMY	0	134,540	0	5,337	0	192.02
192.03	19203	PARTNERSHIP EXPENSE	0	0	0	0	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	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	826,501	7,354,864	4,260,136	1,414,125	3,749,185	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-3026

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet B  
Part I  
Date/Time Prepared:  
1/15/2019 3:02 pm

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	
<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	ADMINISTRATIVE					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	2,306,081				14.00
15.00 01500	PHARMACY	0	3,723,322			15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	1,471,486		16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	4,890,359	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00 02300	PARAMEDICAL PRGM-(SPECIFY)ORTOTICS	0	0	0	0	23.00
23.01 02301	PARAMEDICAL PRGM-(SPECIFY)PROSTHETICS	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	0	927,036	2,934,215	0 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	0	19,129	0	0 54.00
54.01 05401	PSYCHOLOGY	0	0	29,430	0	0 54.01
54.02 05402	PULMONARY	0	0	7,357	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	13,243	0	0 60.00
60.01 06001	VOCATIONAL REHABILITATION	0	0	27,958	0	0 60.01
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	0 65.00
66.00 06600	PHYSICAL THERAPY	0	0	47,088	1,467,108	0 66.00
66.01 06601	ALLIED HEALTH	0	0	0	0	0 66.01
67.00 06700	OCCUPATIONAL THERAPY	0	0	41,202	0	0 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	32,373	0	0 68.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,306,081	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	3,723,322	0	0	0 73.00
76.00 03020	PROSTHETICS AND ORTHOTICS	0	0	16,186	0	0 76.00
<b>OUTPATIENT ROUTINE 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	310,484	0	0 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 through 117)	2,306,081	3,723,322	1,471,486	4,401,323	0 118.00
<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	0	489,036	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	0	0	0	0	0 200.00
201.00	Negative Cost Centers	0	0	0	0	0 201.00
202.00	TOTAL (sum lines 118 through 201)	2,306,081	3,723,322	1,471,486	4,890,359	0 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-3026

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet B  
Part I  
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1/15/2019 3:02 pm

Cost Center Description			PARAMED ED PRGMORTOTICS	PARAMED ED PRGMPROSTHETICS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	23.01	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMINISTRATIVE						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)ORTOTICS	689,342					23.00
23.01	02301	PARAMED ED PRGM-(SPECIFY)PROSTHETICS		473,692				23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	186,122	42,632	75,630,458	-2,934,215	72,696,243	30.00
41.00	04100	SUBPROVIDER - IIRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS								
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	5,865,632	0	5,865,632	54.00
54.01	05401	PSYCHOLOGY	0	0	2,229,510	0	2,229,510	54.01
54.02	05402	PULMONARY	0	0	299,140	0	299,140	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	2,018,244	0	2,018,244	60.00
60.01	06001	VOCATIONAL REHABILITATION	0	0	712,273	0	712,273	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	1,800,157	0	1,800,157	65.00
66.00	06600	PHYSICAL THERAPY	0	0	23,570,565	-1,467,108	22,103,457	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	12,311,776	0	12,311,776	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	6,706,694	0	6,706,694	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	7,273,665	0	7,273,665	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	14,043,647	0	14,043,647	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	0	0	7,887,984	0	7,887,984	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	503,220	431,060	47,867,400	0	47,867,400	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	689,342	473,692	208,217,145	-4,401,323	203,815,822	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	30,443,191	0	30,443,191	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	411,284	0	411,284	192.00
192.01	19201	FOUNDATION	0	0	2,954,475	0	2,954,475	192.01
192.02	19202	ACADEMY	0	0	3,932,636	0	3,932,636	192.02
192.03	19203	PARTNERSHIP EXPENSE	0	0	11,540,080	-489,036	11,051,044	192.03
192.04	19204	PATHWAYS	0	0	3,105,546	0	3,105,546	192.04
192.05	19205	UNUSED SPACE	0	0	5,682,985	0	5,682,985	192.05
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	689,342	473,692	266,287,342	-4,890,359	261,396,983	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-3026

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet B  
Part II  
Date/Time Prepared:  
1/15/2019 3:02 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	2.00			
<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	0	41,246	38,455	79,701	79,701
5.01 00540	PURCHASING RECEIVING AND STORES	0	20,958	438,198	459,156	278
5.02 00570	ADMINISTRATIVE	0	40,931	63,965	104,896	1,261
5.03 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	102,768	0	102,768	947
5.04 00560	OTHER ADMINISTRATIVE AND GENERAL	0	615,321	6,267,429	6,882,750	16,154
7.00 00700	OPERATION OF PLANT	0	7,784,803	0	7,784,803	1,165
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0
9.00 00900	HOUSEKEEPING	0	103,988	53,448	157,436	1,515
10.00 01000	DIETARY	0	242,582	54,494	297,076	732
11.00 01100	CAFETERIA	0	0	0	0	394
13.00 01300	NURSING ADMINISTRATION	0	14,554	230,784	245,338	974
14.00 01400	CENTRAL SERVICES & SUPPLY	0	327,988	16,021	344,009	271
15.00 01500	PHARMACY	0	44,527	195,516	240,043	871
16.00 01600	MEDICAL RECORDS & LIBRARY	0	20,459	0	20,459	349
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	34,672	560	35,232	271
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00 02300	PARAMEDICAL PRGM-(SPECIFY)ORTOTICS	0	0	0	0	233
23.01 02301	PARAMEDICAL PRGM-(SPECIFY)PROSTHETICS	0	0	0	0	160
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	2,961,239	316,769	3,278,008	13,006
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	0	123,699	1,297,121	1,420,820	667
54.01 05401	PSYCHOLOGY	0	18,963	20,554	39,517	669
54.02 05402	PULMONARY	0	0	0	0	68
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	0	11,483	14,785	26,268	229
60.01 06001	VOCATIONAL REHABILITATION	0	0	18,114	18,114	199
65.00 06500	RESPIRATORY THERAPY	0	0	17,333	17,333	550
66.00 06600	PHYSICAL THERAPY	0	563,130	610,454	1,173,584	5,644
66.01 06601	ALLIED HEALTH	0	0	0	0	0
67.00 06700	OCCUPATIONAL THERAPY	0	307,359	333,183	640,542	3,081
68.00 06800	SPEECH PATHOLOGY	0	170,313	184,629	354,942	1,707
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00 03020	PROSTHETICS AND ORTHOTICS	0	148,253	21,984	170,237	859
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 09000	CLINIC	0	271,611	1,511,498	1,783,109	15,918
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART				0	0
<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 through 117)	0	13,970,847	11,705,294	25,676,141	68,172
<b>NONREIMBURSABLE COST CENTERS</b>						
191.00 19100	RESEARCH	0	727,118	245,351	972,469	5,615
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	752
192.01 19201	FOUNDATION	0	22,231	0	22,231	312
192.02 19202	ACADEMY	0	108,332	0	108,332	4,080
192.03 19203	PARTNERSHIP EXPENSE	0	0	0	0	770
192.04 19204	PATHWAYS	0	8,727	56,467	65,194	0
192.05 19205	UNUSED SPACE	0	1,208,451	0	1,208,451	0
200.00	Cross Foot Adjustments				0	0
201.00	Negative Cost Centers		0	0	0	0
202.00	TOTAL (sum lines 118 through 201)	0	16,045,706	12,007,112	28,052,818	79,701

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-3026		Period: From 09/01/2017 To 08/31/2018		Worksheet B Part II Date/Time Prepared: 1/15/2019 3:02 pm	
Cost Center Description			PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS 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	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	459,434					5.01
5.02	00570	ADMINITTING	1,006	107,163				5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	4,178	0	107,893			5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	102,368	0	0	7,001,272		5.04
7.00	00700	OPERATION OF PLANT	37,615	0	0	671,444	8,495,027	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	21,731	0	8.00
9.00	00900	HOUSEKEEPING	4,104	0	0	183,993	118,739	9.00
10.00	01000	DIETARY	15,789	0	0	86,107	276,994	10.00
11.00	01100	CAFETERIA	8,502	0	0	37,181	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,981	0	0	96,221	16,618	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	24,680	374,515	14.00
15.00	01500	PHARMACY	9,485	0	0	92,341	50,843	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,477	0	0	36,206	23,361	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	3,673	0	0	124,726	39,590	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)ORTOTICS	0	0	0	18,045	0	23.00
23.01	02301	PARAMED ED PRGM-(SPECIFY)PROSTHETICS	0	0	0	12,401	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	12,896	45,547	28,375	1,250,420	3,381,304	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	3,786	1,972	3,061	139,765	141,247	54.00
54.01	05401	PSYCHOLOGY	876	513	1,433	55,166	21,653	54.01
54.02	05402	PULMONARY	0	117	122	7,672	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	4,225	6,033	3,834	51,049	13,112	60.00
60.01	06001	VOCATIONAL REHABILITATION	1,129	11	457	17,832	0	60.01
65.00	06500	RESPIRATORY THERAPY	327	1,925	1,190	46,684	0	65.00
66.00	06600	PHYSICAL THERAPY	26,012	13,654	15,185	513,965	643,012	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	14,197	12,251	8,974	285,956	350,959	67.00
68.00	06800	SPEECH PATHOLOGY	7,867	5,123	3,832	155,589	194,473	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,929	2,442	130,610	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	14,182	10,679	271,347	0	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	18,080	1,906	4,866	190,370	169,283	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	40,746	0	23,443	1,177,831	310,140	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 through 117)	323,319	107,163	107,893	5,699,332	6,125,843	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
191.00	19100	RESEARCH	30,133	0	0	714,406	830,262	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	10,814	0	192.00
192.01	19201	FOUNDATION	73,461	0	0	74,996	25,384	192.01
192.02	19202	ACADEMY	11,134	0	0	89,944	123,699	192.02
192.03	19203	PARTNERSHIP EXPENSE	1,505	0	0	290,560	0	192.03
192.04	19204	PATHWAYS	19,882	0	0	80,865	9,965	192.04
192.05	19205	UNUSED SPACE	0	0	0	40,355	1,379,874	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 through 201)	459,434	107,163	107,893	7,001,272	8,495,027	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-3026	Period: From 09/01/2017 To 08/31/2018	Worksheet B Part II Date/Time Prepared: 1/15/2019 3:02 pm				
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	21,731				8.00	
9.00	00900	HOUSEKEEPING	0	465,787			9.00	
10.00	01000	DIETARY	0	9,657	686,355		10.00	
11.00	01100	CAFETERIA	0	0	0	46,077	11.00	
13.00	01300	NURSING ADMINISTRATION	0	568	0	997	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	0	13,917	0	711	14.00	
15.00	01500	PHARMACY	0	1,988	0	880	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	852	0	350	16.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	1,420	0	167	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)ORTOTICS	0	0	0	99	23.00	
23.01	02301	PARAMED ED PRGM-(SPECIFY)PROSTHETICS	0	0	0	66	23.01	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	21,731	273,793	686,355	21,351	363,697	30.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,396	0	682	0	54.00
54.01	05401	PSYCHOLOGY	0	1,420	0	469	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	568	0	489	0	60.00
60.01	06001	VOCATIONAL REHABILITATION	0	0	0	198	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	801	0	65.00
66.00	06600	PHYSICAL THERAPY	0	26,698	0	5,013	0	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	16,189	0	2,736	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	7,952	0	1,516	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	5,964	0	921	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	47,999	0	4,404	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 through 117)	21,731	414,381	686,355	41,850	363,697	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
191.00	19100	RESEARCH	0	42,034	0	3,651	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	FOUNDATION	0	852	0	402	0	192.01
192.02	19202	ACADEMY	0	8,520	0	174	0	192.02
192.03	19203	PARTNERSHIP EXPENSE	0	0	0	0	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	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	21,731	465,787	686,355	46,077	363,697	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-3026

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet B  
Part II  
Date/Time Prepared:  
1/15/2019 3:02 pm

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	
<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	758,103				14.00
15.00 01500	PHARMACY	0	396,451			15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	85,054		16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	205,079	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)ORTOTICS	0	0	0		23.00
23.01 02301	PARAMED ED PRGM-(SPECIFY)PROSTHETICS	0	0	0		23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	0	53,584		30.00
41.00 04100	SUBPROVIDER - IIRF	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	1,106		54.00
54.01 05401	PSYCHOLOGY	0	0	1,701		54.01
54.02 05402	PULMONARY	0	0	425		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	765		60.00
60.01 06001	VOCATIONAL REHABILITATION	0	0	1,616		60.01
65.00 06500	RESPIRATORY THERAPY	0	0	0		65.00
66.00 06600	PHYSICAL THERAPY	0	0	2,722		66.00
66.01 06601	ALLIED HEALTH	0	0	0		66.01
67.00 06700	OCCUPATIONAL THERAPY	0	0	2,382		67.00
68.00 06800	SPEECH PATHOLOGY	0	0	1,871		68.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	758,103	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	396,451	0		73.00
76.00 03020	PROSTHETICS AND ORTHOTICS	0	0	936		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	17,946		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 through 117)	758,103	396,451	85,054	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				205,079	200.00
201.00	Negative Cost Centers	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	758,103	396,451	85,054	205,079	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-3026	Period: From 09/01/2017 To 08/31/2018	Worksheet B Part II Date/Time Prepared: 1/15/2019 3:02 pm		
Cost Center Description		PARAMED PRGMORTOTICS	PARAMED PRGMPROSTHETICS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
		23.00	23.01	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	ADMINITTING				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 PRGM-(SPECIFY)ORTOTICS	18,377			23.00
23.01	02301	PARAMED PRGM-(SPECIFY)PROSTHETICS		12,627		23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS		9,430,067	0	9,430,067 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		1,718,502	0	1,718,502 54.00
54.01	05401	PSYCHOLOGY		123,417	0	123,417 54.01
54.02	05402	PULMONARY		8,404	0	8,404 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		106,572	0	106,572 60.00
60.01	06001	VOCATIONAL REHABILITATION		39,556	0	39,556 60.01
65.00	06500	RESPIRATORY THERAPY		68,810	0	68,810 65.00
66.00	06600	PHYSICAL THERAPY		2,425,489	0	2,425,489 66.00
66.01	06601	ALLIED HEALTH		0	0	0 66.01
67.00	06700	OCCUPATIONAL THERAPY		1,337,267	0	1,337,267 67.00
68.00	06800	SPEECH PATHOLOGY		734,872	0	734,872 68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		895,084	0	895,084 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		692,659	0	692,659 73.00
76.00	03020	PROSTHETICS AND ORTHOTICS		563,422	0	563,422 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		3,421,536	0	3,421,536 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 through 117)	0	0	21,565,657	21,565,657 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
191.00	19100	RESEARCH		2,598,570	0	2,598,570 191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES		11,566	0	11,566 192.00
192.01	19201	FOUNDATION		197,638	0	197,638 192.01
192.02	19202	ACADEMY		345,883	0	345,883 192.02
192.03	19203	PARTNERSHIP EXPENSE		292,835	0	292,835 192.03
192.04	19204	PATHWAYS		175,906	0	175,906 192.04
192.05	19205	UNUSED SPACE		2,628,680	0	2,628,680 192.05
200.00		Cross Foot Adjustments	18,377	12,627	236,083	236,083 200.00
201.00		Negative Cost Centers	0	0	0	0 201.00
202.00		TOTAL (sum lines 118 through 201)	18,377	12,627	28,052,818	28,052,818 202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-3026

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet B-1

Date/Time Prepared:  
1/15/2019 3:02 pm

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	1,222,697				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		12,005,734			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	3,143	38,451	149,242,325		4.00
5.01 00540	PURCHASING RECEIVING AND STORES	1,597	438,148	521,374	670,612	5.01
5.02 00570	ADMITTING	3,119	63,958	2,361,144	1,469	365,495,165 5.02
5.03 00580	CASHIERING/ACCOUNTS RECEIVABLE	7,831	0	1,772,594	6,099	0 5.03
5.04 00560	OTHER ADMINISTRATIVE AND GENERAL	46,888	6,266,708	30,240,831	149,424	0 5.04
7.00 00700	OPERATION OF PLANT	593,209	0	2,180,719	54,904	0 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0 8.00
9.00 00900	HOUSEKEEPING	7,924	53,442	2,836,382	5,990	0 9.00
10.00 01000	DIETARY	18,485	54,488	1,370,695	23,046	0 10.00
11.00 01100	CAFETERIA	0	0	738,066	12,410	0 11.00
13.00 01300	NURSING ADMINISTRATION	1,109	230,757	1,823,497	4,351	0 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	24,993	16,019	507,465	0	0 14.00
15.00 01500	PHARMACY	3,393	195,494	1,631,694	13,845	0 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,559	0	652,732	5,075	0 16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	2,642	560	507,569	5,361	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)ORTOTICS	0	0	436,385	0	0 23.00
23.01 02301	PARAMED ED PRGM-(SPECIFY)PROSTHETICS	0	0	299,481	0	0 23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	225,649	316,733	24,355,968	18,824	155,206,274 30.00
41.00 04100	SUBPROVIDER - I RF	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
54.00 05400	RADIOLOGY-DIAGNOSTIC	9,426	1,296,972	1,248,169	5,526	6,729,961 54.00
54.01 05401	PSYCHOLOGY	1,445	20,552	1,251,963	1,278	1,749,446 54.01
54.02 05402	PULMONARY	0	0	126,695	0	399,662 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	875	14,783	429,304	6,167	20,591,161 60.00
60.01 06001	VOCATIONAL REHABILITATION	0	18,112	373,526	1,648	36,960 60.01
65.00 06500	RESPIRATORY THERAPY	0	17,331	1,029,898	477	6,569,556 65.00
66.00 06600	PHYSICAL THERAPY	42,911	610,384	10,570,109	37,969	46,601,405 66.00
66.01 06601	ALLIED HEALTH	0	0	0	0	0 66.01
67.00 06700	OCCUPATIONAL THERAPY	23,421	333,145	5,769,122	20,723	41,811,600 67.00
68.00 06800	SPEECH PATHOLOGY	12,978	184,608	3,196,878	11,483	17,483,825 68.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	13,408,540 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	48,402,716 73.00
76.00 03020	PROSTHETICS AND ORTHOTICS	11,297	21,981	1,608,784	26,390	6,504,059 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	20,697	1,511,324	29,809,856	59,475	0 90.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					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 through 117)	1,064,591	11,703,950	127,650,900	471,934	365,495,165 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
191.00 19100	RESEARCH	55,407	245,323	10,515,476	43,983	0 191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	1,407,801	0	0 192.00
192.01 19201	FOUNDATION	1,694	0	584,392	107,227	0 192.01
192.02 19202	ACADEMY	8,255	0	7,641,101	16,251	0 192.02
192.03 19203	PARTNERSHIP EXPENSE	0	0	1,442,655	2,197	0 192.03
192.04 19204	PATHWAYS	665	56,461	0	29,020	0 192.04
192.05 19205	UNUSED SPACE	92,085	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)	16,045,706	12,007,112	34,328,556	1,987,148	3,133,475 202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	13.123207	1.000115	0.230019	2.963186	0.008573 203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-3026

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet B-1

Date/Time Prepared:  
1/15/2019 3:02 pm

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				
204.00	Cost to be allocated (per Wkst. B, Part II)		79,701	459,434	107,163	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)		0.000534	0.685097	0.000293	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)					206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)					207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-3026

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet B-1

Date/Time Prepared:  
1/15/2019 3:02 pm

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	594,528,425					5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	0	-56,628,154	209,659,188			5.04
7.00	00700	OPERATION OF PLANT	0	0	20,106,739	566,910		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	650,739	0	46,398	8.00
9.00	00900	HOUSEKEEPING	0	0	5,509,751	7,924	0	9.00
10.00	01000	DIETARY	0	0	2,578,519	18,485	0	10.00
11.00	01100	CAFETERIA	0	0	1,113,400	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	2,881,397	1,109	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	739,040	24,993	0	14.00
15.00	01500	PHARMACY	0	0	2,765,209	3,393	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1,084,209	1,559	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	3,734,988	2,642	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)ORTOTICS	0	0	540,362	0	0	23.00
23.01	02301	PARAMED PRGM-(SPECIFY)PROSTHETICS	0	0	371,367	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	155,206,274	0	37,447,042	225,649	46,398	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	16,909,773	0	4,185,321	9,426	0	54.00
54.01	05401	PSYCHOLOGY	7,916,573	0	1,651,982	1,445	0	54.01
54.02	05402	PULMONARY	676,676	0	229,733	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	21,182,094	0	1,528,699	875	0	60.00
60.01	06001	VOCATIONAL REHABILITATION	2,524,312	0	534,003	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	6,572,219	0	1,397,973	0	0	65.00
66.00	06600	PHYSICAL THERAPY	83,894,765	0	15,390,934	42,911	0	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	49,582,509	0	8,563,090	23,421	0	67.00
68.00	06800	SPEECH PATHOLOGY	21,171,613	0	4,659,176	12,978	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,489,019	0	3,911,188	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	58,997,707	0	8,125,626	0	0	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	26,885,910	0	5,700,715	11,297	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	129,518,981	0	35,270,748	20,697	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 through 117)	594,528,425	-56,628,154	170,671,950	408,804	46,398	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
191.00	19100	RESEARCH	0	0	21,393,254	55,407	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	323,821	0	0	192.00
192.01	19201	FOUNDATION	0	0	2,245,802	1,694	0	192.01
192.02	19202	ACADEMY	0	0	2,693,417	8,255	0	192.02
192.03	19203	PARTNERSHIP EXPENSE	0	0	8,700,952	0	0	192.03
192.04	19204	PATHWAYS	0	0	2,421,541	665	0	192.04
192.05	19205	UNUSED SPACE	0	0	1,208,451	92,085	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)	3,507,750		56,628,154	25,537,489	826,501	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.005900		0.270096	45.046813	17.813289	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	107,893		7,001,272	8,495,027	21,731	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-3026

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet B-1  
Date/Time Prepared:  
1/15/2019 3:02 pm

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	
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000181		0.033394	14.984789	0.468361	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-3026

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet B-1  
Date/Time Prepared:  
1/15/2019 3:02 pm

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	1,640					9.00
10.00	01000	34	215,877				10.00
11.00	01100	0	0	142,808			11.00
13.00	01300	2	0	3,091	1,069,822		13.00
14.00	01400	49	0	2,204	0	1,000	14.00
15.00	01500	7	0	2,727	0	0	15.00
16.00	01600	3	0	1,086	0	0	16.00
21.00	02100	5	0	518	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	306	0	0	23.00
23.01	02301	0	0	204	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	964	215,877	66,172	1,069,822	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	19	0	2,113	0	0	54.00
54.01	05401	5	0	1,453	0	0	54.01
54.02	05402	0	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	2	0	1,517	0	0	60.00
60.01	06001	0	0	614	0	0	60.01
65.00	06500	0	0	2,484	0	0	65.00
66.00	06600	94	0	15,536	0	0	66.00
66.01	06601	0	0	0	0	0	66.01
67.00	06700	57	0	8,479	0	0	67.00
68.00	06800	28	0	4,699	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	21	0	2,855	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	169	0	13,649	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		1,459	215,877	129,707	1,069,822	1,000	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
191.00	19100	148	0	11,317	0	0	191.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	3	0	1,245	0	0	192.01
192.02	19202	30	0	539	0	0	192.02
192.03	19203	0	0	0	0	0	192.03
192.04	19204	0	0	0	0	0	192.04
192.05	19205	0	0	0	0	0	192.05
200.00							200.00
201.00							201.00
202.00		7,354,864	4,260,136	1,414,125	3,749,185	2,306,081	202.00
203.00		4,484.673171	19.734089	9.902281	3.504494	2,306.081000	203.00
204.00		465,787	686,355	46,077	363,697	758,103	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-3026

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet B-1

Date/Time Prepared:  
1/15/2019 3:02 pm

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	
205.00	Unit cost multiplier (Wkst. B, Part II)	284.016463	3.179380	0.322650	0.339960	758.103000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-3026

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet B-1  
Date/Time Prepared:  
1/15/2019 3:02 pm

Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	INTERNS & RESIDENTS		PARAMED PRGMORTOTICS (ASSIGNED TIME)	
			SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
			15.00	16.00		
<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)ORTOTICS	0	0	0	0	23.00
23.01 02301	PARAMED ED PRGM-(SPECIFY)PROSTHETICS	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	630	600	600	27
41.00 04100	SUBPROVIDER - I RF	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	0	13	0	0	0
54.01 05401	PSYCHOLOGY	0	20	0	0	0
54.02 05402	PULMONARY	0	5	0	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	0	9	0	0	0
60.01 06001	VOCATIONAL REHABILITATION	0	19	0	0	0
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	0
66.00 06600	PHYSICAL THERAPY	0	32	300	300	0
66.01 06601	ALLIED HEALTH	0	0	0	0	0
67.00 06700	OCCUPATIONAL THERAPY	0	28	0	0	0
68.00 06800	SPEECH PATHOLOGY	0	22	0	0	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	1,000	0	0	0	0
76.00 03020	PROSTHETICS AND ORTHOTICS	0	11	0	0	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	0	211	0	0	73
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 through 117)	1,000	1,000	900	900	100
<b>NONREIMBURSABLE COST CENTERS</b>						
191.00 19100	RESEARCH	0	0	0	0	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01 19201	FOUNDATION	0	0	0	0	0
192.02 19202	ACADEMY	0	0	0	0	0
192.03 19203	PARTNERSHIP EXPENSE	0	0	100	100	0
192.04 19204	PATHWAYS	0	0	0	0	0
192.05 19205	UNUSED SPACE	0	0	0	0	0
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	3,723,322	1,471,486	4,890,359	0	689,342
203.00	Unit cost multiplier (Wkst. B, Part I)	3,723.322000	1,471.486000	4,890.359000	0.000000	6,893.420000

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-3026

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet B-1

Date/Time Prepared:  
1/15/2019 3:02 pm

Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	INTERNS & RESIDENTS		PARAMED ED PRGMORTOTICS (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	
204.00 Cost to be allocated (per Wkst. B, Part II)	396,451	85,054	205,079	0	18,377	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	396.451000	85.054000	205.079000	0.000000	183.770000	205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)					0	206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)					0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-3026

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet B-1  
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1/15/2019 3:02 pm

Cost Center Description		PARAMED PRGM PROSTHETICS (ASSIGNED TIME)	
		23.01	
<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 PRGM-(SPECIFY)ORTOTICS	23.00
23.01	02301	PARAMED PRGM-(SPECIFY)PROSTHETICS	23.01
<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	54.00
54.01	05401	PSYCHOLOGY	54.01
54.02	05402	PULMONARY	54.02
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
60.01	06001	VOCATIONAL REHABILITATION	60.01
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
66.01	06601	ALLIED HEALTH	66.01
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	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	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
191.00	19100	RESEARCH	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
192.01	19201	FOUNDATION	192.01
192.02	19202	ACADEMY	192.02
192.03	19203	PARTNERSHIP EXPENSE	192.03
192.04	19204	PATHWAYS	192.04
192.05	19205	UNUSED SPACE	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)	202.00
		473,692	
203.00		Unit cost multiplier (Wkst. B, Part I)	203.00
		4,736.920000	
204.00		Cost to be allocated (per Wkst. B, Part II)	204.00
		12,627	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-3026

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet B-1  
Date/Time Prepared:  
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Cost Center Description		PARAMED PRGM PROSTHETIC S (ASSIGNED TIME) 23.01	
205.00	Unit cost multiplier (Wkst. B, Part II)	126.270000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)	0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-3026	Period: From 09/01/2017 To 08/31/2018	Worksheet C Part I Date/Time Prepared: 1/15/2019 3:02 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	72,696,243			72,696,243	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	5,865,632		0	5,865,632	54.00
54.01	05401	PSYCHOLOGY	2,229,510		0	2,229,510	54.01
54.02	05402	PULMONARY	299,140		0	299,140	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	2,018,244		0	2,018,244	60.00
60.01	06001	VOCATIONAL REHABILITATION	712,273		0	712,273	60.01
65.00	06500	RESPIRATORY THERAPY	1,800,157	0	0	1,800,157	65.00
66.00	06600	PHYSICAL THERAPY	22,103,457	0	0	22,103,457	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	12,311,776	0	0	12,311,776	67.00
68.00	06800	SPEECH PATHOLOGY	6,706,694	0	0	6,706,694	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,273,665		0	7,273,665	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	14,043,647		0	14,043,647	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	7,887,984		0	7,887,984	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	47,867,400		1,431,058	49,298,458	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
200.00		Subtotal (see instructions)	203,815,822	0	1,431,058	205,246,880	200.00
201.00		Less Observation Beds	0		0	0	201.00
202.00		Total (see instructions)	203,815,822	0	1,431,058	205,246,880	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-3026		Period: From 09/01/2017 To 08/31/2018		Worksheet C Part I Date/Time Prepared: 1/15/2019 3:02 pm		
			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	155,206,274		155,206,274				30.00
41.00	04100	SUBPROVIDER - I RF	0		0				41.00
42.00	04200	SUBPROVIDER	0		0				42.00
ANCILLARY SERVICE COST CENTERS									
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,729,961	10,179,812	16,909,773	0.346878	0.000000		54.00
54.01	05401	PSYCHOLOGY	1,749,446	6,167,127	7,916,573	0.281626	0.000000		54.01
54.02	05402	PULMONARY	399,662	277,014	676,676	0.442073	0.000000		54.02
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000		57.00
58.00	05800	MRI	0	0	0	0.000000	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000		59.00
60.00	06000	LABORATORY	20,591,161	590,933	21,182,094	0.095281	0.000000		60.00
60.01	06001	VOCATIONAL REHABILITATION	36,960	2,487,352	2,524,312	0.282165	0.000000		60.01
65.00	06500	RESPIRATORY THERAPY	6,569,556	2,663	6,572,219	0.273904	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	46,601,405	37,293,360	83,894,765	0.263466	0.000000		66.00
66.01	06601	ALLIED HEALTH	0	0	0	0.000000	0.000000		66.01
67.00	06700	OCCUPATIONAL THERAPY	41,811,600	7,770,909	49,582,509	0.248309	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	17,483,825	3,687,788	21,171,613	0.316778	0.000000		68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,408,540	80,479	13,489,019	0.539229	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	48,402,716	10,594,991	58,997,707	0.238037	0.000000		73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	6,504,059	20,381,851	26,885,910	0.293387	0.000000		76.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0				89.00
90.00	09000	CLINIC	0	129,518,981	129,518,981	0.369578	0.000000		90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0.000000	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
99.10	09910	CORF	0	0	0				99.10
SPECIAL PURPOSE COST CENTERS									
109.00	10900	PANCREAS ACQUISITION	0	0	0				109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0				110.00
111.00	11100	ISLET ACQUISITION	0	0	0				111.00
200.00		Subtotal (see instructions)	365,495,165	229,033,260	594,528,425				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	365,495,165	229,033,260	594,528,425				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-3026	Period: From 09/01/2017 To 08/31/2018	Worksheet C Part I Date/Time Prepared: 1/15/2019 3:02 pm
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.346878		54.00
54.01	05401 PSYCHOLOGY	0.281626		54.01
54.02	05402 PULMONARY	0.442073		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	0.095281		60.00
60.01	06001 VOCATIONAL REHABILITATION	0.282165		60.01
65.00	06500 RESPIRATORY THERAPY	0.273904		65.00
66.00	06600 PHYSICAL THERAPY	0.263466		66.00
66.01	06601 ALLIED HEALTH	0.000000		66.01
67.00	06700 OCCUPATIONAL THERAPY	0.248309		67.00
68.00	06800 SPEECH PATHOLOGY	0.316778		68.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.539229		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.238037		73.00
76.00	03020 PROSTHETICS AND ORTHOTICS	0.293387		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	0.380627		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 09/01/2017 To 08/31/2018	Worksheet C Part I Date/Time Prepared: 1/15/2019 3:02 pm
		Title XIX	Hospital	Cost

Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS		75,630,458	0	0	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		5,865,632	0	0	54.00
54.01	05401 PSYCHOLOGY		2,229,510	0	0	54.01
54.02	05402 PULMONARY		299,140	0	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		2,018,244	0	0	60.00
60.01	06001 VOCATIONAL REHABILITATION		712,273	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	1,800,157	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	23,570,565	0	0	66.00
66.01	06601 ALLIED HEALTH	0	0	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0	12,311,776	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	6,706,694	0	0	68.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		7,273,665	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		14,043,647	0	0	73.00
76.00	03020 PROSTHETICS AND ORTHOTICS		7,887,984	0	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		47,867,400	0	0	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
200.00	Subtotal (see instructions)		208,217,145	0	0	200.00
201.00	Less Observation Beds		0	0	0	201.00
202.00	Total (see instructions)		208,217,145	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-3026	Period: From 09/01/2017 To 08/31/2018	Worksheet C Part I Date/Time Prepared: 1/15/2019 3:02 pm
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Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	Cost
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
Title XIX Hospital							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	155,206,274		155,206,274		30.00
41.00	04100	SUBPROVIDER - I RF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
ANCILLARY SERVICE COST CENTERS							
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,729,961	10,179,812	16,909,773	0.346878	54.00
54.01	05401	PSYCHOLOGY	1,749,446	6,167,127	7,916,573	0.281626	54.01
54.02	05402	PULMONARY	399,662	277,014	676,676	0.442073	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	20,591,161	590,933	21,182,094	0.095281	60.00
60.01	06001	VOCATIONAL REHABILITATION	36,960	2,487,352	2,524,312	0.282165	60.01
65.00	06500	RESPIRATORY THERAPY	6,569,556	2,663	6,572,219	0.273904	65.00
66.00	06600	PHYSICAL THERAPY	46,601,405	37,293,360	83,894,765	0.280954	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	41,811,600	7,770,909	49,582,509	0.248309	67.00
68.00	06800	SPEECH PATHOLOGY	17,483,825	3,687,788	21,171,613	0.316778	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,408,540	80,479	13,489,019	0.539229	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	48,402,716	10,594,991	58,997,707	0.238037	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	6,504,059	20,381,851	26,885,910	0.293387	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	129,518,981	129,518,981	0.369578	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
200.00		Subtotal (see instructions)	365,495,165	229,033,260	594,528,425		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	365,495,165	229,033,260	594,528,425		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-3026	Period: From 09/01/2017 To 08/31/2018	Worksheet C Part I Date/Time Prepared: 1/15/2019 3:02 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
		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 09/01/2017 To 08/31/2018		Worksheet D Part I Date/Time Prepared: 1/15/2019 3:02 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	9,430,067	0	9,430,067	71,959	131.05	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 through 199)	9,430,067		9,430,067	71,959		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	22,949	3,007,466				
41.00	SUBPROVIDER - IRF	0	0				
42.00	SUBPROVIDER	0	0				
200.00	Total (Lines 30 through 199)	22,949	3,007,466				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 14-3026	Period: From 09/01/2017 To 08/31/2018	Worksheet D Part II Date/Time Prepared: 1/15/2019 3:02 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,718,502	16,909,773	0.101628	2,050,367	208,375	54.00
54.01	05401	PSYCHOLOGY	123,417	7,916,573	0.015590	336,837	5,251	54.01
54.02	05402	PULMONARY	8,404	676,676	0.012420	255,999	3,180	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	106,572	21,182,094	0.005031	7,897,369	39,732	60.00
60.01	06001	VOCATIONAL REHABILITATION	39,556	2,524,312	0.015670	4,620	72	60.01
65.00	06500	RESPIRATORY THERAPY	68,810	6,572,219	0.010470	2,306,232	24,146	65.00
66.00	06600	PHYSICAL THERAPY	2,425,489	83,894,765	0.028911	16,246,284	469,696	66.00
66.01	06601	ALLIED HEALTH	0	0	0.000000	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	1,337,267	49,582,509	0.026971	14,571,511	393,008	67.00
68.00	06800	SPEECH PATHOLOGY	734,872	21,171,613	0.034710	6,061,169	210,383	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	895,084	13,489,019	0.066356	4,381,939	290,768	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	692,659	58,997,707	0.011740	16,144,649	189,538	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	563,422	26,885,910	0.020956	1,380,484	28,929	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	3,421,536	129,518,981	0.026417	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 through 199)	12,135,590	439,322,151		71,637,460	1,863,078	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-3026		Period: From 09/01/2017 To 08/31/2018		Worksheet D Part III Date/Time Prepared: 1/15/2019 3:02 pm		
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	228,754	0	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 through 199)	0	0	0	228,754	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of col. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 + col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	228,754	71,959	3.18	22,949	30.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00	
200.00		Total (lines 30 through 199)	0	228,754	71,959	0.00	22,949	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	72,978						30.00
41.00	04100	SUBPROVIDER - IRF	0						41.00
42.00	04200	SUBPROVIDER	0						42.00
200.00		Total (lines 30 through 199)	72,978						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-3026	Period: From 09/01/2017 To 08/31/2018	Worksheet D Part IV Date/Time Prepared: 1/15/2019 3:02 pm
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Cost Center Description	Title XVIII			Hospital		Allied Health	
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	PPS		
	1.00	2A	2.00	3A	3.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	05401	PSYCHOLOGY	0	0	0	0	54.01
54.02	05402	PULMONARY	0	0	0	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	0	0	60.00
60.01	06001	VOCATIONAL REHABILITATION	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	0	0	0	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	0	934,280	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	934,280	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-3026	Period: From 09/01/2017 To 08/31/2018	Worksheet D Part IV Date/Time Prepared: 1/15/2019 3:02 pm
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Cost Center Description		Title XVIII			Hospital	PPS		
		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
		4.00	5.00	6.00	7.00	8.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	16,909,773	0.000000	54.00
54.01	05401	PSYCHOLOGY	0	0	0	7,916,573	0.000000	54.01
54.02	05402	PULMONARY	0	0	0	676,676	0.000000	54.02
57.00	05700	CT SCAN	0	0	0	0	0.000000	57.00
58.00	05800	MRI	0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	21,182,094	0.000000	60.00
60.01	06001	VOCATIONAL REHABILITATION	0	0	0	2,524,312	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	6,572,219	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	83,894,765	0.000000	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	49,582,509	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	21,171,613	0.000000	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	13,489,019	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	58,997,707	0.000000	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	0	0	0	26,885,910	0.000000	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	934,280	934,280	129,518,981	0.007213	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0.000000	92.00
200.00		Total (lines 50 through 199)	0	934,280	934,280	439,322,151		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-3026	Period: From 09/01/2017 To 08/31/2018	Worksheet D Part IV Date/Time Prepared: 1/15/2019 3:02 pm
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Cost Center Description		Title XVIII			Hospital			
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	2,050,367	0	1,764,179	0	54.00
54.01	05401	PSYCHOLOGY	0.000000	336,837	0	674,554	0	54.01
54.02	05402	PULMONARY	0.000000	255,999	0	113,801	0	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	0.000000	7,897,369	0	129,826	0	60.00
60.01	06001	VOCATIONAL REHABILITATION	0.000000	4,620	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.000000	2,306,232	0	384	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	16,246,284	0	303,116	0	66.00
66.01	06601	ALLIED HEALTH	0.000000	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.000000	14,571,511	0	9,454	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	6,061,169	0	0	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	4,381,939	0	20,678	0	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	0.000000	16,144,649	0	4,396,284	0	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	0.000000	1,380,484	0	608	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	0.007213	0	0	5,294,826	38,192	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		71,637,460	0	12,707,710	38,192	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-3026	Period: From 09/01/2017 To 08/31/2018	Worksheet D Part V Date/Time Prepared: 1/15/2019 3:02 pm
Title XVIII		Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
54.00 05400	RADIOLOGY-DIAGNOSTIC	0.346878	1,764,179	0	0	611,955 54.00
54.01 05401	PSYCHOLOGY	0.281626	674,554	0	0	189,972 54.01
54.02 05402	PULMONARY	0.442073	113,801	0	0	50,308 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	0.095281	129,826	0	0	12,370 60.00
60.01 06001	VOCATIONAL REHABILITATION	0.282165	0	0	0	0 60.01
65.00 06500	RESPIRATORY THERAPY	0.273904	384	0	0	105 65.00
66.00 06600	PHYSICAL THERAPY	0.263466	303,116	0	0	79,861 66.00
66.01 06601	ALLIED HEALTH	0.000000	0	0	0	0 66.01
67.00 06700	OCCUPATIONAL THERAPY	0.248309	9,454	0	0	2,348 67.00
68.00 06800	SPEECH PATHOLOGY	0.316778	0	0	0	0 68.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.539229	20,678	0	0	11,150 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	0.238037	4,396,284	0	0	1,046,478 73.00
76.00 03020	PROSTHETICS AND ORTHOTICS	0.293387	608	710	0	178 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	0.369578	5,294,826	0	0	1,956,851 90.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0 92.00
200.00	Subtotal (see instructions)		12,707,710	710	0	3,961,576 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0 201.00
202.00	Net Charges (line 200 - line 201)		12,707,710	710	0	3,961,576 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-3026	Period: From 09/01/2017 To 08/31/2018	Worksheet D Part V Date/Time Prepared: 1/15/2019 3:02 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
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	208	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)	208	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	208	0	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 14-3026		Period: From 09/01/2017 To 08/31/2018		Worksheet D Part I Date/Time Prepared: 1/15/2019 3:02 pm	
Cost Center Description		Title XIX		Hospital		Cost	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	9,430,067	0	9,430,067	71,959	131.05	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 through 199)	9,430,067		9,430,067	71,959		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	5,823	763,104				
41.00	SUBPROVIDER - IRF	0	0				
42.00	SUBPROVIDER	0	0				
200.00	Total (Lines 30 through 199)	5,823	763,104				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-3026	Period: From 09/01/2017 To 08/31/2018	Worksheet D Part II Date/Time Prepared: 1/15/2019 3:02 pm
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Cost Center Description		Title XIX			Hospital	Cost	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,718,502	16,909,773	0.101628	0	54.00
54.01	05401	PSYCHOLOGY	123,417	7,916,573	0.015590	0	54.01
54.02	05402	PULMONARY	8,404	676,676	0.012420	0	54.02
57.00	05700	CT SCAN	0	0	0.000000	0	57.00
58.00	05800	MRI	0	0	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	59.00
60.00	06000	LABORATORY	106,572	21,182,094	0.005031	0	60.00
60.01	06001	VOCATIONAL REHABILITATION	39,556	2,524,312	0.015670	0	60.01
65.00	06500	RESPIRATORY THERAPY	68,810	6,572,219	0.010470	0	65.00
66.00	06600	PHYSICAL THERAPY	2,425,489	83,894,765	0.028911	0	66.00
66.01	06601	ALLIED HEALTH	0	0	0.000000	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	1,337,267	49,582,509	0.026971	0	67.00
68.00	06800	SPEECH PATHOLOGY	734,872	21,171,613	0.034710	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	895,084	13,489,019	0.066356	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	692,659	58,997,707	0.011740	0	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	563,422	26,885,910	0.020956	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	89.00
90.00	09000	CLINIC	3,421,536	129,518,981	0.026417	0	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0.000000	0	92.00
200.00		Total (lines 50 through 199)	12,135,590	439,322,151		0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-3026		Period: From 09/01/2017 To 08/31/2018		Worksheet D Part III Date/Time Prepared: 1/15/2019 3:02 pm		
Cost Center Description			Title XIX		Hospital		Cost		
			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	228,754	0	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 through 199)	0	0	0	228,754	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of col. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 + col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	228,754	71,959	3.18	5,823	30.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00	
200.00		Total (lines 30 through 199)	0	228,754	71,959	0.00	5,823	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	18,517						30.00
41.00	04100	SUBPROVIDER - IRF	0						41.00
42.00	04200	SUBPROVIDER	0						42.00
200.00		Total (lines 30 through 199)	18,517						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-3026	Period: From 09/01/2017 To 08/31/2018	Worksheet D Part IV Date/Time Prepared: 1/15/2019 3:02 pm
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Cost Center Description	Title XIX				Hospital			
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	Cost		
	1.00	2A	2.00	3A	3.00			
<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	0	0	934,280	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	934,280	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-3026	Period: From 09/01/2017 To 08/31/2018	Worksheet D Part IV Date/Time Prepared: 1/15/2019 3:02 pm
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Cost Center Description		Title XIX			Hospital	Cost		
		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
		4.00	5.00	6.00	7.00	8.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	16,909,773	0.000000	54.00
54.01	05401	PSYCHOLOGY	0	0	0	7,916,573	0.000000	54.01
54.02	05402	PULMONARY	0	0	0	676,676	0.000000	54.02
57.00	05700	CT SCAN	0	0	0	0	0.000000	57.00
58.00	05800	MRI	0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	21,182,094	0.000000	60.00
60.01	06001	VOCATIONAL REHABILITATION	0	0	0	2,524,312	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	6,572,219	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	83,894,765	0.000000	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	49,582,509	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	21,171,613	0.000000	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	13,489,019	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	58,997,707	0.000000	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	0	0	0	26,885,910	0.000000	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	934,280	934,280	129,518,981	0.007213	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0.000000	92.00
200.00		Total (lines 50 through 199)	0	934,280	934,280	439,322,151		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-3026	Period: From 09/01/2017 To 08/31/2018	Worksheet D Part IV Date/Time Prepared: 1/15/2019 3:02 pm
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Cost Center Description		Title XIX			Hospital		Cost
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0 54.00
54.01	05401	PSYCHOLOGY	0.000000	0	0	0	0 54.01
54.02	05402	PULMONARY	0.000000	0	0	0	0 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	0.000000	0	0	0	0 60.00
60.01	06001	VOCATIONAL REHABILITATION	0.000000	0	0	0	0 60.01
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	0 65.00
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	0 66.00
66.01	06601	ALLIED HEALTH	0.000000	0	0	0	0 66.01
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0 68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0 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	0.000000	0	0	0	0 73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	0.000000	0	0	0	0 76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0 89.00
90.00	09000	CLINIC	0.007213	0	0	0	0 90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0 92.00
200.00		Total (lines 50 through 199)		0	0	0	0 200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-3026	Period: From 09/01/2017 To 08/31/2018	Worksheet D-1 Date/Time Prepared: 1/15/2019 3:02 pm
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)		71,959	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		71,959	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)		71,959	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)		22,949	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)		72,696,243	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)		72,696,243	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)		72,696,243	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,010.25	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		23,184,227	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)		23,184,227	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-3026	Period: From 09/01/2017 To 08/31/2018	Worksheet D-1 Date/Time Prepared: 1/15/2019 3:02 pm	
Cost Center Description			Title XVIII		Hospital	
			Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	
			1.00	2.00	3.00	
			Program Days		Program Cost (col. 3 x col. 4)	
			4.00		5.00	
42.00	NURSERY (title V & XIX only)					42.00
Intensive Care Type Inpatient Hospital Units						
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
Cost Center Description						
					1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				18,734,252	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				41,918,479	49.00
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)				3,080,444	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				1,863,078	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				4,943,522	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				36,974,957	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges				0	54.00
55.00	Target amount per discharge				0.00	55.00
56.00	Target amount (line 54 x line 55)				0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				0	57.00
58.00	Bonus payment (see instructions)				0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)				0	61.00
62.00	Relief payment (see instructions)				0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)				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 09/01/2017 To 08/31/2018		Worksheet D-1 Date/Time Prepared: 1/15/2019 3:02 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	9,430,067	72,696,243	0.129719	0	0	90.00
91.00	Nursing School cost	0	72,696,243	0.000000	0	0	91.00
92.00	Allied health cost	228,754	72,696,243	0.003147	0	0	92.00
93.00	All other Medical Education	0	72,696,243	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-3026	Period: From 09/01/2017 To 08/31/2018	Worksheet D-3 Date/Time Prepared: 1/15/2019 3:02 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		49,154,931		30.00
41.00	04100 SUBPROVIDER - I RF		0		41.00
42.00	04200 SUBPROVIDER		0		42.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.346878	2,050,367	711,227	54.00
54.01	05401 PSYCHOLOGY	0.281626	336,837	94,862	54.01
54.02	05402 PULMONARY	0.442073	255,999	113,170	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	0.095281	7,897,369	752,469	60.00
60.01	06001 VOCATIONAL REHABILITATION	0.282165	4,620	1,304	60.01
65.00	06500 RESPIRATORY THERAPY	0.273904	2,306,232	631,686	65.00
66.00	06600 PHYSICAL THERAPY	0.263466	16,246,284	4,280,343	66.00
66.01	06601 ALLIED HEALTH	0.000000	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0.248309	14,571,511	3,618,237	67.00
68.00	06800 SPEECH PATHOLOGY	0.316778	6,061,169	1,920,045	68.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.539229	4,381,939	2,362,869	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.238037	16,144,649	3,843,024	73.00
76.00	03020 PROSTHETICS AND ORTHOTICS	0.293387	1,380,484	405,016	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	0.380627	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)		71,637,460	18,734,252	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		71,637,460		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-3026	Period: From 09/01/2017 To 08/31/2018	Worksheet E Part B Date/Time Prepared: 1/15/2019 3:02 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)			208 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			3,923,384 2.00
3.00	OPPS payments			3,593,477 3.00
4.00	Outlier payment (see instructions)			2,268 4.00
4.01	Outlier reconciliation amount (see instructions)			0 4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000 5.00
6.00	Line 2 times line 5			0 6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6			0.00 7.00
8.00	Transitional corridor payment (see instructions)			0 8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200			38,192 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			208 11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges			710 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)			710 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)			710 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			502 19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			0 20.00
21.00	Lesser of cost or charges (see instructions)			208 21.00
22.00	Interns and residents (see instructions)			0 22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)			0 23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)			3,633,937 24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)			186 25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)			758,156 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)			2,875,803 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)			71,375 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)			2,947,178 30.00
31.00	Primary payer payments			1,817 31.00
32.00	Subtotal (line 30 minus line 31)			2,945,361 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)			203,905 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			132,538 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			203,905 36.00
37.00	Subtotal (see instructions)			3,077,899 37.00
38.00	MSP-LCC reconciliation amount from PS&R			0 38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 39.50
39.97	Demonstration payment adjustment amount before sequestration			0 39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)			0 39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0 39.99
40.00	Subtotal (see instructions)			3,077,899 40.00
40.01	Sequestration adjustment (see instructions)			61,558 40.01
40.02	Demonstration payment adjustment amount after sequestration			0 40.02
41.00	Interim payments			2,887,863 41.00
42.00	Tentative settlement (for contractors use only)			0 42.00
43.00	Balance due provider/program (see instructions)			128,478 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 09/01/2017  
To 08/31/2018

Worksheet E-1  
Part I  
Date/Time Prepared:  
1/15/2019 3:02 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		36,074,848		2,881,754	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0	08/29/2018	6,109	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM	08/29/2018	641,196		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		-641,196		6,109	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		35,433,652		2,887,863	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		529,049		128,478	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		35,962,701		3,016,341	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-3026	Period: From 09/01/2017 To 08/31/2018	Worksheet E-3 Part III Date/Time Prepared: 1/15/2019 3:02 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>				
1.00	Net Federal PPS Payment (see instructions)		26,587,551	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0598	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		2,087,123	3.00
4.00	Outlier Payments		5,278,409	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)		23.63	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)		28.27	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)		23.63	9.00
10.00	Average Daily Census (see instructions)		197.147945	10.00
11.00	Teaching Adjustment Factor (see instructions)		0.121927	11.00
12.00	Teaching Adjustment (see instructions)		3,241,740	12.00
13.00	Total PPS Payment (see instructions)		37,194,823	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)		37,194,823	17.00
18.00	Primary payer payments		5,000	18.00
19.00	Subtotal (line 17 less line 18).		37,189,823	19.00
20.00	Deductibles		167,760	20.00
21.00	Subtotal (line 19 minus line 20)		37,022,063	21.00
22.00	Coinsurance		1,490,546	22.00
23.00	Subtotal (line 21 minus line 22)		35,531,517	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		517,976	24.00
25.00	Adjusted reimbursable bad debts (see instructions)		336,684	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		517,976	26.00
27.00	Subtotal (sum of lines 23 and 25)		35,868,201	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		755,455	28.00
29.00	Other pass through costs (see instructions)		72,978	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	Demonstration payment adjustment amount before sequestration		0	31.99
32.00	Total amount payable to the provider (see instructions)		36,696,634	32.00
32.01	Sequestration adjustment (see instructions)		733,933	32.01
32.02	Demonstration payment adjustment amount after sequestration		0	32.02
33.00	Interim payments		35,433,652	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, 32.02, 33, and 34)		529,049	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		5,278,409	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 09/01/2017 To 08/31/2018	Worksheet E-4 Date/Time Prepared: 1/15/2019 3:02 pm	
		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)			28.27	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	26.03	26.03	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	21.10	21.10	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	21.10		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	20.77		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	21.70		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	21.19		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	21.19		17.00
18.00	Per resident amount	0.00	106,536.68		18.00
19.00	Approved amount for resident costs	0	2,257,512	2,257,512	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)			5.35	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality 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)			2,257,512	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)	22,949	3,967		26.00
27.00	Total Inpatient Days (see instructions)	71,959	71,959		27.00
28.00	Ratio of inpatient days to total inpatient days	0.318918	0.055129		28.00
29.00	Program direct GME amount	719,961	124,454		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		17,585		30.00
31.00	Net Program direct GME amount			826,830	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-3026	Period: From 09/01/2017 To 08/31/2018	Worksheet E-4 Date/Time Prepared: 1/15/2019 3:02 pm
		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)		41,918,479	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)		5,000	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		41,913,479	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		3,961,784	42.00
43.00	Primary payer payments (see instructions)		1,817	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		3,959,967	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		45,873,446	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.913676	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.086324	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		826,830	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		755,455	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		71,375	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 09/01/2017  
To 08/31/2018

Worksheet G

Date/Time Prepared:  
1/15/2019 3:02 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	15,593,000	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	37,987,000	0	0	0	4.00
5.00	Other receivable	33,535,000	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	1,898,000	0	0	0	7.00
8.00	Prepaid expenses	4,537,000	0	0	0	8.00
9.00	Other current assets	4,813,000	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)	98,363,000	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	33,912,652	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	555,025,617	0	0	0	15.00
16.00	Accumulated depreciation	-24,054,458	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	110,204,968	0	0	0	19.00
20.00	Accumulated depreciation	-53,901,123	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)	621,187,656	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	231,689,000	11,491,472	101,582,000	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	0	10,797,806	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	231,689,000	22,289,278	101,582,000	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	951,239,656	22,289,278	101,582,000	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	16,847,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	22,699,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	7,823,000	0	0	0	40.00
41.00	Deferred income	2,053,000	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	8,902,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	58,324,000	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	375,284,000	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	88,529,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	463,813,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	522,137,000	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	429,102,656				52.00
53.00	Specific purpose fund		22,289,278			53.00
54.00	Donor created - endowment fund balance - restricted			101,582,000		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	429,102,656	22,289,278	101,582,000	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	951,239,656	22,289,278	101,582,000	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-3026

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet G-1

Date/Time Prepared:  
1/15/2019 3:02 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		443,534,000		51,514,000		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-13,759,876				2.00
3.00	Total (sum of line 1 and line 2)		429,774,124		51,514,000		3.00
4.00	INVESTMENT INCOME	4,547,000		0		1,164,000	4.00
5.00	NET APPRECIATION	0		0		5,118,000	5.00
6.00	CONTRIBUTIONS	0		0		3,848,000	6.00
7.00	OTHER	0		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)		4,547,000		0		10.00
11.00	Subtotal (line 3 plus line 10)		434,321,124		51,514,000		11.00
12.00	EXPENDITURE	5,218,468		29,224,722		4,214,000	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)		5,218,468		29,224,722		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		429,102,656		22,289,278		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	95,666,000		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)	95,666,000		0			3.00
4.00	INVESTMENT 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)	10,130,000		0			10.00
11.00	Subtotal (line 3 plus line 10)	105,796,000		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)	4,214,000		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	101,582,000		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-3026

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
1/15/2019 3:02 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	153,097,250		153,097,250	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)	153,097,250		153,097,250	10.00
Intensive Care Type Inpatient Hospital Services					
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)	153,097,250		153,097,250	17.00
18.00	Ancillary services	247,049,739	240,348,243	487,397,982	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	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	400,146,989	240,348,243	640,495,232	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		311,681,364		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)		311,681,364		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-3026

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet G-3

Date/Time Prepared:  
1/15/2019 3:02 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	640,495,232	1.00
2.00	Less contractual allowances and discounts on patients' accounts	400,265,776	2.00
3.00	Net patient revenues (line 1 minus line 2)	240,229,456	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	311,681,364	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-71,451,908	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	10,120,000	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	1,610,525	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	1,529,239	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	5,079	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	44,427,189	24.00
25.00	Total other income (sum of lines 6-24)	57,692,032	25.00
26.00	Total (line 5 plus line 25)	-13,759,876	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)	-13,759,876	29.00