

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: 14-0018	Period: From 07/01/2016 To 06/30/2017	Worksheet S Parts I-III Date/Time Prepared: 11/28/2017 10:44 am
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**PART I - COST REPORT STATUS**

Provider use only 1.  Electronically filed cost report Date: 11/28/2017 Time: 10:44 am  
 2.  Manually submitted cost report  
 3.  If this is an amended report enter the number of times the provider resubmitted this cost report  
 4.  Medicare Utilization. Enter "F" for full or "L" for low.

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

**PART II - CERTIFICATION**

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

**CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)**

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by MOUNT SINAI HOSPITAL MEDICAL CENTER ( 14-0018 ) for the cost reporting period beginning 07/01/2016 and ending 06/30/2017 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

Cost Center Description	Title V 1.00	Title XVII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	-9,963	-137,565	0	0	1.00
2.00 Subprovider - IPF	0	31,584	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
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0				0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0				0	11.00
12.00 CMHC I	0				0	12.00
200.00 Total	0	21,621	-137,565	0	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0018			Period: From 07/01/2016 To 06/30/2017		Worksheet S-2 Part I Date/Time Prepared: 11/27/2017 3:29 pm				
1.00 Hospital and Hospital Health Care Complex Address:		2.00		3.00		4.00					
1.00	Street: 15TH STREET & CALIFORNIA AVE	PO Box:								1.00	
2.00	City: CHICAGO	State: IL		Zip Code: 60608-		County: COOK				2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
				1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
								V	XVIII	XIX	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital	MOUNT SINAI HOSPITAL MEDICAL CENTER		140018	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	MOUNT SINAI HOSPITAL MEDICAL CENTER		14S018	16974	4	07/01/1984	N	P	O	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	MOUNT SINAI HOSPITAL MEDICAL CENTER		142302	16974		01/01/2004				18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2016	06/30/2017		20.00	
21.00	Type of Control (see instructions)						2			21.00	
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						N	Y		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						1	N		23.00	
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days		
				1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			9,177	2,359	7	93	27,365	1,513		24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.			0	0	0	0	0	0		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0018	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part I Date/Time Prepared: 11/27/2017 3:29 pm			
		Urban/Rural	St	Date of Geogra			
		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)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N			39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	Y	Y			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	Y	Y		45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N		46.00	
47.00	Is this a new hospital under 42 CFR 412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00	
<b>Teaching Hospitals</b>							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05

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	Y/N	IME	Direct GME	IME	Direct GME		
	1.00	2.00	3.00	4.00	5.00		
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06
	Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
	1.00	2.00	3.00	4.00			
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00		61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00		61.20
						1.00	
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				N		63.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
	1.00	2.00	3.00	4.00	5.00		
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
	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

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
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
				1.00	2.00	3.00
<b>Inpatient Psychiatric Facility PPS</b>						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			Y		70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	N	0
<b>Inpatient Rehabilitation Facility PPS</b>						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N		75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0
				1.00	2.00	3.00
<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 a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.				N	87.00
				V	XIX	
				1.00	2.00	
<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

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				V	XIX		
				1.00	2.00		
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00			
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00			
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00			
<b>Rural Providers</b>							
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N		105.00			
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N		106.00			
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.	N		107.00			
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00			
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00	
					1.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.				N	110.00	
					1.00	2.00	3.00
<b>Miscellaneous Cost Reporting Information</b>							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0		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.	0		118.00			
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	0	0	0	118.01		
					1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02			
119.00	DO NOT USE THIS LINE			119.00			
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N	120.00		
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00			
122.00	Does the cost report contain state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00			
<b>Transplant Center Information</b>							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00			
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00			
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00			
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00			
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00			
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00			
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00			
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00			
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			

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0018		Period: From 07/01/2016 To 06/30/2017		Worksheet S-2 Part I Date/Time Prepared: 11/27/2017 3:29 pm	
		1.00	2.00				
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.						134.00
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	1.00	2.00	3.00	Y		140.00
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	
		1.00		2.00		3.00	
						Title XIX	
						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		155.00	
156.00	Subprovider - IPF	N		N		156.00	
157.00	Subprovider - IRF	N		N		157.00	
158.00	SUBPROVIDER	N		N		158.00	
159.00	SNF	N		N		159.00	
160.00	HOME HEALTH AGENCY	N		N		160.00	
161.00	CMHC	N		N		161.00	
161.10	CORF	N		N		161.10	
						1.00	
Multicampus							
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00	
		Name		County		State	
		0		1.00		2.00	
						3.00	
						4.00	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
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	
168.01	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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0018	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part I Date/Time Prepared: 11/27/2017 3:29 pm
			Beginning	Ending
			1.00	2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
			1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)		N	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0018		Period: From 07/01/2016 To 06/30/2017		Worksheet S-2 Part II Date/Time Prepared: 11/27/2017 3:29 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	V/I	
				1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.			N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)			N			3.00
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	Type	Date	
				1.00	2.00	3.00	
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.			Y			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.			Y			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.			N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.			N			11.00
				Y/N	Legal Oper.		
				1.00	2.00		
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	10/31/2017	Y	10/31/2017
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	
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	
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	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0018	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part II Date/Time Prepared: 11/27/2017 3:29 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
				1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			N	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
			Y/N	Date	
			1.00	2.00	
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?			N	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.			N	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
		1.00		2.00	
<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.	NASIM		CORY	41.00
42.00	Enter the employer/company name of the cost report preparer	MOUNT SINAI HOSPITAL			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	773-257-6206		NASIM.CORY@SINAI.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0018

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet S-2  
Part II  
Date/Time Prepared:  
11/27/2017 3:29 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.	DIRECTOR GOVT REIMBURSEMENT & RPTNG	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: 14-0018

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/27/2017 3:29 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	200	73,000	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)		200	73,000	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	17	6,205	0.00	0	8.00
8.01 NEONATAL INTENSIVE CARE UNIT	31.01	25	9,125	0.00	0	8.01
9.00 CORONARY CARE UNIT	32.00	21	7,665	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		263	95,995	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	28	10,220		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE	46.00	0	0		0	21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC	99.00				0	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)		291				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0018

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/27/2017 3:29 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)	4,605	5,662	38,112			1.00
2.00	HMO and other (see instructions)	4,359	28,878				2.00
3.00	HMO IPF Subprovider	322	4,836				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	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	4,605	5,662	38,112			7.00
8.00	INTENSIVE CARE UNIT	987	909	4,241			8.00
8.01	NEONATAL INTENSIVE CARE UNIT	0	2,515	5,682			8.01
9.00	CORONARY CARE UNIT	3,338	693	4,928			9.00
10.00	BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00	SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		1,468	3,912			13.00
14.00	Total (see instructions)	8,930	11,247	56,875	124.61	1,627.16	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	1,012	1,039	7,929	0.00	42.53	16.00
17.00	SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00	SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00	SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00	NURSING FACILITY	0	0	0	0.00	0.00	20.00
21.00	OTHER LONG TERM CARE	0	0	0	0.00	0.00	21.00
22.00	HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0.00	0.00	23.00
24.00	HOSPICE	0	0	0	0.00	0.00	24.00
24.10	HOSPICE (non-distinct part)	0	0	0			24.10
25.00	CMHC - CMHC	0	0	0	0.00	0.00	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)				124.61	1,669.69	27.00
28.00	Observation Bed Days		584	6,317			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	289	2,065			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0018

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/27/2017 3:29 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,654	2,321	13,762	1.00
2.00	HMO and other (see instructions)			843	7,270		2.00
3.00	HMO IPF Subprovider				837		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
8.01	NEONATAL INTENSIVE CARE UNIT						8.01
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	1,654	2,321	13,762	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	131	187	1,358	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	0.00					19.00
20.00	NURSING FACILITY	0.00					20.00
21.00	OTHER LONG TERM CARE	0.00				0	21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)	0.00					23.00
24.00	HOSPICE	0.00					24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC	0.00					25.00
25.10	CMHC - CORF	0.00					25.10
26.00	RURAL HEALTH CLINIC	0.00					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0018

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet S-3  
Part II  
Date/Time Prepared:  
11/27/2017 3:29 pm

	Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	109,087,614	9,396,170	118,483,784	3,659,193.00	32.38
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		3,877,542	0	3,877,542	25,842.00	150.05
4.01	Physicians - Part A - Teaching		2,627,958	0	2,627,958	20,932.00	125.55
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	6,876,187	0	6,876,187	263,064.00	26.14
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		3,000,362	898,261	3,898,623	117,252.00	33.25
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract Labor: Direct Patient Care		957,336	0	957,336	17,118.00	55.93
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		0	0	0	0.00	0.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		0	0	0	0.00	0.00
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) (see instructions)		18,365,664	0	18,365,664		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		498,798	0	498,798		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related		0	0	0		
25.51	Related organization wage-related		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related		0	0	0		
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits Department	4.00	199,036	1,188,586	1,387,622	44,882.00	30.92
27.00	Administrative & General	5.00	10,190,629	6,963,060	17,153,689	433,353.00	39.58
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0018

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet S-3  
Part II  
Date/Time Prepared:  
11/27/2017 3:29 pm

	Worksheet A Line Number	Amount Reported	Recl assifi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)		
						1.00	2.00	3.00
30.00	Operation of Plant	7.00	382,708	0	382,708	8,645.00	44.27	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	2,319,398	0	2,319,398	181,490.00	12.78	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	2,206,546	-959,385	1,247,161	97,940.00	12.73	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	959,385	959,385	75,341.00	12.73	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	3,875,216	2,871	3,878,087	85,908.00	45.14	38.00
39.00	Central Services and Supply	14.00	524,393	0	524,393	32,130.00	16.32	39.00
40.00	Pharmacy	15.00	4,109,439	-162,661	3,946,778	101,256.00	38.98	40.00
41.00	Medical Records & Medical Records Library	16.00	1,416,521	0	1,416,521	55,099.00	25.71	41.00
42.00	Social Service	17.00	631,383	0	631,383	20,036.00	31.51	42.00
43.00	Other General Service	18.00	68,410	205,943	274,353	14,555.00	18.85	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0018

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet S-3  
Part III  
Date/Time Prepared:  
11/27/2017 3:29 pm

	Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	99,583,469	9,396,170	108,979,639	3,375,197.00	32.29	1.00
2.00	Excluded area salaries (see instructions)	3,000,362	898,261	3,898,623	117,252.00	33.25	2.00
3.00	Subtotal salaries (line 1 minus line 2)	96,583,107	8,497,909	105,081,016	3,257,945.00	32.25	3.00
4.00	Subtotal other wages & related costs (see inst.)	957,336	0	957,336	17,118.00	55.93	4.00
5.00	Subtotal wage-related costs (see inst.)	18,365,664	0	18,365,664	0.00	17.48	5.00
6.00	Total (sum of lines 3 thru 5)	115,906,107	8,497,909	124,404,016	3,275,063.00	37.99	6.00
7.00	Total overhead cost (see instructions)	25,923,679	8,197,799	34,121,478	1,150,635.00	29.65	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0018	Period: From 07/01/2016 To 06/30/2017	Worksheet S-3 Part IV Date/Time Prepared: 11/27/2017 3:29 pm
			Amount Reported	
			1.00	
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions		1,023,844	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)		6,755,290	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		0	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		1,697,234	9.00
10.00	Dental, Hearing and Vision Plan		105,914	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		324,861	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		782,555	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
<b>TAXES</b>				
17.00	FICA-Employers Portion Only		7,689,106	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		470,909	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		14,749	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		18,864,462	24.00
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 14-0018	Period: From 07/01/2016 To 06/30/2017	Worksheet S-3 Part V Date/Time Prepared: 11/27/2017 3:29 pm
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost		957,336	18,864,462
2.00	Hospital		957,336	18,864,462
3.00	Subprovider - IPF		0	0
4.00	Subprovider - IRF		0	0
5.00	Subprovider - (Other)		0	0
6.00	Swing Beds - SNF		0	0
7.00	Swing Beds - NF		0	0
8.00	Hospital-Based SNF		0	0
9.00	Hospital-Based NF		0	0
10.00	Hospital-Based OLTC		0	0
11.00	Hospital-Based HHA		0	0
12.00	Separately Certified ASC		0	0
13.00	Hospital-Based Hospice		0	0
14.00	Hospital-Based Health Clinic RHC		0	0
15.00	Hospital-Based Health Clinic FQHC		0	0
16.00	Hospital-Based-CMHC		0	0
16.10	Hospital-Based-CMHC 10		0	0
17.00	Renal Dialysis		0	0
18.00	Other		0	0

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 14-0018

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet S-5

Date/Time Prepared:  
11/27/2017 3:29 pm

		Outpatient		Training		Home						
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD					
		1.00	2.00	3.00	4.00	5.00	6.00					
1.00	Number of patients in program at end of cost reporting period	88	0	0	0	0	0	1.00				
2.00	Number of times per week patient receives dialysis	3.00	0.00	0.00	0.00	0.00	0.00	2.00				
3.00	Average patient dialysis time including setup	3.50	0.00	0.00	0.00	0.00	0.00	3.00				
4.00	CAPD exchanges per day				0.00		0.00	4.00				
5.00	Number of days in year dialysis furnished	312	0					5.00				
6.00	Number of stations	11	0	0		0		6.00				
7.00	Treatment capacity per day per station	4	0					7.00				
8.00	Utilization (see instructions)	0.00	0.00					8.00				
9.00	Average times dialyzers re-used	0.00	0.00					9.00				
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00				
								Y/N				
								1.00				
ESRD PPS												
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter "Y" for yes or "N" for no. (see instructions)							N	10.01			
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter "Y" for yes or "N" for no. (See instructions for "new" providers.)							Y	10.02			
						Prior to 1/1	After 12/31					
						1.00	2.00					
10.03	If you responded "N" to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)							0	0	10.03		
TRANSPLANT INFORMATION												
11.00	Number of patients on transplant list							0	11.00			
12.00	Number of patients transplanted during the cost reporting period							0	12.00			
EPOETIN												
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.								13.00			
14.00	Epoetin amount from Worksheet A for Home Dialysis program								14.00			
15.00	Number of EPO units furnished relating to the renal dialysis department								15.00			
16.00	Number of EPO units furnished relating to the home dialysis department								16.00			
ARANESP												
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.								17.00			
18.00	ARANESP amount from Worksheet A for Home Dialysis program								18.00			
19.00	Number of ARANESP units furnished relating to the renal dialysis department								19.00			
20.00	Number of ARANESP units furnished relating to the home dialysis department								20.00			
						MCP	INITIAL METHOD					
						1.00	2.00					
PHYSICIAN PAYMENT METHOD												
21.00	Enter "X" if method(s) is applicable							X	21.00			
		ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.						
		1.00	2.00	3.00	4.00	5.00						
22.00	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)							0	0	0	0	22.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA		Provider CCN: 14-0018	Period: From 07/01/2016 To 06/30/2017	Worksheet S-5 Date/Time Prepared: 11/27/2017 3:29 pm
			CCN	Treatments
			1.00	2.00
23.00	If line 10.01 is yes, enter in column 1 the CCN for each renal dialysis facility listed on Worksheet S-2, Part I, line 18, and its subscripts. Enter in column 2, the total treatments for each CCN. (see instructions)	142302	0	23.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-0018	Period: From 07/01/2016 To 06/30/2017	Worksheet S-10 Date/Time Prepared: 11/27/2017 3:29 pm
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			1.00	
<b>Uncompensated and indigent care cost computation</b>				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.201399	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		122,257,111	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH or supplemental payments from Medicaid?		Y	4.00
5.00	If line 4 is no, then enter DSH or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		139,320,909	6.00
7.00	Medicaid cost (line 1 times line 6)		28,059,092	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		0	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP		0	9.00
10.00	Stand-alone CHIP charges		0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0	19.00
			Uninsured patients	Insured patients
			1.00	2.00
			Total (col. 1 + col. 2)	3.00
<b>Uncompensated Care (see instructions for each line)</b>				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	91,906,500	0	91,906,500
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	18,509,877	0	18,509,877
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	18,509,877	0	18,509,877
			1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		17,445,622	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		575,788	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		885,827	27.01
28.00	Non-Medicare bad debt expense (line 26 minus line 27.01)		16,559,795	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		3,645,165	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		22,155,042	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		22,155,042	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0018

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet A  
Date/Time Prepared:  
11/27/2017 3:29 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		5,300,575	5,300,575	2,204,287	7,504,862	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		4,908,058	4,908,058	979,103	5,887,161	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	199,036	21,451,697	21,650,733	43,496	21,694,229	4.00
5.01	00540	NONPATIENT TELEPHONES	280,856	1,140,639	1,421,495	-549	1,420,946	5.01
5.02	00550	DATA PROCESSING	0	10,916,028	10,916,028	-27,349	10,888,679	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	22,746	311,705	334,451	-4,206	330,245	5.03
5.04	00570	ADMINITTING	3,020,079	162,733	3,182,812	-468,553	2,714,259	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	55,971	1,354,246	1,410,217	0	1,410,217	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	6,810,977	36,497,039	43,308,016	2,815,567	46,123,583	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	3,013,384	3,013,384	0	3,013,384	6.00
7.00	00700	OPERATION OF PLANT	382,708	10,254,249	10,636,957	-8,563	10,628,394	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	946,803	946,803	0	946,803	8.00
9.00	00900	HOUSEKEEPING	2,319,398	1,588,771	3,908,169	0	3,908,169	9.00
10.00	01000	DIETARY	2,206,546	2,880,902	5,087,448	-2,989,926	2,097,522	10.00
11.00	01100	CAFETERIA	0	0	0	2,973,863	2,973,863	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,875,216	509,444	4,384,660	0	4,384,660	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	524,393	125,038	649,431	-102,506	546,925	14.00
15.00	01500	PHARMACY	4,109,439	9,342,273	13,451,712	-8,678,379	4,773,333	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,416,521	2,446,066	3,862,587	0	3,862,587	16.00
17.00	01700	SOCIAL SERVICE	631,383	149,581	780,964	0	780,964	17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	0	0	0	18.00
18.01	01851	OUTPATIENT ACCOUNTING	68,410	1,655,189	1,723,599	205,943	1,929,542	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	6,876,187	0	6,876,187	0	6,876,187	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	962,377	962,377	2,627,958	3,590,335	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PASTORAL EDUCATION	0	0	0	38,213	38,213	23.01
23.02	02302	PHARMACY RESIDENCY PROGRAM	245,997	19,141	265,138	175,124	440,262	23.02
23.04	02304	MEDICAL STUDENT EDUCATION	0	2,803,743	2,803,743	0	2,803,743	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	20,198,658	6,380,885	26,579,543	-2,597,750	23,981,793	30.00
31.00	03100	INTENSIVE CARE UNIT	2,789,686	454,070	3,243,756	-283,228	2,960,528	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	3,434,314	233,466	3,667,780	-147,961	3,519,819	31.01
32.00	03200	CORONARY CARE UNIT	3,380,525	690,311	4,070,836	-526,296	3,544,540	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	2,754,365	76,223	2,830,588	0	2,830,588	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,026,592	1,009	1,027,601	-777	1,026,824	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	8,028,991	9,844,493	17,873,484	-7,305,950	10,567,534	50.00
51.00	05100	RECOVERY ROOM	1,442,792	61,371	1,504,163	-29,079	1,475,084	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,245,639	790,091	5,035,730	-327,150	4,708,580	52.00
53.00	05300	ANESTHESIOLOGY	566,518	4,191,098	4,757,616	-435,337	4,322,279	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,848,954	2,564,140	7,413,094	-600,504	6,812,590	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	437,928	488,685	926,613	0	926,613	55.00
56.00	05600	RADIOISOTOPE	252,612	392,231	644,843	-65,299	579,544	56.00
57.00	05700	CT SCAN	812,526	386,034	1,198,560	0	1,198,560	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	316,638	238,113	554,751	-26,690	528,061	58.00
59.00	05900	CARDIAC CATHETERIZATION	605,220	1,380,851	1,986,071	-1,356,588	629,483	59.00
60.00	06000	LABORATORY	5,040,145	6,944,615	11,984,760	-511,903	11,472,857	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	719,042	1,652,782	2,371,824	0	2,371,824	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,120,259	725,387	2,845,646	-442,122	2,403,524	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	161,045	161,045	65.01
66.00	06600	PHYSICAL THERAPY	387,957	11,808	399,765	0	399,765	66.00
67.00	06700	OCCUPATIONAL THERAPY	293,692	1,686	295,378	0	295,378	67.00
68.00	06800	SPEECH PATHOLOGY	227,537	159,681	387,218	0	387,218	68.00
69.00	06900	ELECTROCARDIOLOGY	990,243	1,614,631	2,604,874	-1,403,948	1,200,926	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	336,050	15,059	351,109	-720	350,389	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	6,557,836	6,557,836	71.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0018

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet A  
Date/Time Prepared:  
11/27/2017 3:29 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,675,644	6,675,644	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	15,454,716	15,454,716	73.00
74.00	07400	RENAL DIALYSIS	1,642,514	926,851	2,569,365	48,218	2,617,583	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
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	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	967,923	5,838,657	6,806,580	-5,587,136	1,219,444	90.01
90.02	04951	MSH SPECIALTY CLINIC	337,606	41,229	378,835	0	378,835	90.02
90.03	04952	UNDER THE RAINBOW	1,571,220	153,737	1,724,957	0	1,724,957	90.03
90.04	09002	SPASTICITY CLINIC	59,166	583,513	642,679	-574,126	68,553	90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER	101,682	818,383	920,065	-788,814	131,251	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	76,207	47,035	123,242	0	123,242	90.06
91.00	09100	EMERGENCY	6,028,550	2,423,298	8,451,848	-652,221	7,799,627	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
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	PANCREAS ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	5,010,065	5,010,065	-5,010,065	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	109,087,614	173,881,169	282,968,783	7,318	282,976,101	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	3,608,193	3,608,193	0	3,608,193	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	0	910,063	910,063	-7,318	902,745	192.04
192.05	19205	DENTISTRY	0	0	0	0	0	192.05
192.06	19206	OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		TOTAL (SUM OF LINES 118-199)	109,087,614	178,399,425	287,487,039	0	287,487,039	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0018

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet A  
Date/Time Prepared:  
11/27/2017 3:29 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	-244,513	7,260,349	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	5,887,161	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-537,863	21,156,366	4.00
5.01	00540	NONPATIENT TELEPHONES	-186,797	1,234,149	5.01
5.02	00550	DATA PROCESSING	0	10,888,679	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	330,245	5.03
5.04	00570	ADMINISTRATIVE	0	2,714,259	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	1,410,217	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	-4,116,740	42,006,843	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	3,013,384	6.00
7.00	00700	OPERATION OF PLANT	-1,809,867	8,818,527	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	946,803	8.00
9.00	00900	HOUSEKEEPING	0	3,908,169	9.00
10.00	01000	DIETARY	0	2,097,522	10.00
11.00	01100	CAFETERIA	-1,864,819	1,109,044	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-118,382	4,266,278	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	546,925	14.00
15.00	01500	PHARMACY	-858,821	3,914,512	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-110	3,862,477	16.00
17.00	01700	SOCIAL SERVICE	0	780,964	17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	18.00
18.01	01851	OUTPATIENT ACCOUNTING	0	1,929,542	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	-783,499	6,092,688	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	3,590,335	22.00
23.00	02300	PARAMEDICAL PRGM-(SPECIFY)	0	0	23.00
23.01	02301	PASTORAL EDUCATION	-12,761	25,452	23.01
23.02	02302	PHARMACY RESIDENCY PROGRAM	0	440,262	23.02
23.04	02304	MEDICAL STUDENT EDUCATION	-2,803,743	0	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-635,394	23,346,399	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,960,528	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	3,519,819	31.01
32.00	03200	CORONARY CARE UNIT	0	3,544,540	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	-74,619	2,755,969	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	1,026,824	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-585,985	9,981,549	50.00
51.00	05100	RECOVERY ROOM	0	1,475,084	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,708,580	52.00
53.00	05300	ANESTHESIOLOGY	-1,267,244	3,055,035	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-150,663	6,661,927	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	926,613	55.00
56.00	05600	RADIOISOTOPE	0	579,544	56.00
57.00	05700	CT SCAN	-602	1,197,958	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	528,061	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	629,483	59.00
60.00	06000	LABORATORY	-1,905,933	9,566,924	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	-28,643	2,343,181	62.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	2,403,524	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	161,045	65.01
66.00	06600	PHYSICAL THERAPY	-425	399,340	66.00
67.00	06700	OCCUPATIONAL THERAPY	-197	295,181	67.00
68.00	06800	SPEECH PATHOLOGY	0	387,218	68.00
69.00	06900	ELECTROCARDIOLOGY	-33,984	1,166,942	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	350,389	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-1,121,961	5,435,875	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	-1,383,535	5,292,109	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-5,183,760	10,270,956	73.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0018

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet A  
Date/Time Prepared:  
11/27/2017 3:29 pm

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
74.00	07400	RENAL DIALYSIS	-66,435	2,551,148	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	1,219,444	90.01
90.02	04951	MSH SPECIALTY CLINIC	0	378,835	90.02
90.03	04952	UNDER THE RAINBOW	-3,402	1,721,555	90.03
90.04	09002	SPASTICITY CLINIC	0	68,553	90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER	0	131,251	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0	123,242	90.06
91.00	09100	EMERGENCY	-121,616	7,678,011	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	09900	CMHC	0	0	99.00
99.10	09910	CORF	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-25,902,313	257,073,788	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100	RESEARCH	-2,962,308	645,885	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	192.01
192.02	19202	DAY PSYCH	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	192.03
192.04	19204	DEVELOPMENT	0	902,745	192.04
192.05	19205	DENTISTRY	0	0	192.05
192.06	19206	OCCUPATIONAL HEALTH	0	0	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	193.00
200.00		TOTAL (SUM OF LINES 118-199)	-28,864,621	258,622,418	200.00

RECLASSIFICATIONS

Provider CCN: 14-0018

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet A-6

Date/Time Prepared:  
11/27/2017 3:29 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
<b>B - PHYSICIAN TEACHING RECLASS</b>						
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	2,627,958	0	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	
0			2,627,958	0		
<b>C - THORACIC MED SALRARY RECLASS</b>						
1.00	PULMONARY FUNCTION TESTING	65.01	161,045	0	1.00	
0			161,045	0		
<b>D - INTEREST EXPENSE RECLASS</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,035,783	1.00	
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	2,974,282	2.00	
0			0	5,010,065		
<b>E - MEDICAL SUPPLY &amp; IMPL DEVICES RECLASS</b>						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	6,557,836	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	
16.00		0.00	0	0	16.00	
17.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	6,675,644	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
27.00		0.00	0	0	27.00	
28.00		0.00	0	0	28.00	
0			0	13,233,480		
<b>F - PHARMACY RECLASS</b>						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	15,454,716	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	
0			0	15,454,716		
<b>G - EQUIPMENT RENTAL RECLASS</b>						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	970,540	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	
0			0	970,540		

RECLASSIFICATIONS

Provider CCN: 14-0018

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet A-6

Date/Time Prepared:  
11/27/2017 3:29 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
<b>H - ER REGISTRATION RECLASS</b>						
1.00	EMERGENCY	91.00	262,610	0	1.00	
	O		262,610	0		
<b>I - INSURANCE RECLASS</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	171,247	1.00	
2.00	O	0.00	0	0	2.00	
			0	171,247		
<b>J - O/P REGISTRATION RECLASS</b>						
1.00	OUTPATIENT ACCOUNTING	18.01	205,943	0	1.00	
	O		205,943	0		
<b>K - NURSING CONTINUITY RECLASS</b>						
1.00		0.00	0	0	1.00	
4.00	NEONATAL INTENSIVE CARE UNIT	31.01	17,500	0	4.00	
6.00	OPERATING ROOM	50.00	7,500	0	6.00	
7.00	RECOVERY ROOM	51.00	10,000	0	7.00	
12.00	EMERGENCY	91.00	2,500	0	12.00	
	O		37,500	0		
<b>M - DIETARY / CAFETERIA RECLASS</b>						
1.00	CAFETERIA	11.00	959,385	0	1.00	
2.00	CAFETERIA	11.00	0	2,014,478	2.00	
	O		959,385	2,014,478		
<b>N - PHARMACY RESIDENCY RECLASS</b>						
1.00	PHARMACY RESIDENCY PROGRAM	23.02	162,661	0	1.00	
2.00	PHARMACY RESIDENCY PROGRAM	23.02	0	9,720	2.00	
3.00	PHARMACY RESIDENCY PROGRAM	23.02	0	2,743	3.00	
	O		162,661	12,463		
<b>O - RECLASS SINAI HLTH SYS EXPENSES</b>						
1.00	DATA PROCESSING	5.02	3,838,397	0	1.00	
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	3,237,611	0	2.00	
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,188,586	96,224	3.00	
4.00	NONPATIENT TELEPHONES	5.01	164,557	0	4.00	
5.00	PURCHASING RECEIVING AND STORES	5.03	203,641	0	5.00	
6.00	DEVELOPMENT	192.04	723,007	0	6.00	
7.00	NURSING ADMINISTRATION	13.00	2,871	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	
	O		9,358,670	96,224		
<b>Q - PASTORAL EDUCATION RESIDENCY RECLASS</b>						
1.00	PASTORAL EDUCATION	23.01	12,593	0	1.00	
2.00	PASTORAL EDUCATION	23.01	0	25,620	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
	O		12,593	25,620		
<b>R - COMMONWEALTH EDISON METER RENTAL RCL</b>						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	8,563	1.00	
	O		0	8,563		
<b>S - RENAL DIALYSIS PHYSICIAN RCL</b>						
1.00	RENAL DIALYSIS	74.00	53,489	0	1.00	
	O		53,489	0		
<b>T - CAPITAL LEASE RECLASS</b>						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	92,812	1.00	
5.00		0.00	0	0	5.00	
9.00		0.00	0	0	9.00	
11.00		0.00	0	0	11.00	
	O		0	92,812		
500.00	Grand Total: Increases		13,841,854	37,090,208	500.00	

RECLASSIFICATIONS

Provider CCN: 14-0018

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet A-6  
Date/Time Prepared:  
11/27/2017 3:29 pm

Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
<b>B - PHYSICIAN TEACHING RECLASS</b>							
1.00		0.00	0	0	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	1,660,279	0	0		2.00
3.00	OPERATING ROOM	50.00	677,121	0	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	51,422	0	0		4.00
5.00	ANESTHESIOLOGY	53.00	124,696	0	0		5.00
6.00	LABORATORY	60.00	55,906	0	0		6.00
7.00	ELECTROCARDIOLOGY	69.00	7,883	0	0		7.00
8.00	EMERGENCY	91.00	50,651	0	0		8.00
			2,627,958	0	0		
<b>C - THORACIC MED SALRARY RECLASS</b>							
1.00	RESPIRATORY THERAPY	65.00	161,045	0	0		1.00
			161,045	0	0		
<b>D - INTEREST EXPENSE RECLASS</b>							
1.00		0.00	0	0	11		1.00
2.00	INTEREST EXPENSE	113.00	0	5,010,065	0		2.00
			0	5,010,065	0		
<b>E - MEDICAL SUPPLY &amp; IMPL DEVICES RECLAS</b>							
1.00	ADULTS & PEDIATRICS	30.00	0	824,549	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	250,765	0		2.00
3.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	161,598	0		3.00
4.00	CORONARY CARE UNIT	32.00	0	435,174	0		4.00
5.00	NURSERY	43.00	0	777	0		5.00
6.00	OPERATING ROOM	50.00	0	2,669,960	0		6.00
7.00	RECOVERY ROOM	51.00	0	38,539	0		7.00
8.00	DELIVERY ROOM & LABOR ROOM	52.00	0	252,214	0		8.00
9.00	ANESTHESIOLOGY	53.00	0	281,531	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	377,486	0		10.00
11.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	26,690	0		11.00
12.00	CARDIAC CATHETERIZATION	59.00	0	240,586	0		12.00
13.00	RESPIRATORY THERAPY	65.00	0	130,214	0		13.00
14.00	ELECTROCARDIOLOGY	69.00	0	14,909	0		14.00
16.00	EMERGENCY	91.00	0	852,844	0		16.00
17.00		0.00	0	0	0		17.00
18.00	ADULTS & PEDIATRICS	30.00	0	1,454	0		18.00
19.00	INTENSIVE CARE UNIT	31.00	0	15,781	0		19.00
20.00	CORONARY CARE UNIT	32.00	0	1,865	0		20.00
21.00	OPERATING ROOM	50.00	0	3,878,023	0		21.00
22.00	RECOVERY ROOM	51.00	0	540	0		22.00
23.00	DELIVERY ROOM & LABOR ROOM	52.00	0	74,936	0		23.00
24.00	ANESTHESIOLOGY	53.00	0	29,110	0		24.00
25.00	RADIOLOGY-DIAGNOSTIC	54.00	0	163,296	0		25.00
26.00	CARDIAC CATHETERIZATION	59.00	0	1,116,002	0		26.00
27.00	ELECTROCARDIOLOGY	69.00	0	1,381,156	0		27.00
28.00	EMERGENCY	91.00	0	13,481	0		28.00
			0	13,233,480	0		
<b>F - PHARMACY RECLASS</b>							
1.00		0.00	0	0	0		1.00
2.00	OUTPATIENT CHEMOTHERAPY	90.01	0	5,587,136	0		2.00
3.00	PHARMACY	15.00	0	8,504,640	0		3.00
4.00	SPASTICITY CLINIC	90.04	0	574,126	0		4.00
5.00	HEM/ONC CLINIC @ ARCHER	90.05	0	788,814	0		5.00
			0	15,454,716	0		
<b>G - EQUIPMENT RENTAL RECLASS</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	493	14		1.00
2.00	DIETARY	10.00	0	16,063	0		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	102,506	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	57,979	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	0	16,682	0		5.00
6.00	CORONARY CARE UNIT	32.00	0	89,257	0		6.00
7.00	OPERATING ROOM	50.00	0	88,346	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	8,300	0		8.00
9.00	LABORATORY	60.00	0	432,347	0		9.00
10.00	RESPIRATORY THERAPY	65.00	0	150,863	0		10.00
11.00	PHARMACY	15.00	0	1,358	0		11.00
12.00	ELECTROENCEPHALOGRAPHY	70.00	0	720	0		12.00
13.00	RENAL DIALYSIS	74.00	0	5,271	0		13.00
14.00	EMERGENCY	91.00	0	355	0		14.00
			0	970,540	0		
<b>H - ER REGISTRATION RECLASS</b>							
1.00	ADMINISTRATIVE	5.04	262,610	0	0		1.00
			262,610	0	0		

RECLASSIFICATIONS

Provider CCN: 14-0018

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet A-6  
Date/Time Prepared:  
11/27/2017 3:29 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
<b>I - INSURANCE RECLASS</b>							
1.00		0.00	0	0	12		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	171,247	0		2.00
	0		0	171,247			
<b>J - O/P REGISTRATION RECLASS</b>							
1.00	ADMINISTRATIVE	5.04	205,943	0	0		1.00
	0		205,943	0			
<b>K - NURSING CONTINUITY RECLASS</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	37,500	0		1.00
4.00		0.00	0	0	0		4.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
12.00		0.00	0	0	0		12.00
	0		0	37,500			
<b>M - DIETARY / CAFETERIA RECLASS</b>							
1.00	DIETARY	10.00	959,385	0	0		1.00
2.00	DIETARY	10.00	0	2,014,478	0		2.00
	0		959,385	2,014,478			
<b>N - PHARMACY RESIDENCY RECLASS</b>							
1.00	PHARMACY	15.00	162,661	0	0		1.00
2.00	PHARMACY	15.00	0	9,720	0		2.00
3.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,743	9		3.00
	0		162,661	12,463			
<b>O - RECLASS SINAI HLTH SYS EXPENSES</b>							
1.00	DATA PROCESSING	5.02	0	3,838,397	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	3,237,611	0		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,188,586	0		3.00
4.00	NONPATIENT TELEPHONES	5.01	0	164,557	0		4.00
5.00	PURCHASING RECEIVING AND STORES	5.03	0	203,641	0		5.00
6.00	DEVELOPMENT	192.04	0	723,007	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	2,871	0		7.00
8.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	14,735	0		8.00
9.00	NONPATIENT TELEPHONES	5.01	0	549	0		9.00
10.00	DATA PROCESSING	5.02	0	27,349	0		10.00
11.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	42,067	0		11.00
12.00	PURCHASING RECEIVING AND STORES	5.03	0	4,206	0		12.00
13.00	DEVELOPMENT	192.04	0	7,318	0		13.00
	0		0	9,454,894			
<b>Q - PASTORAL EDUCATION RESIDENCY RECLASS</b>							
1.00		0.00	0	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	12,593	0	0		3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	25,620	0		4.00
	0		12,593	25,620			
<b>R - COMMONWEALTH EDISON METER RENTAL RCL</b>							
1.00	OPERATION OF PLANT	7.00	0	8,563	14		1.00
	0		0	8,563			
<b>S - RENAL DIALYSIS PHYSICIAN RCL</b>							
1.00	ADULTS & PEDIATRICS	30.00	53,489	0	0		1.00
	0		53,489	0			
<b>T - CAPITAL LEASE RECLASS</b>							
1.00		0.00	0	0	0		1.00
5.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	3,863	0		5.00
9.00	RADIOISOTOPE	56.00	0	65,299	0		9.00
11.00	LABORATORY	60.00	0	23,650	0		11.00
	0		0	92,812			
500.00	Grand Total: Decreases		4,445,684	46,486,378			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0018

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet A-7  
Part I  
Date/Time Prepared:  
11/27/2017 3:29 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	1,725,650	0	0	0	1.00
2.00	Land Improvements	2,517,066	147,325	0	147,325	2.00
3.00	Buildings and Fixtures	162,990,637	5,422,032	0	5,422,032	3.00
4.00	Building Improvements	672,073	128,599	0	128,599	4.00
5.00	Fixed Equipment	98,717,835	3,907,081	0	3,907,081	5.00
6.00	Movable Equipment	0	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	266,623,261	9,605,037	0	9,605,037	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	266,623,261	9,605,037	0	9,605,037	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	1,725,650	0			1.00
2.00	Land Improvements	2,664,391	0			2.00
3.00	Buildings and Fixtures	168,412,669	0			3.00
4.00	Building Improvements	489,271	0			4.00
5.00	Fixed Equipment	102,624,916	0			5.00
6.00	Movable Equipment	0	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	275,916,897	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	275,916,897	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0018

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet A-7  
Part II  
Date/Time Prepared:  
11/27/2017 3:29 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	5,300,575	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	4,908,058	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	10,208,633	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	5,300,575				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	4,908,058				2.00
3.00	Total (sum of lines 1-2)	0	10,208,633				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0018

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet A-7  
Part III  
Date/Time Prepared:  
11/27/2017 3:29 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	5,300,575	0	5,300,575	0.519225	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	4,908,058	0	4,908,058	0.480775	0	2.00
3.00	Total (sum of lines 1-2)	10,208,633	0	10,208,633	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	5,278,233	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	4,908,058	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	10,186,291	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	1,810,869	171,247	0	0	7,260,349	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	979,103	5,887,161	2.00
3.00	Total (sum of lines 1-2)	1,810,869	171,247	0	979,103	13,147,510	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0018

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet A-8

Date/Time Prepared:  
11/27/2017 3:29 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00	0	7.00
8.00 Television and radio service (chapter 21)			0		0.00	0	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-1,686,733				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			0		0.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts			0		0.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines			0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	UTILIZATION REVIEW-SNF	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	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00			0		0.00	0	33.00
33.01 MICROBIOLOGY ICT HCH A/C 4498 A8-1	B	-606,535	60.00	LABORATORY	60.00	0	33.01
33.02 CHEMISTRY ICT HCH A/C 4498 A8-1	B	-706,433	60.00	LABORATORY	60.00	0	33.02

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	
33.03 CYTOLOGY ICT HCH A/C 4498 A8-1	B	-129	LABORATORY		60.00	0 33.03
33.04 OTHER OPER. - SRH A/C 4320 A8-1	B	-303,607	LABORATORY		60.00	0 33.04
33.05 HEMATOLGY OTHER OPER A/C 4498 A8-1	B	-258,358	LABORATORY		60.00	0 33.05
33.06		0			0.00	0 33.06
33.07 BLOOD BANK OTHER OPER A/C 4498 A8-1	B	-28,643	WHOLE BLOOD & PACKED RED BLOOD CELLS		62.00	0 33.07
33.08 OTHER OPER. - SRH A/C 4320 A8-1	B	-66,435	RENAL DIALYSIS		74.00	0 33.08
33.09		0			0.00	0 33.09
33.10		0			0.00	0 33.10
33.12 IP PHYS THER SRH A/C 4320 A8-1	B	-425	PHYSICAL THERAPY		66.00	0 33.12
33.13		0			0.00	0 33.13
33.14		0			0.00	0 33.14
33.15 OTHER OPER. - SRH A/C 4320 A8-1	B	-661	RADIOLOGY-DIAGNOSTIC		54.00	0 33.15
33.16 CLINICAL SUPP OTH OPER A/C 4499 A8-1	B	-8,497	RADIOLOGY-DIAGNOSTIC		54.00	0 33.16
33.18 OTHER OPER. - SRH A/C 4320 A8-1	B	-858,821	PHARMACY		15.00	0 33.18
33.19 PHARMACY OTHER OPER A/C 4461 A8-1	B	-141,944	DRUGS CHARGED TO PATIENTS		73.00	0 33.19
33.20 PHARMACY OTHER OPER A/C 4462 A8-1	B	-813,404	DRUGS CHARGED TO PATIENTS		73.00	0 33.20
33.21 OTHER OPER. - SRH A/C 4320 A8-1	B	-15,343	RADIOLOGY-DIAGNOSTIC		54.00	0 33.21
33.22 UTR OUTPATIENT MISC A/C 4449 A8-1	B	-3,402	UNDER THE RAINBOW		90.03	0 33.22
33.26 MEDICAL RECORDS A/C 4452 A8-1	B	-110	MEDICAL RECORDS & LIBRARY		16.00	0 33.26
33.29 CAFETERIA MISC A/C 4402 A8-1	B	-1,864,764	CAFETERIA		11.00	0 33.29
33.30 CAFETERIA MISC A/C 4449 A8-1	B	-55	CAFETERIA		11.00	0 33.30
33.31 GEN OPS OTH OPR A/C 4498 A8-1	B	-20,235	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 33.31
33.32 ADMN OTH OPR A/C 4499 A8-1	B	-6,458	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 33.32
33.33 INFECTION CNTRL OTH A/C 4499 A8-1	B	-113,400	NURSING ADMINISTRATION		13.00	0 33.33
33.34 RNTL OTHER A/C 4414 A8-1	B	-574,230	OPERATION OF PLANT		7.00	0 33.34
33.35 RENTAL ICT A/C 4416 A8-1	B	-550,356	OPERATION OF PLANT		7.00	0 33.35
33.36 GEN OTH OPR REV A/C 4483 A8-1	B	-183,252	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 33.36
33.37 PREMIER PURCH A8-2	B	-1,121,961	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	0 33.37
33.38 PREMIER PURCH A8-2	B	-1,383,535	IMPL. DEV. CHARGED TO PATIENTS		72.00	0 33.38
33.39 OTHER A&G A8-2	B	-1,124	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 33.39
33.40 OTHER A&G A8-2	B	-23,471	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 33.40
33.43 REAL ESTATE TAXES A8-5	A	-43,277	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 33.43
33.44 ACCELERATED DEPR A8-6	A	1,938	CAP REL COSTS-BLDG & FIXT		1.00	9 33.44
33.45		0			0.00	0 33.45
33.46 SATELLITE DEPR EXP A8-7	A	-6,546	CAP REL COSTS-BLDG & FIXT		1.00	9 33.46
33.47 SELF INS EXP A8-9	A	-2,359,310	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 33.47
33.48 INVESTMENT INC INTEREST A8-11	B	-224,914	CAP REL COSTS-BLDG & FIXT		1.00	11 33.48
33.49 INVESTMENT INC INTEREST A8-11	B	-564,007	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 33.49
33.50 PASTORAL EDUC RECLASS A8-12	B	-12,761	PASTORAL EDUCATION		23.01	0 33.50
33.51 TELEPHONE OFFSET A8-14	A	-186,797	NONPATIENT TELEPHONES		5.01	0 33.51
33.52 UNEMPLOYMENT INS A8-16	A	-341,437	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.52
33.53 PATIENT TRANSPORTATION A8-17	A	-670,171	OPERATION OF PLANT		7.00	0 33.53
33.56 DAY PSYCH OFFSET A8-20	A	-2,962,308	RESEARCH		191.00	0 33.56
33.57 PARKING FAC REV OFFSET A8-24	A	-14,991	CAP REL COSTS-BLDG & FIXT		1.00	9 33.57
33.58 PARKING FAC REV OFFSET A8-24	A	-15,110	OPERATION OF PLANT		7.00	0 33.58
33.59 DONATION OFFSET A8-25	B	-97,909	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 33.59
33.60 NURSE ANESTHETISTS OFFSET A8-27	A	-1,187,619	ANESTHESIOLOGY		53.00	0 33.60
33.61 NURSE ANESTHETISTS OFFSET A8-27	A	-196,426	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.61
33.62 MARKETING OFFSET A8-28	A	-571,882	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 33.62

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		
33.63 GOVERNMENTAL LOBBYIST EXP A8-31	A	-225,055	OTHER ADMINISTRATIVE AND GENERAL	5.06		0 33.63
33.64 LOBBYING EXPENSE OFFSET A8-32	A	-20,760	OTHER ADMINISTRATIVE AND GENERAL	5.06		0 33.64
33.66 PHARMACY 340B OTHR OPR A/C 4463 A8-1	B	-4,228,412	DRUGS CHARGED TO PATIENTS	73.00		0 33.66
33.70 ACLS FEE OFFSET A8-18	B	-4,982	NURSING ADMINISTRATION	13.00		0 33.70
33.78		0		0.00		0 33.78
33.87 MEDICAL STUDENT REVENUE OFFSET A8-3	B	-668,299	I&R SERVICES-SALARY & FRINGES APPRVD	21.00		0 33.87
33.88 MEDICAL STUDENT COST OFFSET A8-3	A	-2,803,743	MEDICAL STUDENT EDUCATION	23.04		0 33.88
33.91 OTHER OPER SRH A8-1	B	-197	OCCUPATIONAL THERAPY	67.00		0 33.91
33.97 CT SCAN ICT A8-1	B	-602	CT SCAN	57.00		0 33.97
33.98 CARDIODIAGNOSTIC ICT - SRH A8-1	B	-23	ELECTROCARDIOLOGY	69.00		0 33.98
33.99 STROKE CENTER SE OTH OPR REV A8-1	B	-1,500	ELECTROCARDIOLOGY	69.00		0 33.99
34.00 MED EDUCATION OTHER OPER A8-1	B	-115,200	I&R SERVICES-SALARY & FRINGES APPRVD	21.00		0 34.00
34.01		0		0.00		0 34.01
34.02		0		0.00		0 34.02
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-28,864,621				50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.  
 (2) Basis for adjustment (see instructions).  
 A. Costs - if cost, including applicable overhead, can be determined.  
 B. Amount Received - if cost cannot be determined.  
 (3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.  
 Note: See instructions for column 5 referencing to Worksheet A-7.

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

Provider CCN: 14-0018

Period: From 07/01/2016 To 06/30/2017

Worksheet A-8-1

Date/Time Prepared: 11/27/2017 3:29 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	SALARY AND OTHER	2,469,927	2,469,927 1.00
2.00	5.01	NONPATIENT TELEPHONES	SALARY AND OTHER	1,050,426	1,050,426 2.00
3.00	5.02	DATA PROCESSING	SALARY AND OTHER	10,916,028	10,916,028 3.00
4.00	5.05	CASHIERING/ACCOUNTS RECEIVABLE	SALARY AND OTHER	-194,317	-194,317 4.00
4.01	5.06	OTHER ADMINISTRATIVE AND GENERAL	SALARY AND EXPENSE	6,946,508	6,946,508 4.01
4.02	7.00	OPERATION OF PLANT	SALARY AND EXPENSE	-680,556	-680,556 4.02
4.03	10.00	DIETARY	SALARY AND EXPENSE	-352,237	-352,237 4.03
4.04	13.00	NURSING ADMINISTRATION	SALARY AND EXPENSE	166,197	166,197 4.04
4.05	30.00	ADULTS & PEDIATRICS	SALARY AND EXPENSE	3,789,876	3,789,876 4.05
4.06	50.00	OPERATING ROOM	SALARY AND EXPENSE	620,592	620,592 4.06
4.07	53.00	ANESTHESIOLOGY	SALARY AND EXPENSE	3,550,224	3,550,224 4.07
4.08	54.00	RADIOLOGY-DIAGNOSTIC	SALARY AND EXPENSE	1,105,464	1,105,464 4.08
4.09	56.00	RADIOISOTOPE	SALARY AND EXPENSE	37,188	37,188 4.09
4.10	69.00	ELECTROCARDIOLOGY	SALARY AND EXPENSE	301,728	301,728 4.10
4.11	90.03	UNDER THE RAINBOW	SALARY AND EXPENSE	129,072	129,072 4.11
4.12	91.00	EMERGENCY	SALARY AND EXPENSE	1,002,648	1,002,648 4.12
4.13	0.00			0	0 4.13
4.14	192.04	DEVELOPMENT	SALARY AND EXPENSE	910,018	910,018 4.14
4.15	0.00			0	0 4.15
4.16	5.03	PURCHASING RECEIVING AND STORAGE	SALARY AND EXPENSES	295,008	295,008 4.16
4.17	0.00			0	0 4.17
4.18	0.00			0	0 4.18
4.19	0.00			0	0 4.19
4.20	0.00			0	0 4.20
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			32,063,794	32,063,794 5.00

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

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

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

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

6.00	E	SINAI HLTH SYS	100.00		0.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:				0.00	100.00

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

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

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

Provider CCN: 14-0018

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet A-8-1

Date/Time Prepared:  
11/27/2017 3:29 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	6.00	7.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>			
1.00	0	0	1.00
2.00	0	0	2.00
3.00	0	0	3.00
4.00	0	0	4.00
4.01	0	0	4.01
4.02	0	0	4.02
4.03	0	0	4.03
4.04	0	0	4.04
4.05	0	0	4.05
4.06	0	0	4.06
4.07	0	0	4.07
4.08	0	0	4.08
4.09	0	0	4.09
4.10	0	0	4.10
4.11	0	0	4.11
4.12	0	0	4.12
4.13	0	0	4.13
4.14	0	0	4.14
4.15	0	0	4.15
4.16	0	0	4.16
4.17	0	0	4.17
4.18	0	0	4.18
4.19	0	0	4.19
4.20	0	0	4.20
5.00	0	0	5.00

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

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

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

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

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

6.00		6.00
7.00		7.00
8.00		8.00
9.00		9.00
10.00		10.00
100.00		100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0018

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet A-8-2

Date/Time Prepared:  
11/27/2017 3:29 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	3,155,988	0	3,155,988	197,500	26,546	1.00
2.00	40.00	SUBPROVIDER - IPF	242,496	0	242,496	181,300	1,926	2.00
3.00	50.00	OPERATING ROOM	1,645,860	0	1,645,860	246,400	8,947	3.00
4.00	53.00	ANESTHESIOLOGY	441,372	0	441,372	239,400	3,143	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	428,520	0	428,520	271,900	2,313	5.00
6.00	60.00	LABORATORY	332,844	0	332,844	260,300	2,413	6.00
7.00	69.00	ELECTROCARDIOLOGY	78,828	0	78,828	211,500	456	7.00
8.00	91.00	EMERGENCY	422,088	0	422,088	211,500	2,955	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			6,747,996	0	6,747,996		48,699	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	2,520,594	126,030	0	0	0	1.00
2.00	40.00	SUBPROVIDER - IPF	167,877	8,394	0	0	0	2.00
3.00	50.00	OPERATING ROOM	1,059,875	52,994	0	0	0	3.00
4.00	53.00	ANESTHESIOLOGY	361,747	18,087	0	0	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	302,358	15,118	0	0	0	5.00
6.00	60.00	LABORATORY	301,973	15,099	0	0	0	6.00
7.00	69.00	ELECTROCARDIOLOGY	46,367	2,318	0	0	0	7.00
8.00	91.00	EMERGENCY	300,472	15,024	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			5,061,263	253,064	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	30.00	ADULTS & PEDIATRICS	0	2,520,594	635,394	635,394	1.00
2.00	40.00	SUBPROVIDER - IPF	0	167,877	74,619	74,619	2.00
3.00	50.00	OPERATING ROOM	0	1,059,875	585,985	585,985	3.00
4.00	53.00	ANESTHESIOLOGY	0	361,747	79,625	79,625	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	302,358	126,162	126,162	5.00
6.00	60.00	LABORATORY	0	301,973	30,871	30,871	6.00
7.00	69.00	ELECTROCARDIOLOGY	0	46,367	32,461	32,461	7.00
8.00	91.00	EMERGENCY	0	300,472	121,616	121,616	8.00
9.00	0.00		0	0	0	0	9.00
10.00	0.00		0	0	0	0	10.00
200.00			0	5,061,263	1,686,733	1,686,733	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0018

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B  
Part I  
Date/Time Prepared:  
11/27/2017 3:29 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT	7,260,349	7,260,349				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP	5,887,161		5,887,161			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	21,156,366	42,083	34,124	21,232,573		4.00
5.01 00540 NONPATIENT TELEPHONES	1,234,149	7,620	6,179	80,765	1,328,713	5.01
5.02 00550 DATA PROCESSING	10,888,679	60,036	48,681	696,001	53,454	5.02
5.03 00560 PURCHASING RECEIVING AND STORES	330,245	106,198	86,112	41,050	26,727	5.03
5.04 00570 ADMINITTING	2,714,259	19,127	15,509	462,658	22,909	5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	1,410,217	30,153	24,450	10,149	45,818	5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL	42,006,843	531,549	431,014	1,819,787	117,599	5.06
6.00 00600 MAINTENANCE & REPAIRS	3,013,384	276,550	224,245	0	36,654	6.00
7.00 00700 OPERATION OF PLANT	8,818,527	118,629	96,192	69,395	63,381	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	946,803	207,086	167,918	0	3,818	8.00
9.00 00900 HOUSEKEEPING	3,908,169	13,547	10,984	420,567	20,618	9.00
10.00 01000 DIETARY	2,097,522	46,547	37,743	226,143	17,563	10.00
11.00 01100 CAFETERIA	1,109,044	341,320	276,764	173,961	0	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	4,266,278	134,311	108,908	703,198	24,436	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	546,925	398,412	323,058	95,086	11,454	14.00
15.00 01500 PHARMACY	3,914,512	54,013	43,797	715,653	34,363	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	3,862,477	69,138	56,061	256,852	17,563	16.00
17.00 01700 SOCIAL SERVICE	780,964	40,736	33,031	114,486	9,927	17.00
18.00 01850 OTHER GENERAL SERVICE COST CENTER	0	0	0	0	0	18.00
18.01 01851 OUTPATIENT ACCOUNTING	1,929,542	84,031	68,138	49,747	29,781	18.01
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	6,092,688	0	0	1,246,831	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	3,590,335	70,927	57,512	476,517	0	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01 02301 PASTORAL EDUCATION	25,452	0	0	2,283	0	23.01
23.02 02302 PHARMACY RESIDENCY PROGRAM	440,262	1,751	1,420	74,100	0	23.02
23.04 02304 MEDICAL STUDENT EDUCATION	0	0	0	0	0	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	23,346,399	1,847,683	1,498,222	3,351,787	306,216	30.00
31.00 03100 INTENSIVE CARE UNIT	2,960,528	106,622	86,456	505,843	12,982	31.00
31.01 02060 NEONATAL INTENSIVE CARE UNIT	3,519,819	34,059	27,617	625,904	12,982	31.01
32.00 03200 CORONARY CARE UNIT	3,544,540	123,035	99,765	612,977	16,036	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I PF	2,755,969	209,683	170,025	499,438	21,382	40.00
41.00 04100 SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	1,026,824	26,881	21,797	186,148	5,345	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	9,981,549	493,276	399,980	1,334,445	68,727	50.00
51.00 05100 RECOVERY ROOM	1,475,084	24,149	19,582	263,429	11,454	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	4,708,580	114,184	92,588	769,845	30,545	52.00
53.00 05300 ANESTHESIOLOGY	3,055,035	33,578	27,227	80,114	15,273	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	6,661,927	293,618	238,085	869,917	32,072	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	926,613	68,657	55,671	79,408	5,345	55.00
56.00 05600 RADIOISOTOPE	579,544	45,681	37,041	45,805	7,636	56.00
57.00 05700 CT SCAN	1,197,958	18,261	14,807	147,332	6,109	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	528,061	19,358	15,697	57,415	6,873	58.00
59.00 05900 CARDIAC CATHETERIZATION	629,483	39,793	32,267	109,742	6,109	59.00
60.00 06000 LABORATORY	9,566,924	451,097	365,779	903,772	59,563	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	2,343,181	15,413	12,498	130,381	3,818	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	2,403,524	44,046	35,715	355,256	6,109	65.00
65.01 03560 PULMONARY FUNCTION TESTING	161,045	24,649	19,987	29,202	764	65.01
66.00 06600 PHYSICAL THERAPY	399,340	49,953	40,505	70,347	6,109	66.00
67.00 06700 OCCUPATIONAL THERAPY	295,181	58,343	47,308	53,254	4,582	67.00
68.00 06800 SPEECH PATHOLOGY	387,218	13,335	10,813	41,258	2,291	68.00
69.00 06900 ELECTROCARDIOLOGY	1,166,942	71,562	58,027	178,127	12,982	69.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0018

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B  
Part I  
Date/Time Prepared:  
11/27/2017 3:29 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
70.00 07000 ELECTROENCEPHALOGRAPHY	350,389	23,841	19,332	60,935	16,036	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	5,435,875	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	5,292,109	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	10,270,956	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	2,551,148	24,688	20,019	307,529	9,164	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
<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	0	90.00
90.01 04950 OUTPATIENT CHEMOTHERAPY	1,219,444	0	0	175,510	0	90.01
90.02 04951 MSH SPECIALTY CLINIC	378,835	0	0	61,217	0	90.02
90.03 04952 UNDER THE RAINBOW	1,721,555	134,715	109,236	284,903	38,181	90.03
90.04 09002 SPASTICITY CLINIC	68,553	0	0	10,728	0	90.04
90.05 09001 HEM/ONC CLINIC @ ARCHER	131,251	0	0	18,438	0	90.05
90.06 09003 MSH SPECIALTY CLINIC AT SCHWAB	123,242	0	0	13,818	0	90.06
91.00 09100 EMERGENCY	7,678,011	120,264	97,518	1,132,020	45,818	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	257,073,788	7,184,188	5,825,404	21,101,473	1,306,568	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	645,885	47,259	38,321	0	14,509	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02 19202 DAY PSYCH	0	0	0	0	0	192.02
192.03 19203 FAMILY PLANNING	0	0	0	0	0	192.03
192.04 19204 DEVELOPMENT	902,745	18,049	14,636	131,100	7,636	192.04
192.05 19205 DENTISTRY	0	10,853	8,800	0	0	192.05
192.06 19206 OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07 19207 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
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 118-201)	258,622,418	7,260,349	5,887,161	21,232,573	1,328,713	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0018

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B  
Part I  
Date/Time Prepared:  
11/27/2017 3:29 pm

Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	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	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING	11,746,851					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	734,178	1,324,510				5.03
5.04	00570	ADMINITTING	611,815	2,697	3,848,974			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,080,174	618		3,601,579		5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	978,904	61,089			45,946,785	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	239			3,551,072	6.00
7.00	00700	OPERATION OF PLANT	0	140,281			9,306,405	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	50,799			1,376,424	8.00
9.00	00900	HOUSEKEEPING	0	69,390			4,443,275	9.00
10.00	01000	DIETARY	0	3,334			2,428,852	10.00
11.00	01100	CAFETERIA	0	0			1,901,089	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0			0	12.00
13.00	01300	NURSING ADMINISTRATION	0	3,873			5,241,004	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	6,080			1,381,015	14.00
15.00	01500	PHARMACY	489,452	18,596			5,270,386	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	611,815	0			4,873,906	16.00
17.00	01700	SOCIAL SERVICE	0	2,565			981,709	17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0			0	18.00
18.01	01851	OUTPATIENT ACCOUNTING	978,904	0			3,140,143	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0			0	19.00
20.00	02000	NURSING SCHOOL	0	0			0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0			7,339,519	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	7,326			4,202,617	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0			0	23.00
23.01	02301	PASTORAL EDUCATION	0	0			27,735	23.01
23.02	02302	PHARMACY RESIDENCY PROGRAM	0	0			517,533	23.02
23.04	02304	MEDICAL STUDENT EDUCATION	0	0			0	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	1,590,719	50,561	620,901	320,029	32,932,517	30.00
31.00	03100	INTENSIVE CARE UNIT	0	5,961	121,503	60,986	3,860,881	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	2,270	146,600	73,543	4,442,794	31.01
32.00	03200	CORONARY CARE UNIT	0	11,486	127,048	63,825	4,598,712	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	2,230	86,244	43,265	3,788,236	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	1	58,818	29,506	1,355,320	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	734,178	0	240,421	278,449	13,531,025	50.00
51.00	05100	RECOVERY ROOM	0	900	68,584	109,993	1,973,175	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	16,182	158,838	150,609	6,041,371	52.00
53.00	05300	ANESTHESIOLOGY	0	20,942	133,599	113,217	3,478,985	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,345,993	62,757	118,324	187,067	9,809,760	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	16,093	4,816	29,669	1,186,272	55.00
56.00	05600	RADIOISOTOPE	0	17,314	10,320	18,492	761,833	56.00
57.00	05700	CT SCAN	0	18,217	153,496	197,442	1,753,622	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	12,975	33,983	41,417	715,779	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	49,469	107,671	71,146	1,045,680	59.00
60.00	06000	LABORATORY	1,590,719	156,834	316,739	484,218	13,895,645	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	9,027	28,673	18,179	2,561,170	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	38,149	252,608	133,877	3,269,284	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	50,702	32,775	319,124	65.01
66.00	06600	PHYSICAL THERAPY	0	492	13,527	8,051	588,324	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	32	17,431	9,596	485,727	67.00
68.00	06800	SPEECH PATHOLOGY	0	10,044	9,182	8,143	482,284	68.00
69.00	06900	ELECTROCARDIOLOGY	0	102,718	79,280	97,909	1,767,547	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	386	3,068	10,821	484,808	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	157,047	180,567	119,870	5,893,359	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	159,904	129,385	97,855	5,679,253	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	307,288	330,952	10,909,196	73.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0018

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B  
Part I  
Date/Time Prepared:  
11/27/2017 3:29 pm

Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
74.00	07400	RENAL DIALYSIS	0	25,500	15,804	62,185	3,016,037	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
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	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	1,551	329	20,760	1,417,594	90.01
90.02	04951	MSH SPECIALTY CLINIC	0	388	30	20,296	460,766	90.02
90.03	04952	UNDER THE RAINBOW	0	507	0	2,646	2,291,743	90.03
90.04	09002	SPASTICITY CLINIC	0	120	0	2,195	81,596	90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER	0	1,390	0	1,822	152,901	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0	166	0	810	138,036	90.06
91.00	09100	EMERGENCY	0	0	253,195	349,964	9,676,790	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	11,746,851	1,318,500	3,848,974	3,601,579	256,776,615	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	6,007	0	0	751,981	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	0	3	0	0	1,074,169	192.04
192.05	19205	DENTISTRY	0	0	0	0	19,653	192.05
192.06	19206	OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	11,746,851	1,324,510	3,848,974	3,601,579	258,622,418	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0018

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B  
Part I  
Date/Time Prepared:  
11/27/2017 3:29 pm

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
<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	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMINITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	45,946,785				5.06
6.00	00600	MAINTENANCE & REPAIRS	767,181	4,318,253			6.00
7.00	00700	OPERATION OF PLANT	2,010,574	82,797	11,399,776		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	297,365	144,536	389,020	2,207,345	8.00
9.00	00900	HOUSEKEEPING	959,934	9,455	25,448	0	5,438,112
10.00	01000	DIETARY	524,734	32,488	87,441	0	43,286
11.00	01100	CAFETERIA	410,715	238,225	641,185	0	317,409
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	1,132,277	93,743	252,310	0	124,902
14.00	01400	CENTRAL SERVICES & SUPPLY	298,357	278,072	748,435	0	370,501
15.00	01500	PHARMACY	1,138,625	37,699	101,466	0	50,229
16.00	01600	MEDICAL RECORDS & LIBRARY	1,052,968	48,255	129,878	0	64,294
17.00	01700	SOCIAL SERVICE	212,090	28,432	76,524	0	37,882
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	0	0	0
18.01	01851	OUTPATIENT ACCOUNTING	678,403	58,650	157,856	0	78,144
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,585,644	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	907,942	49,504	133,240	0	65,958
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
23.01	02301	PASTORAL EDUCATION	5,992	0	0	0	0
23.02	02302	PHARMACY RESIDENCY PROGRAM	111,809	1,222	3,289	0	1,628
23.04	02304	MEDICAL STUDENT EDUCATION	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	7,114,722	1,289,591	3,470,963	789,956	1,718,249
31.00	03100	INTENSIVE CARE UNIT	834,112	74,417	200,293	90,820	99,152
31.01	02060	NEONATAL INTENSIVE CARE UNIT	959,830	23,771	63,981	30,424	31,673
32.00	03200	CORONARY CARE UNIT	993,515	85,873	231,127	73,076	114,416
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I/PF	818,418	146,349	393,900	72,320	194,994
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	292,806	18,762	50,498	0	24,998
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	2,923,270	344,283	926,642	245,033	458,720
51.00	05100	RECOVERY ROOM	426,289	16,855	45,365	70,475	22,457
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,305,190	79,695	214,499	125,466	106,185
53.00	05300	ANESTHESIOLOGY	751,607	23,436	63,077	0	31,226
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,119,320	204,931	551,575	70,479	273,049
55.00	05500	RADIOLOGY-THERAPEUTIC	256,285	47,919	128,974	16,650	63,847
56.00	05600	RADIOISOTOPE	164,588	31,883	85,814	22,475	42,481
57.00	05700	CT SCAN	378,856	12,745	34,304	31,153	16,982
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	154,638	13,511	36,364	15,466	18,002
59.00	05900	CARDIAC CATHETERIZATION	225,911	27,774	74,753	13,649	37,005
60.00	06000	LABORATORY	3,002,043	314,844	847,407	0	419,496
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	553,320	10,758	28,954	0	14,333
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	706,303	30,742	82,742	0	40,960
65.01	03560	PULMONARY FUNCTION TESTING	68,944	17,204	46,305	0	22,923
66.00	06600	PHYSICAL THERAPY	127,103	34,865	93,839	0	46,454
67.00	06700	OCCUPATIONAL THERAPY	104,937	40,720	109,599	0	54,256
68.00	06800	SPEECH PATHOLOGY	104,194	9,307	25,050	0	12,401
69.00	06900	ELECTROCARDIOLOGY	381,864	49,947	134,433	28,295	66,549
70.00	07000	ELECTROENCEPHALOGRAPHY	104,739	16,640	44,787	1,668	22,171
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,273,213	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,226,957	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	2,356,845	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0018

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B  
Part I  
Date/Time Prepared:  
11/27/2017 3:29 pm

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
74.00	07400	RENAL DIALYSIS	651,591	17,231	46,377	90,904	22,958	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
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	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	306,260	0	0	0	0	90.01
90.02	04951	MSH SPECIALTY CLINIC	99,545	0	0	0	0	90.02
90.03	04952	UNDER THE RAINBOW	495,113	94,025	253,069	0	125,278	90.03
90.04	09002	SPASTICITY CLINIC	17,628	0	0	0	0	90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER	33,033	0	0	0	0	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	29,822	0	0	0	0	90.06
91.00	09100	EMERGENCY	2,090,593	83,939	225,922	419,036	111,839	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	45,548,014	4,265,095	11,256,705	2,207,345	5,367,287	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	162,459	32,985	88,778	0	43,948	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	232,066	12,598	33,906	0	16,785	192.04
192.05	19205	DENTISTRY	4,246	7,575	20,387	0	10,092	192.05
192.06	19206	OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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 118-201)	45,946,785	4,318,253	11,399,776	2,207,345	5,438,112	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0018		Period: From 07/01/2016 To 06/30/2017		Worksheet B Part I Date/Time Prepared: 11/27/2017 3:29 pm	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
<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	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	3,116,801					10.00
11.00	01100	CAFETERIA	0	3,508,623				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	104,992	0	6,949,228		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	41,296	0	0	3,117,676	14.00
15.00	01500	PHARMACY	0	130,411	0	0	162,356	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	70,805	0	0	3	16.00
17.00	01700	SOCIAL SERVICE	0	25,767	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	0	0	0	18.00
18.01	01851	OUTPATIENT ACCOUNTING	0	16,171	0	0	0	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	344,672	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	47	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PASTORAL EDUCATION	0	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY PROGRAM	0	12,108	0	0	0	23.02
23.04	02304	MEDICAL STUDENT EDUCATION	0	0	0	0	0	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	2,151,566	742,990	0	2,704,546	377,027	30.00
31.00	03100	INTENSIVE CARE UNIT	239,424	94,434	0	380,552	111,233	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	105,152	0	447,631	59,447	31.01
32.00	03200	CORONARY CARE UNIT	278,195	124,771	0	443,979	170,589	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	447,616	113,679	0	400,239	4,395	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	39,399	0	148,965	286	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	246,389	0	1,007,152	0	50.00
51.00	05100	RECOVERY ROOM	0	41,136	0	164,371	14,177	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	145,513	0	476,519	96,996	52.00
53.00	05300	ANESTHESIOLOGY	0	8,420	0	0	103,567	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	174,755	0	0	156,257	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	13,525	0	0	2,222	55.00
56.00	05600	RADIOISOTOPE	0	8,954	0	0	1,842	56.00
57.00	05700	CT SCAN	0	29,536	0	0	33,368	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	10,451	0	0	9,818	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	19,459	0	0	88,505	59.00
60.00	06000	LABORATORY	0	189,536	0	0	36,422	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	28,654	0	0	26	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	79,492	0	0	47,902	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	6,308	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	13,765	0	0	140	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	8,580	0	0	303	67.00
68.00	06800	SPEECH PATHOLOGY	0	7,190	0	0	1,650	68.00
69.00	06900	ELECTROCARDIOLOGY	0	37,447	0	0	9,158	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	17,695	0	0	3,353	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	763,179	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	777,042	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0018

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B  
Part I  
Date/Time Prepared:  
11/27/2017 3:29 pm

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
74.00	07400	RENAL DIALYSIS	0	62,573	0	0	34,199	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
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	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	48,941	0	0	40,438	90.01
90.02	04951	MSH SPECIALTY CLINIC	0	25,152	0	0	5,828	90.02
90.03	04952	UNDER THE RAINBOW	0	60,568	0	0	0	90.03
90.04	09002	SPASTICITY CLINIC	0	428	0	0	2,766	90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER	0	0	0	0	2,967	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0	6,068	0	0	97	90.06
91.00	09100	EMERGENCY	0	251,441	0	775,274	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,116,801	3,508,623	0	6,949,228	3,117,605	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	71	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	DENTISTRY	0	0	0	0	0	192.05
192.06	19206	OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,116,801	3,508,623	0	6,949,228	3,117,676	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0018

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B  
Part I  
Date/Time Prepared:  
11/27/2017 3:29 pm

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		
				COST CENTER	OUTPATIENT ACCOUNTING	
				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 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY	6,891,172					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	6,240,109				16.00
17.00 01700 SOCIAL SERVICE	21,093	0	1,383,497			17.00
18.00 01850 OTHER GENERAL SERVICE COST CENTER	0	0	0	0		18.00
18.01 01851 OUTPATIENT ACCOUNTING	0	0	0	0	4,129,367	18.01
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01 02301 PASTORAL EDUCATION	0	0	0	0	0	23.01
23.02 02302 PHARMACY RESIDENCY PROGRAM	0	0	0	0	0	23.02
23.04 02304 MEDICAL STUDENT EDUCATION	0	0	0	0	0	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	58,221	554,457	839,659	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	17,772	105,659	34,456	0	0	31.00
31.01 02060 NEONATAL INTENSIVE CARE UNIT	11,456	127,416	55,098	0	0	31.01
32.00 03200 CORONARY CARE UNIT	13,916	110,578	71,860	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I PF	616	74,957	177,399	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	93	51,120	3,570	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	37,155	482,418	0	0	392,050	50.00
51.00 05100 RECOVERY ROOM	2,819	190,564	0	0	187,747	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	11,111	260,933	20,797	0	176,172	52.00
53.00 05300 ANESTHESIOLOGY	13,087	196,150	0	0	114,744	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	3,760	324,097	0	0	317,210	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	51,401	0	0	67,691	55.00
56.00 05600 RADIOISOTOPE	861	32,037	0	0	33,072	56.00
57.00 05700 CT SCAN	3,766	342,072	0	0	299,154	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	1,365	71,757	0	0	60,530	58.00
59.00 05900 CARDIAC CATHETERIZATION	4,708	123,262	0	0	42,553	59.00
60.00 06000 LABORATORY	0	839,224	0	0	809,166	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	31,496	0	0	9,426	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	673	231,944	0	0	17,771	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	56,784	0	0	18,233	65.01
66.00 06600 PHYSICAL THERAPY	0	13,949	0	0	3,144	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	16,625	0	0	2,115	67.00
68.00 06800 SPEECH PATHOLOGY	0	14,108	0	0	8,785	68.00
69.00 06900 ELECTROCARDIOLOGY	968	169,629	0	0	144,405	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	18,747	0	0	23,053	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	207,677	0	0	72,745	71.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0018

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B  
Part I  
Date/Time Prepared:  
11/27/2017 3:29 pm

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		
				COST CENTER	OUTPATIENT ACCOUNTING	
				15.00	16.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	169,535	0	0	81,838	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	6,621,547	573,381	0	0	439,142	73.00
74.00 07400 RENAL DIALYSIS	0	107,736	130,372	0	134,764	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
<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	0	90.00
90.01 04950 OUTPATIENT CHEMOTHERAPY	0	35,967	0	0	51,154	90.01
90.02 04951 MSH SPECIALTY CLINIC	4,872	35,163	0	0	50,375	90.02
90.03 04952 UNDER THE RAINBOW	0	4,584	0	0	6,572	90.03
90.04 09002 SPASTICITY CLINIC	0	3,802	0	0	5,451	90.04
90.05 09001 HEM/ONC CLINIC @ ARCHER	0	3,157	0	0	4,526	90.05
90.06 09003 MSH SPECIALTY CLINIC AT SCHWAB	1,967	1,404	0	0	2,013	90.06
91.00 09100 EMERGENCY	59,151	606,319	50,286	0	553,766	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	6,890,977	6,240,109	1,383,497	0	4,129,367	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	195	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02 19202 DAY PSYCH	0	0	0	0	0	192.02
192.03 19203 FAMILY PLANNING	0	0	0	0	0	192.03
192.04 19204 DEVELOPMENT	0	0	0	0	0	192.04
192.05 19205 DENTISTRY	0	0	0	0	0	192.05
192.06 19206 OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07 19207 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
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 118-201)	6,891,172	6,240,109	1,383,497	0	4,129,367	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0018

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B  
Part I  
Date/Time Prepared:  
11/27/2017 3:29 pm

Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED PRGM	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			19.00	20.00		
<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 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMIN TTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
18.00 01850 OTHER GENERAL SERVICE COST CENTER						18.00
18.01 01851 OUTPATIENT ACCOUNTING						18.01
19.00 01900 NONPHYSICIAN ANESTHETISTS	0					19.00
20.00 02000 NURSING SCHOOL		0				20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD			9,269,835			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD				5,359,308		22.00
23.00 02300 PARAMED PRGM-(SPECIFY)					0	23.00
23.01 02301 PASTORAL EDUCATION						23.01
23.02 02302 PHARMACY RESIDENCY PROGRAM						23.02
23.04 02304 MEDICAL STUDENT EDUCATION						23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	0	0	6,458,034	3,733,681	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	325,076	187,941	0	31.00
31.01 02060 NEONATAL INTENSIVE CARE UNIT	0	0	288,841	166,992	0	31.01
32.00 03200 CORONARY CARE UNIT	0	0	156,326	90,379	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	1,172,964	678,143	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	96,280	55,664	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	120,092	69,430	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	133,550	77,211	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00

COST ALLOCATION - GENERAL SERVICE COSTS

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To 06/30/2017

Worksheet B  
Part I  
Date/Time Prepared:  
11/27/2017 3:29 pm

Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED PRGM	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			19.00	20.00		
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
<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	0	90.00
90.01 04950 OUTPATIENT CHEMOTHERAPY	0	0	0	0	0	90.01
90.02 04951 MSH SPECIALTY CLINIC	0	0	0	0	0	90.02
90.03 04952 UNDER THE RAINBOW	0	0	0	0	0	90.03
90.04 09002 SPASTICITY CLINIC	0	0	0	0	0	90.04
90.05 09001 HEM/ONC CLINIC @ ARCHER	0	0	0	0	0	90.05
90.06 09003 MSH SPECIALTY CLINIC AT SCHWAB	0	0	0	0	0	90.06
91.00 09100 EMERGENCY	0	0	518,672	299,867	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0			0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	9,269,835	5,359,308	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
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 KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02 19202 DAY PSYCH	0	0	0	0	0	192.02
192.03 19203 FAMILY PLANNING	0	0	0	0	0	192.03
192.04 19204 DEVELOPMENT	0	0	0	0	0	192.04
192.05 19205 DENTISTRY	0	0	0	0	0	192.05
192.06 19206 OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07 19207 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
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 118-201)	0	0	9,269,835	5,359,308	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0018

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B  
Part I  
Date/Time Prepared:  
11/27/2017 3:29 pm

Cost Center Description		PASTORAL EDUCATION	PHARMACY RESIDENCY PROGRAM	MEDICAL STUDENT EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		23.01	23.02	23.04	24.00	25.00	
<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	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER					18.00
18.01	01851	OUTPATIENT ACCOUNTING					18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD					22.00
23.00	02300	PARAMED ED PRGM-(SPECFY)					23.00
23.01	02301	PASTORAL EDUCATION	33,727				23.01
23.02	02302	PHARMACY RESIDENCY PROGRAM		647,589			23.02
23.04	02304	MEDICAL STUDENT EDUCATION			0		23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	19,343	182,167	0	65,137,689	-10,191,715
31.00	03100	INTENSIVE CARE UNIT	0	0	0	6,656,222	-513,017
31.01	02060	NEONATAL INTENSIVE CARE UNIT	7,936	0	0	6,822,442	-455,833
32.00	03200	CORONARY CARE UNIT	0	106,852	0	7,664,164	-246,705
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I PF	0	0	0	6,633,118	0
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	0	0	1,985,817	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	22,445,244	-1,851,107
51.00	05100	RECOVERY ROOM	0	0	0	3,155,430	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	9,060,447	0
53.00	05300	ANESTHESIOLOGY	0	0	0	4,936,243	-151,944
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	14,005,193	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	1,834,786	0
56.00	05600	RADIOISOTOPE	0	0	0	1,185,840	0
57.00	05700	CT SCAN	0	0	0	2,935,558	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	1,107,681	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	1,703,259	0
60.00	06000	LABORATORY	0	0	0	20,353,783	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	3,238,137	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	0	4,507,813	0
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	555,825	0
66.00	06600	PHYSICAL THERAPY	0	0	0	921,583	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	822,862	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	664,969	0
69.00	06900	ELECTROCARDIOLOGY	0	0	0	2,979,764	-189,522
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	948,422	-210,761
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	8,210,173	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0018

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B  
Part I  
Date/Time Prepared:  
11/27/2017 3:29 pm

Cost Center Description		PASTORAL EDUCATION	PHARMACY RESIDENCY PROGRAM	MEDICAL STUDENT EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		23.01	23.02	23.04	24.00	25.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	7,934,625	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	120,322	0	21,020,433	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	4,314,742	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
<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	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	1,983	11,851	0	1,914,188	0	90.01
90.02	04951 MSH SPECIALTY CLINIC	0	0	0	681,701	0	90.02
90.03	04952 UNDER THE RAINBOW	0	0	0	3,330,952	0	90.03
90.04	09002 SPASTICITY CLINIC	0	0	0	111,671	0	90.04
90.05	09001 HEM/ONC CLINIC @ ARCHER	0	0	0	196,584	0	90.05
90.06	09003 MSH SPECIALTY CLINIC AT SCHWAB	0	141,692	0	321,099	0	90.06
91.00	09100 EMERGENCY	4,465	84,705	0	15,812,065	-818,539	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	33,727	647,589	0	256,110,524	-14,629,143	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	1,080,417	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202 DAY PSYCH	0	0	0	0	0	192.02
192.03	19203 FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204 DEVELOPMENT	0	0	0	1,369,524	0	192.04
192.05	19205 DENTISTRY	0	0	0	61,953	0	192.05
192.06	19206 OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07	19207 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
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	20200 TOTAL (sum lines 118-201)	33,727	647,589	0	258,622,418	-14,629,143	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0018

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B  
Part I  
Date/Time Prepared:  
11/27/2017 3:29 pm

Cost Center Description		Total	
		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 NONPATIENT TELEPHONES		5.01
5.02	00550 DATA PROCESSING		5.02
5.03	00560 PURCHASING RECEIVING AND STORES		5.03
5.04	00570 ADMITTING		5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590 OTHER ADMINISTRATIVE AND GENERAL		5.06
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
12.00	01200 MAINTENANCE OF PERSONNEL		12.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
18.00	01850 OTHER GENERAL SERVICE COST CENTER		18.00
18.01	01851 OUTPATIENT ACCOUNTING		18.01
19.00	01900 NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000 NURSING SCHOOL		20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)		23.00
23.01	02301 PASTORAL EDUCATION		23.01
23.02	02302 PHARMACY RESIDENCY PROGRAM		23.02
23.04	02304 MEDICAL STUDENT EDUCATION		23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000 ADULTS & PEDIATRICS	54,945,974	30.00
31.00	03100 INTENSIVE CARE UNIT	6,143,205	31.00
31.01	02060 NEONATAL INTENSIVE CARE UNIT	6,366,609	31.01
32.00	03200 CORONARY CARE UNIT	7,417,459	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000 SUBPROVIDER - IPF	6,633,118	40.00
41.00	04100 SUBPROVIDER - IRF	0	41.00
42.00	04200 SUBPROVIDER	0	42.00
43.00	04300 NURSERY	1,985,817	43.00
44.00	04400 SKILLED NURSING FACILITY	0	44.00
45.00	04500 NURSING FACILITY	0	45.00
46.00	04600 OTHER LONG TERM CARE	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	20,594,137	50.00
51.00	05100 RECOVERY ROOM	3,155,430	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	9,060,447	52.00
53.00	05300 ANESTHESIOLOGY	4,784,299	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	14,005,193	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,834,786	55.00
56.00	05600 RADIOISOTOPE	1,185,840	56.00
57.00	05700 CT SCAN	2,935,558	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,107,681	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,703,259	59.00
60.00	06000 LABORATORY	20,353,783	60.00
60.01	06001 BLOOD LABORATORY	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	3,238,137	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	64.00
65.00	06500 RESPIRATORY THERAPY	4,507,813	65.00
65.01	03560 PULMONARY FUNCTION TESTING	555,825	65.01
66.00	06600 PHYSICAL THERAPY	921,583	66.00
67.00	06700 OCCUPATIONAL THERAPY	822,862	67.00
68.00	06800 SPEECH PATHOLOGY	664,969	68.00
69.00	06900 ELECTROCARDIOLOGY	2,790,242	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	737,661	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	8,210,173	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	7,934,625	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	21,020,433	73.00
74.00	07400 RENAL DIALYSIS	4,314,742	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	75.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0018

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B  
Part I  
Date/Time Prepared:  
11/27/2017 3:29 pm

Cost Center Description		Total	
		26.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00	08800 RURAL HEALTH CLINIC	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000 CLINIC	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	1,914,188	90.01
90.02	04951 MSH SPECIALTY CLINIC	681,701	90.02
90.03	04952 UNDER THE RAINBOW	3,330,952	90.03
90.04	09002 SPASTICITY CLINIC	111,671	90.04
90.05	09001 HEM/ONC CLINIC @ ARCHER	196,584	90.05
90.06	09003 MSH SPECIALTY CLINIC AT SCHWAB	321,099	90.06
91.00	09100 EMERGENCY	14,993,526	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
94.00	09400 HOME PROGRAM DIALYSIS	0	94.00
95.00	09500 AMBULANCE SERVICES	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	98.00
99.00	09900 CMHC	0	99.00
99.10	09910 CORF	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>			
105.00	10500 KIDNEY ACQUISITION	0	105.00
106.00	10600 HEART ACQUISITION	0	106.00
107.00	10700 LIVER ACQUISITION	0	107.00
108.00	10800 LUNG ACQUISITION	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	110.00
111.00	11100 ISLET ACQUISITION	0	111.00
113.00	11300 INTEREST EXPENSE		113.00
114.00	11400 UTILIZATION REVIEW-SNF		114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	115.00
116.00	11600 HOSPICE	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	241,481,381	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
191.00	19100 RESEARCH	1,080,417	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	192.00
192.01	19201 KLING OFFICE BLDG	0	192.01
192.02	19202 DAY PSYCH	0	192.02
192.03	19203 FAMILY PLANNING	0	192.03
192.04	19204 DEVELOPMENT	1,369,524	192.04
192.05	19205 DENTISTRY	61,953	192.05
192.06	19206 OCCUPATIONAL HEALTH	0	192.06
192.07	19207 PHYSICIANS' PRIVATE OFFICES	0	192.07
193.00	19300 NONPAID WORKERS	0	193.00
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	243,993,275	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0018

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B  
Part II  
Date/Time Prepared:  
11/27/2017 3:29 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	42,083	34,124	76,207	76,207 4.00
5.01 00540	NONPATIENT TELEPHONES	0	7,620	6,179	13,799	290 5.01
5.02 00550	DATA PROCESSING	0	60,036	48,681	108,717	2,499 5.02
5.03 00560	PURCHASING RECEIVING AND STORES	0	106,198	86,112	192,310	147 5.03
5.04 00570	ADMITTING	0	19,127	15,509	34,636	1,661 5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	30,153	24,450	54,603	36 5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	0	531,549	431,014	962,563	6,533 5.06
6.00 00600	MAINTENANCE & REPAIRS	0	276,550	224,245	500,795	0 6.00
7.00 00700	OPERATION OF PLANT	0	118,629	96,192	214,821	249 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	207,086	167,918	375,004	0 8.00
9.00 00900	HOUSEKEEPING	0	13,547	10,984	24,531	1,510 9.00
10.00 01000	DIETARY	0	46,547	37,743	84,290	812 10.00
11.00 01100	CAFETERIA	0	341,320	276,764	618,084	625 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	0	134,311	108,908	243,219	2,525 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	398,412	323,058	721,470	341 14.00
15.00 01500	PHARMACY	0	54,013	43,797	97,810	2,569 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	69,138	56,061	125,199	922 16.00
17.00 01700	SOCIAL SERVICE	0	40,736	33,031	73,767	411 17.00
18.00 01850	OTHER GENERAL SERVICE COST CENTER	0	0	0	0	0 18.00
18.01 01851	OUTPATIENT ACCOUNTING	0	84,031	68,138	152,169	179 18.01
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	4,476 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	70,927	57,512	128,439	1,711 22.00
23.00 02300	PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	0 23.00
23.01 02301	PASTORAL EDUCATION	0	0	0	0	8 23.01
23.02 02302	PHARMACY RESIDENCY PROGRAM	0	1,751	1,420	3,171	266 23.02
23.04 02304	MEDICAL STUDENT EDUCATION	0	0	0	0	0 23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	1,847,683	1,498,222	3,345,905	12,011 30.00
31.00 03100	INTENSIVE CARE UNIT	0	106,622	86,456	193,078	1,816 31.00
31.01 02060	NEONATAL INTENSIVE CARE UNIT	0	34,059	27,617	61,676	2,474 31.01
32.00 03200	CORONARY CARE UNIT	0	123,035	99,765	222,800	2,201 32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00 04000	SUBPROVIDER - I/PF	0	209,683	170,025	379,708	1,793 40.00
41.00 04100	SUBPROVIDER - I/RF	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	0	26,881	21,797	48,678	668 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0 46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	493,276	399,980	893,256	4,791 50.00
51.00 05100	RECOVERY ROOM	0	24,149	19,582	43,731	946 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	114,184	92,588	206,772	2,764 52.00
53.00 05300	ANESTHESIOLOGY	0	33,578	27,227	60,805	288 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	293,618	238,085	531,703	3,123 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	68,657	55,671	124,328	285 55.00
56.00 05600	RADIOISOTOPE	0	45,681	37,041	82,722	164 56.00
57.00 05700	CT SCAN	0	18,261	14,807	33,068	529 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	19,358	15,697	35,055	206 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	39,793	32,267	72,060	394 59.00
60.00 06000	LABORATORY	0	451,097	365,779	816,876	3,245 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0 61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	15,413	12,498	27,911	468 62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	0	44,046	35,715	79,761	1,275 65.00
65.01 03560	PULMONARY FUNCTION TESTING	0	24,649	19,987	44,636	105 65.01
66.00 06600	PHYSICAL THERAPY	0	49,953	40,505	90,458	253 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	58,343	47,308	105,651	191 67.00
68.00 06800	SPEECH PATHOLOGY	0	13,335	10,813	24,148	148 68.00
69.00 06900	ELECTROCARDIOLOGY	0	71,562	58,027	129,589	640 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	23,841	19,332	43,173	219 70.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0018

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B  
Part II  
Date/Time Prepared:  
11/27/2017 3:29 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	24,688	20,019	44,707	1,104	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
<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	0	90.00
90.01 04950 OUTPATIENT CHEMOTHERAPY	0	0	0	0	630	90.01
90.02 04951 MSH SPECIALTY CLINIC	0	0	0	0	220	90.02
90.03 04952 UNDER THE RAINBOW	0	134,715	109,236	243,951	1,023	90.03
90.04 09002 SPASTICITY CLINIC	0	0	0	0	39	90.04
90.05 09001 HEM/ONC CLINIC @ ARCHER	0	0	0	0	66	90.05
90.06 09003 MSH SPECIALTY CLINIC AT SCHWAB	0	0	0	0	50	90.06
91.00 09100 EMERGENCY	0	120,264	97,518	217,782	4,064	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00	0	7,184,188	5,825,404	13,009,592	75,736	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	47,259	38,321	85,580	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02 19202 DAY PSYCH	0	0	0	0	0	192.02
192.03 19203 FAMILY PLANNING	0	0	0	0	0	192.03
192.04 19204 DEVELOPMENT	0	18,049	14,636	32,685	471	192.04
192.05 19205 DENTISTRY	0	10,853	8,800	19,653	0	192.05
192.06 19206 OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07 19207 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	0	0	0	0	0	200.00
201.00	0	0	0	0	0	201.00
202.00	0	7,260,349	5,887,161	13,147,510	76,207	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0018		Period: From 07/01/2016 To 06/30/2017		Worksheet B Part II Date/Time Prepared: 11/27/2017 3:29 pm	
Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINING	CASHIERING/ACC OUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
<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	NONPATIENT TELEPHONES	14,089					5.01
5.02	00550	DATA PROCESSING	567	111,783				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	283	6,986	199,726			5.03
5.04	00570	ADMINING	243	5,822	407	42,769		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	486	19,797	93	0	75,015	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	1,247	9,315	9,212	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	389	0	36	0	0	6.00
7.00	00700	OPERATION OF PLANT	672	0	21,154	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	40	0	7,660	0	0	8.00
9.00	00900	HOUSEKEEPING	219	0	10,464	0	0	9.00
10.00	01000	DIETARY	186	0	503	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	259	0	584	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	121	0	917	0	0	14.00
15.00	01500	PHARMACY	364	4,658	2,804	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	186	5,822	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	105	0	387	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	0	0	0	18.00
18.01	01851	OUTPATIENT ACCOUNTING	316	9,315	0	0	0	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	1,105	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PASTORAL EDUCATION	0	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY PROGRAM	0	0	0	0	0	23.02
23.04	02304	MEDICAL STUDENT EDUCATION	0	0	0	0	0	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	3,245	15,137	7,624	6,985	6,650	30.00
31.00	03100	INTENSIVE CARE UNIT	138	0	899	1,347	1,267	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	138	0	342	1,625	1,528	31.01
32.00	03200	CORONARY CARE UNIT	170	0	1,732	1,408	1,326	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	227	0	336	956	899	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	57	0	0	652	613	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	729	6,986	0	2,665	5,786	50.00
51.00	05100	RECOVERY ROOM	121	0	136	760	2,285	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	324	0	2,440	1,761	3,129	52.00
53.00	05300	ANESTHESIOLOGY	162	0	3,158	1,481	2,352	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	340	12,808	9,464	1,312	3,887	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	57	0	2,427	53	616	55.00
56.00	05600	RADIOISOTOPE	81	0	2,611	114	384	56.00
57.00	05700	CT SCAN	65	0	2,747	1,702	4,103	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	73	0	1,957	377	861	58.00
59.00	05900	CARDIAC CATHETERIZATION	65	0	7,460	1,194	1,478	59.00
60.00	06000	LABORATORY	632	15,137	23,650	3,511	10,242	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	40	0	1,361	318	378	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	65	0	5,753	2,800	2,782	65.00
65.01	03560	PULMONARY FUNCTION TESTING	8	0	0	562	681	65.01
66.00	06600	PHYSICAL THERAPY	65	0	74	150	167	66.00
67.00	06700	OCCUPATIONAL THERAPY	49	0	5	193	199	67.00
68.00	06800	SPEECH PATHOLOGY	24	0	1,515	102	169	68.00
69.00	06900	ELECTROCARDIOLOGY	138	0	15,489	879	2,034	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	170	0	58	34	225	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	23,682	2,002	2,491	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	24,108	1,434	2,033	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	3,406	6,877	73.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0018

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B  
Part II  
Date/Time Prepared:  
11/27/2017 3:29 pm

Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
74.00	07400	RENAL DIALYSIS	97	0	3,845	175	1,292	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
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	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	0	234	4	431	90.01
90.02	04951	MSH SPECIALTY CLINIC	0	0	58	0	422	90.02
90.03	04952	UNDER THE RAINBOW	405	0	76	0	55	90.03
90.04	09002	SPASTICITY CLINIC	0	0	18	0	46	90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER	0	0	210	0	38	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0	0	25	0	17	90.06
91.00	09100	EMERGENCY	486	0	0	2,807	7,272	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	13,854	111,783	198,820	42,769	75,015	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	154	0	906	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	81	0	0	0	0	192.04
192.05	19205	DENTISTRY	0	0	0	0	0	192.05
192.06	19206	OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	14,089	111,783	199,726	42,769	75,015	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0018		Period: From 07/01/2016 To 06/30/2017		Worksheet B Part II Date/Time Prepared: 11/27/2017 3:29 pm	
Cost Center Description			OTHER ADMINI STRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
<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	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINI STRATIVE AND GENERAL	988,870					5.06
6.00	00600	MAINTENANCE & REPAIRS	16,512	517,732				6.00
7.00	00700	OPERATION OF PLANT	43,275	9,927	290,098			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	6,400	17,329	9,900	416,333		8.00
9.00	00900	HOUSEKEEPING	20,661	1,134	648	0	59,167	9.00
10.00	01000	DIETARY	11,294	3,895	2,225	0	471	10.00
11.00	01100	CAFETERIA	8,840	28,562	16,317	0	3,453	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	24,371	11,239	6,421	0	1,359	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,422	33,339	19,046	4,022	4,031	14.00
15.00	01500	PHARMACY	24,507	4,520	2,582	0	546	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	22,664	5,785	3,305	0	700	16.00
17.00	01700	SOCIAL SERVICE	4,565	3,409	1,947	0	412	17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	0	0	0	18.00
18.01	01851	OUTPATIENT ACCOUNTING	14,602	7,032	4,017	0	850	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	34,129	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	19,542	5,935	3,391	0	718	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PASTORAL EDUCATION	129	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY PROGRAM	2,407	147	84	0	18	23.02
23.04	02304	MEDICAL STUDENT EDUCATION	0	0	0	0	0	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	153,065	154,613	88,327	148,997	18,693	30.00
31.00	03100	INTENSIVE CARE UNIT	17,953	8,922	5,097	17,130	1,079	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	20,659	2,850	1,628	5,738	345	31.01
32.00	03200	CORONARY CARE UNIT	21,384	10,296	5,882	13,783	1,245	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	17,615	17,546	10,024	13,641	2,122	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	6,302	2,249	1,285	0	272	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	62,919	41,277	23,581	46,216	4,991	50.00
51.00	05100	RECOVERY ROOM	9,175	2,021	1,154	13,292	244	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	28,092	9,555	5,459	23,664	1,155	52.00
53.00	05300	ANESTHESIOLOGY	16,177	2,810	1,605	0	340	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	45,615	24,570	14,036	13,293	2,971	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,516	5,745	3,282	3,140	695	55.00
56.00	05600	RADIOISOTOPE	3,543	3,823	2,184	4,239	462	56.00
57.00	05700	CT SCAN	8,154	1,528	873	5,876	185	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,328	1,620	925	2,917	196	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,862	3,330	1,902	2,574	403	59.00
60.00	06000	LABORATORY	64,615	37,748	21,565	0	4,564	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	11,909	1,290	737	0	156	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	15,202	3,686	2,106	0	446	65.00
65.01	03560	PULMONARY FUNCTION TESTING	1,484	2,063	1,178	0	249	65.01
66.00	06600	PHYSICAL THERAPY	2,736	4,180	2,388	0	505	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,259	4,882	2,789	0	590	67.00
68.00	06800	SPEECH PATHOLOGY	2,243	1,116	637	0	135	68.00
69.00	06900	ELECTROCARDIOLOGY	8,219	5,988	3,421	5,337	724	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,254	1,995	1,140	315	241	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	27,404	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	26,409	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	50,728	0	0	0	0	73.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0018

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B  
Part II  
Date/Time Prepared:  
11/27/2017 3:29 pm

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
74.00	07400	RENAL DIALYSIS	14,025	2,066	1,180	17,146	250	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
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	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	6,592	0	0	0	0	90.01
90.02	04951	MSH SPECIALTY CLINIC	2,143	0	0	0	0	90.02
90.03	04952	UNDER THE RAINBOW	10,657	11,273	6,440	0	1,363	90.03
90.04	09002	SPASTICITY CLINIC	379	0	0	0	0	90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER	711	0	0	0	0	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	642	0	0	0	0	90.06
91.00	09100	EMERGENCY	44,997	10,064	5,749	79,035	1,217	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	980,287	511,359	286,457	416,333	58,396	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	3,497	3,955	2,259	0	478	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	4,995	1,510	863	0	183	192.04
192.05	19205	DENTISTRY	91	908	519	0	110	192.05
192.06	19206	OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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 118-201)	988,870	517,732	290,098	416,333	59,167	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0018		Period: From 07/01/2016 To 06/30/2017		Worksheet B Part II Date/Time Prepared: 11/27/2017 3:29 pm	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
<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	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	103,676					10.00
11.00	01100	CAFETERIA	0	675,881				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	20,225	0	310,202		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	7,955	0	0	793,642	14.00
15.00	01500	PHARMACY	0	25,122	0	0	41,330	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	13,640	0	0	1	16.00
17.00	01700	SOCIAL SERVICE	0	4,964	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	0	0	0	18.00
18.01	01851	OUTPATIENT ACCOUNTING	0	3,115	0	0	0	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	66,396	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	12	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PASTORAL EDUCATION	0	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY PROGRAM	0	2,332	0	0	0	23.02
23.04	02304	MEDICAL STUDENT EDUCATION	0	0	0	0	0	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	71,569	143,123	0	120,727	95,977	30.00
31.00	03100	INTENSIVE CARE UNIT	7,964	18,191	0	16,987	28,316	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	20,256	0	19,981	15,133	31.01
32.00	03200	CORONARY CARE UNIT	9,254	24,035	0	19,818	43,425	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	14,889	21,898	0	17,866	1,119	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	7,590	0	6,650	73	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	47,463	0	44,958	0	50.00
51.00	05100	RECOVERY ROOM	0	7,924	0	7,337	3,609	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	28,031	0	21,271	24,691	52.00
53.00	05300	ANESTHESIOLOGY	0	1,622	0	0	26,364	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	33,664	0	0	39,777	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,605	0	0	566	55.00
56.00	05600	RADIOISOTOPE	0	1,725	0	0	469	56.00
57.00	05700	CT SCAN	0	5,690	0	0	8,494	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	2,013	0	0	2,499	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,748	0	0	22,530	59.00
60.00	06000	LABORATORY	0	36,511	0	0	9,272	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	5,520	0	0	7	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	15,313	0	0	12,194	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	1,215	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	2,652	0	0	36	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,653	0	0	77	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,385	0	0	420	68.00
69.00	06900	ELECTROCARDIOLOGY	0	7,214	0	0	2,331	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,409	0	0	853	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	194,276	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	197,805	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0018

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B  
Part II  
Date/Time Prepared:  
11/27/2017 3:29 pm

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
74.00	07400	RENAL DIALYSIS	0	12,054	0	0	8,706	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
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	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	9,428	0	0	10,294	90.01
90.02	04951	MSH SPECIALTY CLINIC	0	4,845	0	0	1,484	90.02
90.03	04952	UNDER THE RAINBOW	0	11,668	0	0	0	90.03
90.04	09002	SPASTICITY CLINIC	0	82	0	0	704	90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER	0	0	0	0	755	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0	1,169	0	0	25	90.06
91.00	09100	EMERGENCY	0	48,436	0	34,607	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	103,676	675,881	0	310,202	793,624	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	18	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	DENTISTRY	0	0	0	0	0	192.05
192.06	19206	OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	103,676	675,881	0	310,202	793,624	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0018

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B  
Part II  
Date/Time Prepared:  
11/27/2017 3:29 pm

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		
				COST CENTER	OUTPATIENT ACCOUNTING	
				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 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY	206,812					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	178,224				16.00
17.00 01700 SOCIAL SERVICE	633	0	90,600			17.00
18.00 01850 OTHER GENERAL SERVICE COST CENTER	0	0	0	0		18.00
18.01 01851 OUTPATIENT ACCOUNTING	0	0	0	0	191,595	18.01
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01 02301 PASTORAL EDUCATION	0	0	0	0	0	23.01
23.02 02302 PHARMACY RESIDENCY PROGRAM	0	0	0	0	0	23.02
23.04 02304 MEDICAL STUDENT EDUCATION	0	0	0	0	0	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	1,747	15,833	54,986	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	533	3,017	2,256	0	0	31.00
31.01 02060 NEONATAL INTENSIVE CARE UNIT	344	3,638	3,608	0	0	31.01
32.00 03200 CORONARY CARE UNIT	418	3,158	4,706	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I PF	18	2,140	11,617	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	3	1,460	234	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	1,115	13,775	0	0	18,168	50.00
51.00 05100 RECOVERY ROOM	85	5,442	0	0	8,701	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	333	7,451	1,362	0	8,164	52.00
53.00 05300 ANESTHESIOLOGY	393	5,601	0	0	5,317	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	113	9,255	0	0	14,700	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	1,468	0	0	3,137	55.00
56.00 05600 RADIOISOTOPE	26	915	0	0	1,533	56.00
57.00 05700 CT SCAN	113	9,768	0	0	13,863	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	41	2,049	0	0	2,805	58.00
59.00 05900 CARDIAC CATHETERIZATION	141	3,520	0	0	1,972	59.00
60.00 06000 LABORATORY	0	24,001	0	0	37,729	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	899	0	0	437	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	20	6,623	0	0	824	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	1,621	0	0	845	65.01
66.00 06600 PHYSICAL THERAPY	0	398	0	0	146	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	475	0	0	98	67.00
68.00 06800 SPEECH PATHOLOGY	0	403	0	0	407	68.00
69.00 06900 ELECTROCARDIOLOGY	29	4,844	0	0	6,692	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	535	0	0	1,068	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,930	0	0	3,371	71.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0018

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B  
Part II  
Date/Time Prepared:  
11/27/2017 3:29 pm

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		
				COST CENTER	OUTPATIENT ACCOUNTING	
				15.00	16.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	4,841	0	0	3,793	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	198,721	16,373	0	0	20,351	73.00
74.00 07400 RENAL DIALYSIS	0	3,076	8,538	0	6,245	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
<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	0	90.00
90.01 04950 OUTPATIENT CHEMOTHERAPY	0	1,027	0	0	2,371	90.01
90.02 04951 MSH SPECIALTY CLINIC	146	1,004	0	0	2,334	90.02
90.03 04952 UNDER THE RAINBOW	0	131	0	0	305	90.03
90.04 09002 SPASTICITY CLINIC	0	109	0	0	253	90.04
90.05 09001 HEM/ONC CLINIC @ ARCHER	0	90	0	0	210	90.05
90.06 09003 MSH SPECIALTY CLINIC AT SCHWAB	59	40	0	0	93	90.06
91.00 09100 EMERGENCY	1,775	17,314	3,293	0	25,663	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	206,806	178,224	90,600	0	191,595	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	6	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02 19202 DAY PSYCH	0	0	0	0	0	192.02
192.03 19203 FAMILY PLANNING	0	0	0	0	0	192.03
192.04 19204 DEVELOPMENT	0	0	0	0	0	192.04
192.05 19205 DENTISTRY	0	0	0	0	0	192.05
192.06 19206 OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07 19207 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	206,812	178,224	90,600	0	191,595	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0018

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B  
Part II  
Date/Time Prepared:  
11/27/2017 3:29 pm

Cost Center Description	INTERNS & RESIDENTS					PARAMED PRGM
	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
	19.00	20.00	21.00	22.00	23.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
18.00 01850 OTHER GENERAL SERVICE COST CENTER						18.00
18.01 01851 OUTPATIENT ACCOUNTING						18.01
19.00 01900 NONPHYSICIAN ANESTHETISTS	0					19.00
20.00 02000 NURSING SCHOOL		0				20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD			105,001			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD				160,853		22.00
23.00 02300 PARAMED PRGM-(SPECIFY)					0	23.00
23.01 02301 PASTORAL EDUCATION						23.01
23.02 02302 PHARMACY RESIDENCY PROGRAM						23.02
23.04 02304 MEDICAL STUDENT EDUCATION						23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS						30.00
31.00 03100 INTENSIVE CARE UNIT						31.00
31.01 02060 NEONATAL INTENSIVE CARE UNIT						31.01
32.00 03200 CORONARY CARE UNIT						32.00
33.00 03300 BURN INTENSIVE CARE UNIT						33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT						34.00
40.00 04000 SUBPROVIDER - I PF						40.00
41.00 04100 SUBPROVIDER - I RF						41.00
42.00 04200 SUBPROVIDER						42.00
43.00 04300 NURSERY						43.00
44.00 04400 SKILLED NURSING FACILITY						44.00
45.00 04500 NURSING FACILITY						45.00
46.00 04600 OTHER LONG TERM CARE						46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM						50.00
51.00 05100 RECOVERY ROOM						51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM						52.00
53.00 05300 ANESTHESIOLOGY						53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC						54.00
55.00 05500 RADIOLOGY-THERAPEUTIC						55.00
56.00 05600 RADIOISOTOPE						56.00
57.00 05700 CT SCAN						57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)						58.00
59.00 05900 CARDIAC CATHETERIZATION						59.00
60.00 06000 LABORATORY						60.00
60.01 06001 BLOOD LABORATORY						60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS						62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.						63.00
64.00 06400 INTRAVENOUS THERAPY						64.00
65.00 06500 RESPIRATORY THERAPY						65.00
65.01 03560 PULMONARY FUNCTION TESTING						65.01
66.00 06600 PHYSICAL THERAPY						66.00
67.00 06700 OCCUPATIONAL THERAPY						67.00
68.00 06800 SPEECH PATHOLOGY						68.00
69.00 06900 ELECTROCARDIOLOGY						69.00
70.00 07000 ELECTROENCEPHALOGRAPHY						70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS						71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS						72.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0018	Period: From 07/01/2016 To 06/30/2017	Worksheet B Part II Date/Time Prepared: 11/27/2017 3:29 pm			
Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED PRGM			
	19.00	20.00	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS			21.00	22.00
73.00	07300	DRUGS CHARGED TO PATIENTS						73.00
74.00	07400	RENAL DIALYSIS						74.00
75.00	07500	ASC (NON-DISTINCT PART)						75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC						88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC						90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY						90.01
90.02	04951	MSH SPECIALTY CLINIC						90.02
90.03	04952	UNDER THE RAINBOW						90.03
90.04	09002	SPASTICITY CLINIC						90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER						90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB						90.06
91.00	09100	EMERGENCY						91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS						94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED						96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD						97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS						98.00
99.00	09900	CMHC						99.00
99.10	09910	CORF						99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM						100.00
101.00	10100	HOME HEALTH AGENCY						101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION						105.00
106.00	10600	HEART ACQUISITION						106.00
107.00	10700	LIVER ACQUISITION						107.00
108.00	10800	LUNG ACQUISITION						108.00
109.00	10900	PANCREAS ACQUISITION						109.00
110.00	11000	INTESTINAL ACQUISITION						110.00
111.00	11100	ISLET ACQUISITION						111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)						115.00
116.00	11600	HOSPICE						116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
191.00	19100	RESEARCH						191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES						192.00
192.01	19201	KLING OFFICE BLDG						192.01
192.02	19202	DAY PSYCH						192.02
192.03	19203	FAMILY PLANNING						192.03
192.04	19204	DEVELOPMENT						192.04
192.05	19205	DENTISTRY						192.05
192.06	19206	OCCUPATIONAL HEALTH						192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES						192.07
193.00	19300	NONPAID WORKERS						193.00
200.00		Cross Foot Adjustments	0	0	105,001	160,853	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	0	105,001	160,853	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0018		Period: From 07/01/2016 To 06/30/2017		Worksheet B Part II Date/Time Prepared: 11/27/2017 3:29 pm	
Cost Center Description			PASTORAL EDUCATION	PHARMACY RESIDENCY PROGRAM	MEDICAL STUDENT EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.01	23.02	23.04	24.00	25.00	
<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	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER						18.00
18.01	01851	OUTPATIENT ACCOUNTING						18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED ED PRGM-(SPECFY)						23.00
23.01	02301	PASTORAL EDUCATION	137					23.01
23.02	02302	PHARMACY RESIDENCY PROGRAM		8,425				23.02
23.04	02304	MEDICAL STUDENT EDUCATION			0			23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS				4,465,214	0	30.00
31.00	03100	INTENSIVE CARE UNIT				325,990	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT				161,736	0	31.01
32.00	03200	CORONARY CARE UNIT				387,041	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT				0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				0	0	34.00
40.00	04000	SUBPROVIDER - I PF				514,414	0	40.00
41.00	04100	SUBPROVIDER - I RF				0	0	41.00
42.00	04200	SUBPROVIDER				0	0	42.00
43.00	04300	NURSERY				76,786	0	43.00
44.00	04400	SKILLED NURSING FACILITY				0	0	44.00
45.00	04500	NURSING FACILITY				0	0	45.00
46.00	04600	OTHER LONG TERM CARE				0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM				1,218,676	0	50.00
51.00	05100	RECOVERY ROOM				106,963	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM				376,418	0	52.00
53.00	05300	ANESTHESIOLOGY				128,475	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC				760,631	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC				153,920	0	55.00
56.00	05600	RADIOISOTOPE				104,995	0	56.00
57.00	05700	CT SCAN				96,758	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)				56,922	0	58.00
59.00	05900	CARDIAC CATHETERIZATION				127,633	0	59.00
60.00	06000	LABORATORY				1,109,298	0	60.00
60.01	06001	BLOOD LABORATORY				0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY				0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS				51,431	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.				0	0	63.00
64.00	06400	INTRAVENOUS THERAPY				0	0	64.00
65.00	06500	RESPIRATORY THERAPY				148,850	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING				54,647	0	65.01
66.00	06600	PHYSICAL THERAPY				104,208	0	66.00
67.00	06700	OCCUPATIONAL THERAPY				119,111	0	67.00
68.00	06800	SPEECH PATHOLOGY				32,852	0	68.00
69.00	06900	ELECTROCARDIOLOGY				193,568	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY				55,689	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS				259,156	0	71.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0018			Period: From 07/01/2016 To 06/30/2017	Worksheet B Part II Date/Time Prepared: 11/27/2017 3:29 pm	
Cost Center Description		PASTORAL EDUCATION	PHARMACY RESIDENCY PROGRAM	MEDICAL STUDENT EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		23.01	23.02	23.04	24.00	25.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			260,423	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			296,456	0	73.00
74.00	07400	RENAL DIALYSIS			124,506	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)			0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC			0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			0	0	89.00
90.00	09000	CLINIC			0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY			31,011	0	90.01
90.02	04951	MSH SPECIALTY CLINIC			12,656	0	90.02
90.03	04952	UNDER THE RAINBOW			287,347	0	90.03
90.04	09002	SPASTICITY CLINIC			1,630	0	90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER			2,080	0	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB			2,120	0	90.06
91.00	09100	EMERGENCY			504,561	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS			0	0	94.00
95.00	09500	AMBULANCE SERVICES			0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED			0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD			0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS			0	0	98.00
99.00	09900	CMHC			0	0	99.00
99.10	09910	CORF			0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			0	0	100.00
101.00	10100	HOME HEALTH AGENCY			0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION			0	0	105.00
106.00	10600	HEART ACQUISITION			0	0	106.00
107.00	10700	LIVER ACQUISITION			0	0	107.00
108.00	10800	LUNG ACQUISITION			0	0	108.00
109.00	10900	PANCREAS ACQUISITION			0	0	109.00
110.00	11000	INTESTINAL ACQUISITION			0	0	110.00
111.00	11100	ISLET ACQUISITION			0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)			0	0	115.00
116.00	11600	HOSPICE			0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	12,714,172	0118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			0	0	190.00
191.00	19100	RESEARCH			96,853	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES			0	0	192.00
192.01	19201	KLING OFFICE BLDG			0	0	192.01
192.02	19202	DAY PSYCH			0	0	192.02
192.03	19203	FAMILY PLANNING			0	0	192.03
192.04	19204	DEVELOPMENT			40,788	0	192.04
192.05	19205	DENTISTRY			21,281	0	192.05
192.06	19206	OCCUPATIONAL HEALTH			0	0	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES			0	0	192.07
193.00	19300	NONPAID WORKERS			0	0	193.00
200.00		Cross Foot Adjustments	137	8,425	0	274,416	0200.00
201.00		Negative Cost Centers	0	0	0	0	0201.00
202.00		TOTAL (sum lines 118-201)	137	8,425	0	13,147,510	0202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0018

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B  
Part II  
Date/Time Prepared:  
11/27/2017 3:29 pm

Cost Center Description		Total	
		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 NONPATIENT TELEPHONES		5.01
5.02	00550 DATA PROCESSING		5.02
5.03	00560 PURCHASING RECEIVING AND STORES		5.03
5.04	00570 ADMITTING		5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590 OTHER ADMINISTRATIVE AND GENERAL		5.06
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
12.00	01200 MAINTENANCE OF PERSONNEL		12.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
18.00	01850 OTHER GENERAL SERVICE COST CENTER		18.00
18.01	01851 OUTPATIENT ACCOUNTING		18.01
19.00	01900 NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000 NURSING SCHOOL		20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)		23.00
23.01	02301 PASTORAL EDUCATION		23.01
23.02	02302 PHARMACY RESIDENCY PROGRAM		23.02
23.04	02304 MEDICAL STUDENT EDUCATION		23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000 ADULTS & PEDIATRICS	4,465,214	30.00
31.00	03100 INTENSIVE CARE UNIT	325,990	31.00
31.01	02060 NEONATAL INTENSIVE CARE UNIT	161,736	31.01
32.00	03200 CORONARY CARE UNIT	387,041	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000 SUBPROVIDER - IPF	514,414	40.00
41.00	04100 SUBPROVIDER - IRF	0	41.00
42.00	04200 SUBPROVIDER	0	42.00
43.00	04300 NURSERY	76,786	43.00
44.00	04400 SKILLED NURSING FACILITY	0	44.00
45.00	04500 NURSING FACILITY	0	45.00
46.00	04600 OTHER LONG TERM CARE	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	1,218,676	50.00
51.00	05100 RECOVERY ROOM	106,963	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	376,418	52.00
53.00	05300 ANESTHESIOLOGY	128,475	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	760,631	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	153,920	55.00
56.00	05600 RADIOISOTOPE	104,995	56.00
57.00	05700 CT SCAN	96,758	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	56,922	58.00
59.00	05900 CARDIAC CATHETERIZATION	127,633	59.00
60.00	06000 LABORATORY	1,109,298	60.00
60.01	06001 BLOOD LABORATORY	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	51,431	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	64.00
65.00	06500 RESPIRATORY THERAPY	148,850	65.00
65.01	03560 PULMONARY FUNCTION TESTING	54,647	65.01
66.00	06600 PHYSICAL THERAPY	104,208	66.00
67.00	06700 OCCUPATIONAL THERAPY	119,111	67.00
68.00	06800 SPEECH PATHOLOGY	32,852	68.00
69.00	06900 ELECTROCARDIOLOGY	193,568	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	55,689	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	259,156	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	260,423	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	296,456	73.00
74.00	07400 RENAL DIALYSIS	124,506	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	75.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0018

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B  
Part II  
Date/Time Prepared:  
11/27/2017 3:29 pm

Cost Center Description		Total	
		26.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00	08800 RURAL HEALTH CLINIC	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000 CLINIC	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	31,011	90.01
90.02	04951 MSH SPECIALTY CLINIC	12,656	90.02
90.03	04952 UNDER THE RAINBOW	287,347	90.03
90.04	09002 SPASTICITY CLINIC	1,630	90.04
90.05	09001 HEM/ONC CLINIC @ ARCHER	2,080	90.05
90.06	09003 MSH SPECIALTY CLINIC AT SCHWAB	2,120	90.06
91.00	09100 EMERGENCY	504,561	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
94.00	09400 HOME PROGRAM DIALYSIS	0	94.00
95.00	09500 AMBULANCE SERVICES	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	98.00
99.00	09900 CMHC	0	99.00
99.10	09910 CORF	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>			
105.00	10500 KIDNEY ACQUISITION	0	105.00
106.00	10600 HEART ACQUISITION	0	106.00
107.00	10700 LIVER ACQUISITION	0	107.00
108.00	10800 LUNG ACQUISITION	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	110.00
111.00	11100 ISLET ACQUISITION	0	111.00
113.00	11300 INTEREST EXPENSE		113.00
114.00	11400 UTILIZATION REVIEW-SNF		114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	115.00
116.00	11600 HOSPICE	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	12,714,172	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
191.00	19100 RESEARCH	96,853	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	192.00
192.01	19201 KLING OFFICE BLDG	0	192.01
192.02	19202 DAY PSYCH	0	192.02
192.03	19203 FAMILY PLANNING	0	192.03
192.04	19204 DEVELOPMENT	40,788	192.04
192.05	19205 DENTISTRY	21,281	192.05
192.06	19206 OCCUPATIONAL HEALTH	0	192.06
192.07	19207 PHYSICIANS' PRIVATE OFFICES	0	192.07
193.00	19300 NONPAID WORKERS	0	193.00
200.00	Cross Foot Adjustments	274,416	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	13,147,510	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0018

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B-1

Date/Time Prepared:  
11/27/2017 3:29 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (ASSIGNED TIME)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00	4.00	5.01	5.02	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT	377,312				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		377,312			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,187	2,187	117,096,162		4.00
5.01	00540	NONPATIENT TELEPHONES	396	396	445,413	1,740	5.01
5.02	00550	DATA PROCESSING	3,120	3,120	3,838,397	70	960 5.02
5.03	00560	PURCHASING RECEIVING AND STORES	5,519	5,519	226,387	35	60 5.03
5.04	00570	ADMINISTRATIVE	994	994	2,551,526	30	50 5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,567	1,567	55,971	60	170 5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	27,624	27,624	10,035,995	154	80 5.06
6.00	00600	MAINTENANCE & REPAIRS	14,372	14,372	0	48	0 6.00
7.00	00700	OPERATION OF PLANT	6,165	6,165	382,708	83	0 7.00
8.00	00800	LAUNDRY & LINEN SERVICE	10,762	10,762	0	5	0 8.00
9.00	00900	HOUSEKEEPING	704	704	2,319,398	27	0 9.00
10.00	01000	DIETARY	2,419	2,419	1,247,161	23	0 10.00
11.00	01100	CAFETERIA	17,738	17,738	959,385	0	0 11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00	01300	NURSING ADMINISTRATION	6,980	6,980	3,878,087	32	0 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	20,705	20,705	524,393	15	0 14.00
15.00	01500	PHARMACY	2,807	2,807	3,946,778	45	40 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,593	3,593	1,416,521	23	50 16.00
17.00	01700	SOCIAL SERVICE	2,117	2,117	631,383	13	0 17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	0	0	0 18.00
18.01	01851	OUTPATIENT ACCOUNTING	4,367	4,367	274,353	39	80 18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	6,876,187	0	0 21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	3,686	3,686	2,627,958	0	0 22.00
23.00	02300	PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	0 23.00
23.01	02301	PASTORAL EDUCATION	0	0	12,593	0	0 23.01
23.02	02302	PHARMACY RESIDENCY PROGRAM	91	91	408,658	0	0 23.02
23.04	02304	MEDICAL STUDENT EDUCATION	0	0	0	0	0 23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	96,022	96,022	18,484,890	401	130 30.00
31.00	03100	INTENSIVE CARE UNIT	5,541	5,541	2,789,686	17	0 31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	1,770	1,770	3,451,814	17	0 31.01
32.00	03200	CORONARY CARE UNIT	6,394	6,394	3,380,525	21	0 32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00	04000	SUBPROVIDER - IPF	10,897	10,897	2,754,365	28	0 40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00	04300	NURSERY	1,397	1,397	1,026,592	7	0 43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0 45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0 46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	25,635	25,635	7,359,370	90	60 50.00
51.00	05100	RECOVERY ROOM	1,255	1,255	1,452,792	15	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,934	5,934	4,245,639	40	0 52.00
53.00	05300	ANESTHESIOLOGY	1,745	1,745	441,822	20	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,259	15,259	4,797,532	42	110 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,568	3,568	437,928	7	0 55.00
56.00	05600	RADIOISOTOPE	2,374	2,374	252,612	10	0 56.00
57.00	05700	CT SCAN	949	949	812,526	8	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,006	1,006	316,638	9	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	2,068	2,068	605,220	8	0 59.00
60.00	06000	LABORATORY	23,443	23,443	4,984,239	78	130 60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	801	801	719,042	5	0 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	2,289	2,289	1,959,214	8	0 65.00
65.01	03560	PULMONARY FUNCTION TESTING	1,281	1,281	161,045	1	0 65.01
66.00	06600	PHYSICAL THERAPY	2,596	2,596	387,957	8	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	3,032	3,032	293,692	6	0 67.00
68.00	06800	SPEECH PATHOLOGY	693	693	227,537	3	0 68.00
69.00	06900	ELECTROCARDIOLOGY	3,719	3,719	982,360	17	0 69.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0018

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B-1  
Date/Time Prepared:  
11/27/2017 3:29 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (ASSIGNED TIME)		
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)					
		1.00	2.00					4.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,239	1,239	336,050	21	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,283	1,283	1,696,003	12	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
<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	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	0	967,923	0	0	90.01
90.02	04951	MSH SPECIALTY CLINIC	0	0	337,606	0	0	90.02
90.03	04952	UNDER THE RAINBOW	7,001	7,001	1,571,220	50	0	90.03
90.04	09002	SPASTICITY CLINIC	0	0	59,166	0	0	90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER	0	0	101,682	0	0	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0	0	76,207	0	0	90.06
91.00	09100	EMERGENCY	6,250	6,250	6,243,009	60	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	373,354	373,354	116,373,155	1,711	960	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	2,456	2,456	0	19	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	938	938	723,007	10	0	192.04
192.05	19205	DENTISTRY	564	564	0	0	0	192.05
192.06	19206	OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	7,260,349	5,887,161	21,232,573	1,328,713	11,746,851	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	19.242296	15.602899	0.181326	763.628161	12,236.303125	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			76,207	14,089	111,783	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000651	8.097126	116.440625	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0018

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B-1  
Date/Time Prepared:  
11/27/2017 3:29 pm

Cost Center Description		PURCHASING RECEIVING AND STORES (SUP COST)	ADMITTING (INP REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (TOTAL REV)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560	20,401,435					5.03
5.04	00570	41,539	636,834,351				5.04
5.05	00580	9,512	0	1,188,019,523			5.05
5.06	00590	940,957	0	0	-45,946,785	212,675,633	5.06
6.00	00600	3,674	0	0	0	3,551,072	6.00
7.00	00700	2,160,767	0	0	0	9,306,405	7.00
8.00	00800	782,463	0	0	0	1,376,424	8.00
9.00	00900	1,068,827	0	0	0	4,443,275	9.00
10.00	01000	51,353	0	0	0	2,428,852	10.00
11.00	01100	0	0	0	0	1,901,089	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	59,660	0	0	0	5,241,004	13.00
14.00	01400	93,644	0	0	0	1,381,015	14.00
15.00	01500	286,442	0	0	0	5,270,386	15.00
16.00	01600	0	0	0	0	4,873,906	16.00
17.00	01700	39,511	0	0	0	981,709	17.00
18.00	01850	0	0	0	0	0	18.00
18.01	01851	0	0	0	0	3,140,143	18.01
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	7,339,519	21.00
22.00	02200	112,843	0	0	0	4,202,617	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	27,735	23.01
23.02	02302	0	0	0	0	517,533	23.02
23.04	02304	0	0	0	0	0	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	778,797	102,738,914	105,550,450	0	32,932,517	30.00
31.00	03100	91,818	20,103,112	20,114,013	0	3,860,881	31.00
31.01	02060	34,962	24,255,443	24,255,760	0	4,442,794	31.01
32.00	03200	176,913	21,020,501	21,050,531	0	4,598,712	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	34,342	14,269,312	14,269,312	0	3,788,236	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	9	9,731,570	9,731,570	0	1,355,320	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	39,778,483	91,836,638	0	13,531,025	50.00
51.00	05100	13,864	11,347,384	36,277,257	0	1,973,175	51.00
52.00	05200	249,249	26,280,227	49,673,074	0	6,041,371	52.00
53.00	05300	322,564	22,104,344	37,340,601	0	3,478,985	53.00
54.00	05400	966,658	19,577,033	61,697,562	0	9,809,760	54.00
55.00	05500	247,876	796,805	9,785,129	0	1,186,272	55.00
56.00	05600	266,684	1,707,441	6,098,891	0	761,833	56.00
57.00	05700	280,599	25,396,365	65,119,379	0	1,753,622	57.00
58.00	05800	199,856	5,622,662	13,660,116	0	715,779	58.00
59.00	05900	761,980	17,814,592	23,465,014	0	1,045,680	59.00
60.00	06000	2,415,728	52,405,564	159,866,910	0	13,895,645	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	139,042	4,744,113	5,995,759	0	2,561,170	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	587,619	41,794,910	44,154,645	0	3,269,284	65.00
65.01	03560	0	8,388,770	10,809,812	0	319,124	65.01
66.00	06600	7,582	2,238,041	2,655,454	0	588,324	66.00
67.00	06700	486	2,883,989	3,164,826	0	485,727	67.00
68.00	06800	154,712	1,519,275	2,685,734	0	482,284	68.00
69.00	06900	1,582,171	13,117,094	32,291,786	0	1,767,547	69.00
70.00	07000	5,945	507,681	3,568,797	0	484,808	70.00
71.00	07100	2,419,004	29,875,428	39,534,890	0	5,893,359	71.00
72.00	07200	2,462,942	21,407,211	32,273,996	0	5,679,253	72.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0018

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B-1

Date/Time Prepared:  
11/27/2017 3:29 pm

Cost Center Description		PURCHASING RECEIVING AND STORES (SUP COST)	ADMITTING (INP REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (TOTAL REV)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
73.00	07300 DRUGS CHARGED TO PATIENTS	0	50,841,901	109,153,108	0	10,909,196	73.00
74.00	07400 RENAL DIALYSIS	392,782	2,614,898	20,509,514	0	3,016,037	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
<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	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	23,892	54,478	6,846,938	0	1,417,594	90.01
90.02	04951 MSH SPECIALTY CLINIC	5,969	4,918	6,693,957	0	460,766	90.02
90.03	04952 UNDER THE RAINBOW	7,811	0	872,620	0	2,291,743	90.03
90.04	09002 SPASTICITY CLINIC	1,841	0	723,806	0	81,596	90.04
90.05	09001 HEM/ONC CLINIC @ ARCHER	21,414	0	600,968	0	152,901	90.05
90.06	09003 MSH SPECIALTY CLINIC AT SCHWAB	2,556	0	267,254	0	138,036	90.06
91.00	09100 EMERGENCY	0	41,891,892	115,423,452	0	9,676,790	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	20,308,859	636,834,351	1,188,019,523	-45,946,785	210,829,830	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	92,531	0	0	0	751,981	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202 DAY PSYCH	0	0	0	0	0	192.02
192.03	19203 FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204 DEVELOPMENT	45	0	0	0	1,074,169	192.04
192.05	19205 DENTISTRY	0	0	0	0	19,653	192.05
192.06	19206 OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07	19207 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,324,510	3,848,974	3,601,579		45,946,785	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.064922	0.006044	0.003032		0.216042	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	199,726	42,769	75,015		988,870	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.009790	0.000067	0.000063		0.004650	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0018

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B-1

Date/Time Prepared:  
11/27/2017 3:29 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600	321,533					6.00
7.00	00700	6,165	315,368				7.00
8.00	00800	10,762	10,762	919,683			8.00
9.00	00900	704	704	0	303,902		9.00
10.00	01000	2,419	2,419	0	2,419	154,588	10.00
11.00	01100	17,738	17,738	0	17,738	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	6,980	6,980	0	6,980	0	13.00
14.00	01400	20,705	20,705	0	20,705	0	14.00
15.00	01500	2,807	2,807	0	2,807	0	15.00
16.00	01600	3,593	3,593	0	3,593	0	16.00
17.00	01700	2,117	2,117	0	2,117	0	17.00
18.00	01850	0	0	0	0	0	18.00
18.01	01851	4,367	4,367	0	4,367	0	18.01
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	3,686	3,686	0	3,686	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	91	91	0	91	0	23.02
23.04	02304	0	0	0	0	0	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	96,022	96,022	329,132	96,022	106,714	30.00
31.00	03100	5,541	5,541	37,840	5,541	11,875	31.00
31.01	02060	1,770	1,770	12,676	1,770	0	31.01
32.00	03200	6,394	6,394	30,447	6,394	13,798	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	10,897	10,897	30,132	10,897	22,201	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	1,397	1,397	0	1,397	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	25,635	25,635	102,092	25,635	0	50.00
51.00	05100	1,255	1,255	29,363	1,255	0	51.00
52.00	05200	5,934	5,934	52,275	5,934	0	52.00
53.00	05300	1,745	1,745	0	1,745	0	53.00
54.00	05400	15,259	15,259	29,365	15,259	0	54.00
55.00	05500	3,568	3,568	6,937	3,568	0	55.00
56.00	05600	2,374	2,374	9,364	2,374	0	56.00
57.00	05700	949	949	12,980	949	0	57.00
58.00	05800	1,006	1,006	6,444	1,006	0	58.00
59.00	05900	2,068	2,068	5,687	2,068	0	59.00
60.00	06000	23,443	23,443	0	23,443	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	801	801	0	801	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	2,289	2,289	0	2,289	0	65.00
65.01	03560	1,281	1,281	0	1,281	0	65.01
66.00	06600	2,596	2,596	0	2,596	0	66.00
67.00	06700	3,032	3,032	0	3,032	0	67.00
68.00	06800	693	693	0	693	0	68.00
69.00	06900	3,719	3,719	11,789	3,719	0	69.00
70.00	07000	1,239	1,239	695	1,239	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0018

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B-1

Date/Time Prepared:  
11/27/2017 3:29 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	1,283	1,283	37,875	1,283	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
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	0	0	0	0	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	0	0	0	0	0	90.01
90.02	04951 MSH SPECIALTY CLINIC	0	0	0	0	0	90.02
90.03	04952 UNDER THE RAINBOW	7,001	7,001	0	7,001	0	90.03
90.04	09002 SPASTICITY CLINIC	0	0	0	0	0	90.04
90.05	09001 HEM/ONC CLINIC @ ARCHER	0	0	0	0	0	90.05
90.06	09003 MSH SPECIALTY CLINIC AT SCHWAB	0	0	0	0	0	90.06
91.00	09100 EMERGENCY	6,250	6,250	174,590	6,250	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	317,575	311,410	919,683	299,944	154,588	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	2,456	2,456	0	2,456	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202 DAY PSYCH	0	0	0	0	0	192.02
192.03	19203 FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204 DEVELOPMENT	938	938	0	938	0	192.04
192.05	19205 DENTISTRY	564	564	0	564	0	192.05
192.06	19206 OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07	19207 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	4,318,253	11,399,776	2,207,345	5,438,112	3,116,801	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	13.430202	36.147536	2.400115	17.894295	20.161985	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	517,732	290,098	416,333	59,167	103,676	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.610199	0.919871	0.452692	0.194691	0.670660	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0018

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B-1

Date/Time Prepared:  
11/27/2017 3:29 pm

Cost Center Description		CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (BLANK)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (PHARM REQ)	
		11.00	12.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	131,266					11.00
12.00	01200	0	0				12.00
13.00	01300	3,928	0	1,314,876			13.00
14.00	01400	1,545	0	0	8,474,913		14.00
15.00	01500	4,879	0	0	441,340	16,484,497	15.00
16.00	01600	2,649	0	0	9	0	16.00
17.00	01700	964	0	0	0	50,457	17.00
18.00	01850	0	0	0	0	0	18.00
18.01	01851	605	0	0	0	0	18.01
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	12,895	0	0	0	0	21.00
22.00	02200	0	0	0	127	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	453	0	0	0	0	23.02
23.04	02304	0	0	0	0	0	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	27,797	0	511,732	1,024,889	139,272	30.00
31.00	03100	3,533	0	72,005	302,369	42,513	31.00
31.01	02060	3,934	0	84,697	161,598	27,403	31.01
32.00	03200	4,668	0	84,006	463,719	33,289	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	4,253	0	75,730	11,946	1,474	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	1,474	0	28,186	777	223	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	9,218	0	190,565	0	88,880	50.00
51.00	05100	1,539	0	31,101	38,539	6,744	51.00
52.00	05200	5,444	0	90,163	263,668	26,578	52.00
53.00	05300	315	0	0	281,531	31,305	53.00
54.00	05400	6,538	0	0	424,759	8,994	54.00
55.00	05500	506	0	0	6,039	0	55.00
56.00	05600	335	0	0	5,008	2,059	56.00
57.00	05700	1,105	0	0	90,707	9,009	57.00
58.00	05800	391	0	0	26,690	3,266	58.00
59.00	05900	728	0	0	240,586	11,262	59.00
60.00	06000	7,091	0	0	99,008	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100						61.00
62.00	06200	1,072	0	0	71	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	2,974	0	0	130,214	1,609	65.00
65.01	03560	236	0	0	0	0	65.01
66.00	06600	515	0	0	381	0	66.00
67.00	06700	321	0	0	823	0	67.00
68.00	06800	269	0	0	4,485	0	68.00
69.00	06900	1,401	0	0	24,894	2,316	69.00
70.00	07000	662	0	0	9,114	0	70.00
71.00	07100	0	0	0	2,074,584	0	71.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0018

Period:  
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To 06/30/2017

Worksheet B-1

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11/27/2017 3:29 pm

Cost Center Description		CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (BLANK)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (PHARM REQ)	
		11.00	12.00	13.00	14.00	15.00	
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
74.00	07400	RENAL DIALYSIS	2,341	0	0	92,965	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
<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	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	1,831	0	0	109,924	90.01
90.02	04951	MSH SPECIALTY CLINIC	941	0	0	15,842	90.02
90.03	04952	UNDER THE RAINBOW	2,266	0	0	0	90.03
90.04	09002	SPASTICITY CLINIC	16	0	0	7,518	90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER	0	0	0	8,066	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	227	0	0	264	90.06
91.00	09100	EMERGENCY	9,407	0	146,691	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	131,266	0	1,314,876	8,474,719	16,484,030
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	194	467
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	0	0	0	0	192.04
192.05	19205	DENTISTRY	0	0	0	0	192.05
192.06	19206	OCCUPATIONAL HEALTH	0	0	0	0	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,508,623	0	6,949,228	3,117,676	6,891,172
203.00		Unit cost multiplier (Wkst. B, Part I)	26.729107	0.000000	5.285082	0.367871	0.418040
204.00		Cost to be allocated (per Wkst. B, Part II)	675,881	0	310,202	793,642	206,812
205.00		Unit cost multiplier (Wkst. B, Part II)	5.148942	0.000000	0.235917	0.093646	0.012546

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0018

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From 07/01/2016  
To 06/30/2017

Worksheet B-1

Date/Time Prepared:  
11/27/2017 3:29 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (TOTAL REV)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE		NONPHYSICIAN ANESTHETISTS (BLANK)	
			COST CENTER (BLANK)	OUTPATIENT ACCOUNTING (O/P REVENUE)		
			16.00	17.00		
<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 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,188,019,523					16.00
17.00 01700 SOCIAL SERVICE	0	8,914				17.00
18.00 01850 OTHER GENERAL SERVICE COST CENTER	0	0	0			18.00
18.01 01851 OUTPATIENT ACCOUNTING	0	0	0	548,332,388		18.01
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01 02301 PASTORAL EDUCATION	0	0	0	0	0	23.01
23.02 02302 PHARMACY RESIDENCY PROGRAM	0	0	0	0	0	23.02
23.04 02304 MEDICAL STUDENT EDUCATION	0	0	0	0	0	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	105,550,450	5,410	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	20,114,013	222	0	0	0	31.00
31.01 02060 NEONATAL INTENSIVE CARE UNIT	24,255,760	355	0	0	0	31.01
32.00 03200 CORONARY CARE UNIT	21,050,531	463	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	14,269,312	1,143	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	9,731,570	23	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	91,836,638	0	0	52,058,155	0	50.00
51.00 05100 RECOVERY ROOM	36,277,257	0	0	24,929,873	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	49,673,074	134	0	23,392,847	0	52.00
53.00 05300 ANESTHESIOLOGY	37,340,601	0	0	15,236,256	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	61,697,562	0	0	42,120,528	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	9,785,129	0	0	8,988,324	0	55.00
56.00 05600 RADIOISOTOPE	6,098,891	0	0	4,391,450	0	56.00
57.00 05700 CT SCAN	65,119,379	0	0	39,723,014	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	13,660,116	0	0	8,037,454	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	23,465,014	0	0	5,650,421	0	59.00
60.00 06000 LABORATORY	159,866,910	0	0	107,461,346	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	5,995,759	0	0	1,251,646	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	44,154,645	0	0	2,359,735	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	10,809,812	0	0	2,421,042	0	65.01
66.00 06600 PHYSICAL THERAPY	2,655,454	0	0	417,414	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	3,164,826	0	0	280,837	0	67.00
68.00 06800 SPEECH PATHOLOGY	2,685,734	0	0	1,166,459	0	68.00
69.00 06900 ELECTROCARDIOLOGY	32,291,786	0	0	19,174,693	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	3,568,797	0	0	3,061,116	0	70.00

COST ALLOCATION - STATISTICAL BASIS

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Cost Center Description	MEDICAL RECORDS & LIBRARY (TOTAL REV)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE		NONPHYSICIAN ANESTHETISTS (BLANK)		
			COST CENTER (BLANK)	OUTPATIENT ACCOUNTING (O/P REVENUE)			
			16.00	17.00			18.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	39,534,890	0	0	0	9,659,461	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	32,273,996	0	0	0	10,866,785	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	109,153,108	0	0	0	58,311,208	0	73.00
74.00 07400 RENAL DIALYSIS	20,509,514	840	0	0	17,894,616	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
90.01 04950 OUTPATIENT CHEMOTHERAPY	6,846,938	0	0	0	6,792,460	0	90.01
90.02 04951 MSH SPECIALTY CLINIC	6,693,957	0	0	0	6,689,039	0	90.02
90.03 04952 UNDER THE RAINBOW	872,620	0	0	0	872,620	0	90.03
90.04 09002 SPASTICITY CLINIC	723,806	0	0	0	723,806	0	90.04
90.05 09001 HEM/ONC CLINIC @ ARCHER	600,968	0	0	0	600,968	0	90.05
90.06 09003 MSH SPECIALTY CLINIC AT SCHWAB	267,254	0	0	0	267,254	0	90.06
91.00 09100 EMERGENCY	115,423,452	324	0	0	73,531,561	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)							92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE							113.00
114.00 11400 UTILIZATION REVIEW-SNF							114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,188,019,523	8,914	0	548,332,388	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
192.01 19201 KLING OFFICE BLDG	0	0	0	0	0	0	192.01
192.02 19202 DAY PSYCH	0	0	0	0	0	0	192.02
192.03 19203 FAMILY PLANNING	0	0	0	0	0	0	192.03
192.04 19204 DEVELOPMENT	0	0	0	0	0	0	192.04
192.05 19205 DENTISTRY	0	0	0	0	0	0	192.05
192.06 19206 OCCUPATIONAL HEALTH	0	0	0	0	0	0	192.06
192.07 19207 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.07
193.00 19300 NONPAID WORKERS	0	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	6,240,109	1,383,497	0	4,129,367	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.005253	155.204958	0.000000	0.007531	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	178,224	90,600	0	191,595	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000150	10.163787	0.000000	0.000349	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0018

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B-1

Date/Time Prepared:  
11/27/2017 3:29 pm

Cost Center Description	NURSING SCHOOL (BLANK)	INTERNS & RESIDENTS		PARAMED PRGM (BLANK)	PASTORAL EDUCATION (PASTORAL TIME SPENT)	
		SERVICES-SALARY & FRINGES (I/R TIME)	SERVICES-OTHER PRGM COSTS (I/R TIME)			
		20.00	21.00			
<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	NONPATIENT TELEPHONES					5.01
5.02 00550	DATA PROCESSING					5.02
5.03 00560	PURCHASING RECEIVING AND STORES					5.03
5.04 00570	ADMITTING					5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
18.00 01850	OTHER GENERAL SERVICE COST CENTER					18.00
18.01 01851	OUTPATIENT ACCOUNTING					18.01
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL	0				20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD		8,954			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD			8,954		22.00
23.00 02300	PARAMED PRGM-(SPECIFY)				0	23.00
23.01 02301	PASTORAL EDUCATION					23.01
23.02 02302	PHARMACY RESIDENCY PROGRAM				10,000	23.02
23.04 02304	MEDICAL STUDENT EDUCATION					23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	6,238	6,238	0	5,735 30.00
31.00 03100	INTENSIVE CARE UNIT	0	314	314	0	0 31.00
31.01 02060	NEONATAL INTENSIVE CARE UNIT	0	279	279	0	2,353 31.01
32.00 03200	CORONARY CARE UNIT	0	151	151	0	0 32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	0	0	0	0	0 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0 46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	1,133	1,133	0	0 50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00 05300	ANESTHESIOLOGY	0	93	93	0	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	0 56.00
57.00 05700	CT SCAN	0	0	0	0	0 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	0	0	0	0	0 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0 61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0 62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	0 65.00
65.01 03560	PULMONARY FUNCTION TESTING	0	0	0	0	0 65.01
66.00 06600	PHYSICAL THERAPY	0	0	0	0	0 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00 06900	ELECTROCARDIOLOGY	0	116	116	0	0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	129	129	0	0 70.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0018

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B-1

Date/Time Prepared:  
11/27/2017 3:29 pm

Cost Center Description	NURSING SCHOOL (BLANK)	INTERNS & RESIDENTS		PARAMED PRGM (BLANK)	PASTORAL EDUCATION (PASTORAL TIME SPENT)	
		SERVICES-SALAR Y & FRINGES (I/R TIME)	SERVICES-OTHER PRGM COSTS (I/R TIME)			
		20.00	21.00			
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
<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	0	90.00
90.01 04950 OUTPATIENT CHEMOTHERAPY	0	0	0	0	588	90.01
90.02 04951 MSH SPECIALTY CLINIC	0	0	0	0	0	90.02
90.03 04952 UNDER THE RAINBOW	0	0	0	0	0	90.03
90.04 09002 SPASTICITY CLINIC	0	0	0	0	0	90.04
90.05 09001 HEM/ONC CLINIC @ ARCHER	0	0	0	0	0	90.05
90.06 09003 MSH SPECIALTY CLINIC AT SCHWAB	0	0	0	0	0	90.06
91.00 09100 EMERGENCY	0	501	501	0	1,324	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00	0	8,954	8,954	0	10,000	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
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 KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02 19202 DAY PSYCH	0	0	0	0	0	192.02
192.03 19203 FAMILY PLANNING	0	0	0	0	0	192.03
192.04 19204 DEVELOPMENT	0	0	0	0	0	192.04
192.05 19205 DENTISTRY	0	0	0	0	0	192.05
192.06 19206 OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07 19207 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	0	0	0	0	0	200.00
201.00	0	0	0	0	0	201.00
202.00	0	9,269,835	5,359,308	0	33,727	202.00
203.00	0.000000	1,035,273062	598,537860	0.000000	3,372700	203.00
204.00	0	105,001	160,853	0	137	204.00
205.00	0.000000	11,726714	17,964373	0.000000	0.013700	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0018

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B-1  
Date/Time Prepared:  
11/27/2017 3:29 pm

Cost Center Description		PHARMACY RESIDENCY PROGRAM (PHARM TIME SPENT)	MEDICAL STUDENT EDUCATION (BLANK)	
		23.02	23.04	
<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	NONPATIENT TELEPHONES		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.04	00570	ADMITTING		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL		5.06
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER		18.00
18.01	01851	OUTPATIENT ACCOUNTING		18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00
23.01	02301	PASTORAL EDUCATION		23.01
23.02	02302	PHARMACY RESIDENCY PROGRAM	10,000	23.02
23.04	02304	MEDICAL STUDENT EDUCATION		23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	2,813	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	31.01
32.00	03200	CORONARY CARE UNIT	1,650	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
45.00	04500	NURSING FACILITY	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	0	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	0	56.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	65.01
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0018

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From 07/01/2016  
To 06/30/2017

Worksheet B-1  
Date/Time Prepared:  
11/27/2017 3:29 pm

Cost Center Description		PHARMACY RESIDENCY PROGRAM (PHARM TIME SPENT)	MEDICAL STUDENT EDUCATION (BLANK)		
		23.02	23.04		
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,858	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	183	0	90.01
90.02	04951	MSH SPECIALTY CLINIC	0	0	90.02
90.03	04952	UNDER THE RAINBOW	0	0	90.03
90.04	09002	SPASTICITY CLINIC	0	0	90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER	0	0	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	2,188	0	90.06
91.00	09100	EMERGENCY	1,308	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	09900	CMHC	0	0	99.00
99.10	09910	CORF	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	10,000	0	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	192.01
192.02	19202	DAY PSYCH	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	192.03
192.04	19204	DEVELOPMENT	0	0	192.04
192.05	19205	DENTISTRY	0	0	192.05
192.06	19206	OCCUPATIONAL HEALTH	0	0	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	193.00
200.00		Cross Foot Adjustments			200.00
201.00		Negative Cost Centers			201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	647,589	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	64.758900	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	8,425	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.842500	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0018	Period: From 07/01/2016 To 06/30/2017	Worksheet C Part I Date/Time Prepared: 11/27/2017 3:29 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	54,945,974		54,945,974	635,394	55,581,368	30.00
31.00	03100	INTENSIVE CARE UNIT	6,143,205		6,143,205	0	6,143,205	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	6,366,609		6,366,609	0	6,366,609	31.01
32.00	03200	CORONARY CARE UNIT	7,417,459		7,417,459	0	7,417,459	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	6,633,118		6,633,118	74,619	6,707,737	40.00
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	1,985,817		1,985,817	0	1,985,817	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	20,594,137		20,594,137	585,985	21,180,122	50.00
51.00	05100	RECOVERY ROOM	3,155,430		3,155,430	0	3,155,430	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,060,447		9,060,447	0	9,060,447	52.00
53.00	05300	ANESTHESIOLOGY	4,784,299		4,784,299	79,625	4,863,924	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,005,193		14,005,193	126,162	14,131,355	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,834,786		1,834,786	0	1,834,786	55.00
56.00	05600	RADIOISOTOPE	1,185,840		1,185,840	0	1,185,840	56.00
57.00	05700	CT SCAN	2,935,558		2,935,558	0	2,935,558	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,107,681		1,107,681	0	1,107,681	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,703,259		1,703,259	0	1,703,259	59.00
60.00	06000	LABORATORY	20,353,783		20,353,783	30,871	20,384,654	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	3,238,137		3,238,137	0	3,238,137	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,507,813	0	4,507,813	0	4,507,813	65.00
65.01	03560	PULMONARY FUNCTION TESTING	555,825	0	555,825	0	555,825	65.01
66.00	06600	PHYSICAL THERAPY	921,583	0	921,583	0	921,583	66.00
67.00	06700	OCCUPATIONAL THERAPY	822,862	0	822,862	0	822,862	67.00
68.00	06800	SPEECH PATHOLOGY	664,969	0	664,969	0	664,969	68.00
69.00	06900	ELECTROCARDIOLOGY	2,790,242		2,790,242	32,461	2,822,703	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	737,661		737,661	0	737,661	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,210,173		8,210,173	0	8,210,173	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,934,625		7,934,625	0	7,934,625	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	21,020,433		21,020,433	0	21,020,433	73.00
74.00	07400	RENAL DIALYSIS	4,314,742		4,314,742	0	4,314,742	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
<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	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	1,914,188		1,914,188	0	1,914,188	90.01
90.02	04951	MSH SPECIALTY CLINIC	681,701		681,701	0	681,701	90.02
90.03	04952	UNDER THE RAINBOW	3,330,952		3,330,952	0	3,330,952	90.03
90.04	09002	SPASTICITY CLINIC	111,671		111,671	0	111,671	90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER	196,584		196,584	0	196,584	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	321,099		321,099	0	321,099	90.06
91.00	09100	EMERGENCY	14,993,526		14,993,526	121,616	15,115,142	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	7,902,693		7,902,693	0	7,902,693	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0		0	0	0	98.00
99.00	09900	CMHC	0		0	0	0	99.00
99.10	09910	CORF	0		0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	0		0	0	0	105.00
106.00	10600	HEART ACQUISITION	0		0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0		0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0		0	0	0	108.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0018

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet C  
Part I  
Date/Time Prepared:  
11/27/2017 3:29 pm

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	
109.00	10900	PANCREAS ACQUISITION	0		0		0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0			110.00
111.00	11100	ISLET ACQUISITION	0		0			111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0			115.00
116.00	11600	HOSPICE	0		0			116.00
200.00		Subtotal (see instructions)	249,384,074	0	249,384,074	1,686,733	251,070,807	200.00
201.00		Less Observation Beds	7,902,693		7,902,693		7,902,693	201.00
202.00		Total (see instructions)	241,481,381	0	241,481,381	1,686,733	243,168,114	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0018		Period: From 07/01/2016 To 06/30/2017		Worksheet C Part I Date/Time Prepared: 11/27/2017 3:29 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	102,738,914		102,738,914			30.00
31.00	03100	INTENSIVE CARE UNIT	20,103,112		20,103,112			31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	24,255,443		24,255,443			31.01
32.00	03200	CORONARY CARE UNIT	21,020,501		21,020,501			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	04000	SUBPROVIDER - I/PF	14,269,312		14,269,312			40.00
41.00	04100	SUBPROVIDER - I/RF	0		0			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	9,731,570		9,731,570			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
45.00	04500	NURSING FACILITY	0		0			45.00
46.00	04600	OTHER LONG TERM CARE	0		0			46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	39,778,483	52,058,155	91,836,638	0.224248	0.000000	50.00
51.00	05100	RECOVERY ROOM	11,347,384	24,929,873	36,277,257	0.086981	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	26,280,227	23,392,847	49,673,074	0.182402	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	22,104,344	15,236,256	37,340,600	0.128126	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,577,033	42,120,528	61,697,561	0.226998	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	796,805	8,988,324	9,785,129	0.187508	0.000000	55.00
56.00	05600	RADIOISOTOPE	1,707,441	4,391,450	6,098,891	0.194435	0.000000	56.00
57.00	05700	CT SCAN	25,396,365	39,723,014	65,119,379	0.045080	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,622,662	8,037,454	13,660,116	0.081089	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	17,814,592	5,650,421	23,465,013	0.072587	0.000000	59.00
60.00	06000	LABORATORY	52,405,564	107,461,346	159,866,910	0.127317	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	4,744,113	1,251,646	5,995,759	0.540071	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	41,794,910	2,359,735	44,154,645	0.102091	0.000000	65.00
65.01	03560	PULMONARY FUNCTION TESTING	8,388,770	2,421,042	10,809,812	0.051419	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	2,238,041	417,414	2,655,455	0.347053	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,883,989	280,837	3,164,826	0.260002	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,519,275	1,166,459	2,685,734	0.247593	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	13,117,094	19,174,693	32,291,787	0.086407	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	507,681	3,061,116	3,568,797	0.206697	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	29,875,428	9,659,461	39,534,889	0.207669	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,407,211	10,866,785	32,273,996	0.245852	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	50,841,901	58,311,208	109,153,109	0.192578	0.000000	73.00
74.00	07400	RENAL DIALYSIS	2,614,898	17,894,616	20,509,514	0.210378	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
<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	0	0.000000	0.000000	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	54,478	6,792,460	6,846,938	0.279568	0.000000	90.01
90.02	04951	MSH SPECIALTY CLINIC	4,918	6,689,039	6,693,957	0.101838	0.000000	90.02
90.03	04952	UNDER THE RAINBOW	0	872,620	872,620	3.817185	0.000000	90.03
90.04	09002	SPASTICITY CLINIC	0	723,806	723,806	0.154283	0.000000	90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER	0	600,968	600,968	0.327112	0.000000	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0	267,254	267,254	1.201475	0.000000	90.06
91.00	09100	EMERGENCY	41,891,892	73,531,561	115,423,453	0.129900	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,108,647	12,743,489	13,852,136	0.570504	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00
99.00	09900	CMHC	0	0	0			99.00
99.10	09910	CORF	0	0	0			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	0	0	0			105.00
106.00	10600	HEART ACQUISITION	0	0	0			106.00
107.00	10700	LIVER ACQUISITION	0	0	0			107.00
108.00	10800	LUNG ACQUISITION	0	0	0			108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0018

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet C  
Part I  
Date/Time Prepared:  
11/27/2017 3:29 pm

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	
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	637,942,998	561,075,877	1,199,018,875			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	637,942,998	561,075,877	1,199,018,875			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0018	Period: From 07/01/2016 To 06/30/2017	Worksheet C Part I Date/Time Prepared: 11/27/2017 3:29 pm
Cost Center Description			PPS Inpatient Ratio 11.00	Title XVIII	Hospital
					PPS
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT			31.01
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000	SUBPROVIDER - I PF			40.00
41.00	04100	SUBPROVIDER - I RF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
45.00	04500	NURSING FACILITY			45.00
46.00	04600	OTHER LONG TERM CARE			46.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.230628		50.00
51.00	05100	RECOVERY ROOM	0.086981		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.182402		52.00
53.00	05300	ANESTHESIOLOGY	0.130258		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.229042		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.187508		55.00
56.00	05600	RADIOISOTOPE	0.194435		56.00
57.00	05700	CT SCAN	0.045080		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.081089		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.072587		59.00
60.00	06000	LABORATORY	0.127510		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.540071		62.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.102091		65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.051419		65.01
66.00	06600	PHYSICAL THERAPY	0.347053		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.260002		67.00
68.00	06800	SPEECH PATHOLOGY	0.247593		68.00
69.00	06900	ELECTROCARDIOLOGY	0.087412		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.206697		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.207669		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.245852		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.192578		73.00
74.00	07400	RENAL DIALYSIS	0.210378		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
<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	0.000000		90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0.279568		90.01
90.02	04951	MSH SPECIALTY CLINIC	0.101838		90.02
90.03	04952	UNDER THE RAINBOW	3.817185		90.03
90.04	09002	SPASTICITY CLINIC	0.154283		90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER	0.327112		90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	1.201475		90.06
91.00	09100	EMERGENCY	0.130954		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.570504		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
99.00	09900	CMHC			99.00
99.10	09910	CORF			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100	HOME HEALTH AGENCY			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
105.00	10500	KIDNEY ACQUISITION			105.00
106.00	10600	HEART ACQUISITION			106.00
107.00	10700	LIVER ACQUISITION			107.00
108.00	10800	LUNG ACQUISITION			108.00
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0018	Period: From 07/01/2016 To 06/30/2017	Worksheet C Part I Date/Time Prepared: 11/27/2017 3:29 pm
			Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
			11.00		
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	11600	HOSPICE			116.00
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: 14-0018	Period: From 07/01/2016 To 06/30/2017	Worksheet C Part I Date/Time Prepared: 11/27/2017 3:29 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	54,945,974		54,945,974	635,394	55,581,368	30.00
31.00	03100	INTENSIVE CARE UNIT	6,143,205		6,143,205	0	6,143,205	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	6,366,609		6,366,609	0	6,366,609	31.01
32.00	03200	CORONARY CARE UNIT	7,417,459		7,417,459	0	7,417,459	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	6,633,118		6,633,118	74,619	6,707,737	40.00
41.00	04100	SUBPROVIDER - I/RF	0		0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	1,985,817		1,985,817	0	1,985,817	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	20,594,137		20,594,137	585,985	21,180,122	50.00
51.00	05100	RECOVERY ROOM	3,155,430		3,155,430	0	3,155,430	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,060,447		9,060,447	0	9,060,447	52.00
53.00	05300	ANESTHESIOLOGY	4,784,299		4,784,299	79,625	4,863,924	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,005,193		14,005,193	126,162	14,131,355	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,834,786		1,834,786	0	1,834,786	55.00
56.00	05600	RADIOISOTOPE	1,185,840		1,185,840	0	1,185,840	56.00
57.00	05700	CT SCAN	2,935,558		2,935,558	0	2,935,558	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,107,681		1,107,681	0	1,107,681	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,703,259		1,703,259	0	1,703,259	59.00
60.00	06000	LABORATORY	20,353,783		20,353,783	30,871	20,384,654	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	3,238,137		3,238,137	0	3,238,137	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,507,813	0	4,507,813	0	4,507,813	65.00
65.01	03560	PULMONARY FUNCTION TESTING	555,825	0	555,825	0	555,825	65.01
66.00	06600	PHYSICAL THERAPY	921,583	0	921,583	0	921,583	66.00
67.00	06700	OCCUPATIONAL THERAPY	822,862	0	822,862	0	822,862	67.00
68.00	06800	SPEECH PATHOLOGY	664,969	0	664,969	0	664,969	68.00
69.00	06900	ELECTROCARDIOLOGY	2,790,242		2,790,242	32,461	2,822,703	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	737,661		737,661	0	737,661	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,210,173		8,210,173	0	8,210,173	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,934,625		7,934,625	0	7,934,625	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	21,020,433		21,020,433	0	21,020,433	73.00
74.00	07400	RENAL DIALYSIS	4,314,742		4,314,742	0	4,314,742	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
<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	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	1,914,188		1,914,188	0	1,914,188	90.01
90.02	04951	MSH SPECIALTY CLINIC	681,701		681,701	0	681,701	90.02
90.03	04952	UNDER THE RAINBOW	3,330,952		3,330,952	0	3,330,952	90.03
90.04	09002	SPASTICITY CLINIC	111,671		111,671	0	111,671	90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER	196,584		196,584	0	196,584	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	321,099		321,099	0	321,099	90.06
91.00	09100	EMERGENCY	14,993,526		14,993,526	121,616	15,115,142	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	7,902,693		7,902,693	0	7,902,693	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0		0	0	0	98.00
99.00	09900	CMHC	0		0	0	0	99.00
99.10	09910	CORF	0		0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	0		0	0	0	105.00
106.00	10600	HEART ACQUISITION	0		0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0		0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0		0	0	0	108.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0018

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet C  
Part I  
Date/Time Prepared:  
11/27/2017 3:29 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		
109.00	10900	PANCREAS ACQUISITION	0		0			0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0			0	110.00
111.00	11100	ISLET ACQUISITION	0		0			0	111.00
113.00	11300	INTEREST EXPENSE							113.00
114.00	11400	UTILIZATION REVIEW-SNF							114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0			0	115.00
116.00	11600	HOSPICE	0		0			0	116.00
200.00		Subtotal (see instructions)	249,384,074	0	249,384,074	1,686,733	251,070,807		200.00
201.00		Less Observation Beds	7,902,693		7,902,693		7,902,693		201.00
202.00		Total (see instructions)	241,481,381	0	241,481,381	1,686,733	243,168,114		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0018		Period: From 07/01/2016 To 06/30/2017		Worksheet C Part I Date/Time Prepared: 11/27/2017 3:29 pm		
			Title XIX			Hospital		Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	102,738,914		102,738,914				30.00
31.00	03100	INTENSIVE CARE UNIT	20,103,112		20,103,112				31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	24,255,443		24,255,443				31.01
32.00	03200	CORONARY CARE UNIT	21,020,501		21,020,501				32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0				34.00
40.00	04000	SUBPROVIDER - I/PF	14,269,312		14,269,312				40.00
41.00	04100	SUBPROVIDER - I/RF	0		0				41.00
42.00	04200	SUBPROVIDER	0		0				42.00
43.00	04300	NURSERY	9,731,570		9,731,570				43.00
44.00	04400	SKILLED NURSING FACILITY	0		0				44.00
45.00	04500	NURSING FACILITY	0		0				45.00
46.00	04600	OTHER LONG TERM CARE	0		0				46.00
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	39,778,483	52,058,155	91,836,638	0.224248	0.000000		50.00
51.00	05100	RECOVERY ROOM	11,347,384	24,929,873	36,277,257	0.086981	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	26,280,227	23,392,847	49,673,074	0.182402	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	22,104,344	15,236,256	37,340,600	0.128126	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,577,033	42,120,528	61,697,561	0.226998	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	796,805	8,988,324	9,785,129	0.187508	0.000000		55.00
56.00	05600	RADIOISOTOPE	1,707,441	4,391,450	6,098,891	0.194435	0.000000		56.00
57.00	05700	CT SCAN	25,396,365	39,723,014	65,119,379	0.045080	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,622,662	8,037,454	13,660,116	0.081089	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	17,814,592	5,650,421	23,465,013	0.072587	0.000000		59.00
60.00	06000	LABORATORY	52,405,564	107,461,346	159,866,910	0.127317	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	4,744,113	1,251,646	5,995,759	0.540071	0.000000		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	41,794,910	2,359,735	44,154,645	0.102091	0.000000		65.00
65.01	03560	PULMONARY FUNCTION TESTING	8,388,770	2,421,042	10,809,812	0.051419	0.000000		65.01
66.00	06600	PHYSICAL THERAPY	2,238,041	417,414	2,655,455	0.347053	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	2,883,989	280,837	3,164,826	0.260002	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	1,519,275	1,166,459	2,685,734	0.247593	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	13,117,094	19,174,693	32,291,787	0.086407	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	507,681	3,061,116	3,568,797	0.206697	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	29,875,428	9,659,461	39,534,889	0.207669	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,407,211	10,866,785	32,273,996	0.245852	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	50,841,901	58,311,208	109,153,109	0.192578	0.000000		73.00
74.00	07400	RENAL DIALYSIS	2,614,898	17,894,616	20,509,514	0.210378	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000		75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000		89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000		90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	54,478	6,792,460	6,846,938	0.279568	0.000000		90.01
90.02	04951	MSH SPECIALTY CLINIC	4,918	6,689,039	6,693,957	0.101838	0.000000		90.02
90.03	04952	UNDER THE RAINBOW	0	872,620	872,620	3.817185	0.000000		90.03
90.04	09002	SPASTICITY CLINIC	0	723,806	723,806	0.154283	0.000000		90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER	0	600,968	600,968	0.327112	0.000000		90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0	267,254	267,254	1.201475	0.000000		90.06
91.00	09100	EMERGENCY	41,891,892	73,531,561	115,423,453	0.129900	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,108,647	12,743,489	13,852,136	0.570504	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000		97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000		98.00
99.00	09900	CMHC	0	0	0	0	0		99.00
99.10	09910	CORF	0	0	0	0	0		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>									
105.00	10500	KIDNEY ACQUISITION	0	0	0				105.00
106.00	10600	HEART ACQUISITION	0	0	0				106.00
107.00	10700	LIVER ACQUISITION	0	0	0				107.00
108.00	10800	LUNG ACQUISITION	0	0	0				108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0				109.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0018

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet C  
Part I  
Date/Time Prepared:  
11/27/2017 3:29 pm

Cost Center Description			Title XIX			Hospital	Cost	
			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				
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	637,942,998	561,075,877	1,199,018,875			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	637,942,998	561,075,877	1,199,018,875			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0018	Period: From 07/01/2016 To 06/30/2017	Worksheet C Part I Date/Time Prepared: 11/27/2017 3:29 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
31.00	03100	INTENSIVE CARE UNIT			31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT			31.01
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000	SUBPROVIDER - I PF			40.00
41.00	04100	SUBPROVIDER - I RF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
45.00	04500	NURSING FACILITY			45.00
46.00	04600	OTHER LONG TERM CARE			46.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.000000		65.01
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
<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
90.01	04950	OUTPATIENT CHEMOTHERAPY	0.000000		90.01
90.02	04951	MSH SPECIALTY CLINIC	0.000000		90.02
90.03	04952	UNDER THE RAINBOW	0.000000		90.03
90.04	09002	SPASTICITY CLINIC	0.000000		90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER	0.000000		90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0.000000		90.06
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
99.00	09900	CMHC			99.00
99.10	09910	CORF			99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100	HOME HEALTH AGENCY			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
105.00	10500	KIDNEY ACQUISITION			105.00
106.00	10600	HEART ACQUISITION			106.00
107.00	10700	LIVER ACQUISITION			107.00
108.00	10800	LUNG ACQUISITION			108.00
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0018	Period: From 07/01/2016 To 06/30/2017	Worksheet C Part I Date/Time Prepared: 11/27/2017 3:29 pm
			Title XIX	Hospital	Cost
Cost Center Description			PPS Inpatient Ratio		
			11.00		
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	11600	HOSPICE			116.00
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: 14-0018	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part I Date/Time Prepared: 11/27/2017 3:29 pm
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Cost Center Description		Title XVIII			Hospital		PPS
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	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	4,465,214	0	4,465,214	44,429	100.50	30.00
31.00	INTENSIVE CARE UNIT	325,990		325,990	4,241	76.87	31.00
31.01	NEONATAL INTENSIVE CARE UNIT	161,736		161,736	5,682	28.46	31.01
32.00	CORONARY CARE UNIT	387,041		387,041	4,928	78.54	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	514,414	0	514,414	7,929	64.88	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	76,786		76,786	3,912	19.63	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (Lines 30-199)	5,931,181		5,931,181	71,121		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	4,605	462,803		30.00
31.00	INTENSIVE CARE UNIT	987	75,871		31.00
31.01	NEONATAL INTENSIVE CARE UNIT	0	0		31.01
32.00	CORONARY CARE UNIT	3,338	262,167		32.00
33.00	BURN INTENSIVE CARE UNIT	0	0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0		34.00
40.00	SUBPROVIDER - IPF	1,012	65,659		40.00
41.00	SUBPROVIDER - IRF	0	0		41.00
42.00	SUBPROVIDER	0	0		42.00
43.00	NURSERY	0	0		43.00
44.00	SKILLED NURSING FACILITY	0	0		44.00
45.00	NURSING FACILITY	0	0		45.00
200.00	Total (Lines 30-199)	9,942	866,500		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0018

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet D  
Part II  
Date/Time Prepared:  
11/27/2017 3:29 pm

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)	Title XVIII		Capital Costs (column 3 x column 4)
					Hospital	PPS	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	1,218,676	91,836,638	0.013270	7,322,467	97,169	50.00
51.00	05100 RECOVERY ROOM	106,963	36,277,257	0.002948	1,848,423	5,449	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	376,418	49,673,074	0.007578	42,002	318	52.00
53.00	05300 ANESTHESIOLOGY	128,475	37,340,600	0.003441	1,905,186	6,556	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	760,631	61,697,561	0.012328	3,255,361	40,132	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	153,920	9,785,129	0.015730	363,775	5,722	55.00
56.00	05600 RADIOISOTOPE	104,995	6,098,891	0.017215	262,527	4,519	56.00
57.00	05700 CT SCAN	96,758	65,119,379	0.001486	4,817,779	7,159	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	56,922	13,660,116	0.004167	1,135,631	4,732	58.00
59.00	05900 CARDIAC CATHETERIZATION	127,633	23,465,013	0.005439	3,656,013	19,885	59.00
60.00	06000 LABORATORY	1,109,298	159,866,910	0.006939	10,923,050	75,795	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	51,431	5,995,759	0.008578	625,422	5,365	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	148,850	44,154,645	0.003371	5,180,981	17,465	65.00
65.01	03560 PULMONARY FUNCTION TESTING	54,647	10,809,812	0.005055	2,251,475	11,381	65.01
66.00	06600 PHYSICAL THERAPY	104,208	2,655,455	0.039243	461,540	18,112	66.00
67.00	06700 OCCUPATIONAL THERAPY	119,111	3,164,826	0.037636	351,186	13,217	67.00
68.00	06800 SPEECH PATHOLOGY	32,852	2,685,734	0.012232	348,210	4,259	68.00
69.00	06900 ELECTROCARDIOLOGY	193,568	32,291,787	0.005994	2,744,090	16,448	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	55,689	3,568,797	0.015604	136,097	2,124	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	259,156	39,534,889	0.006555	8,311,864	54,484	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	260,423	32,273,996	0.008069	3,725,688	30,063	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	296,456	109,153,109	0.002716	9,324,140	25,324	73.00
74.00	07400 RENAL DIALYSIS	124,506	20,509,514	0.006071	931,557	5,655	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
<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	0	0	0.000000	0	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	31,011	6,846,938	0.004529	0	0	90.01
90.02	04951 MSH SPECIALTY CLINIC	12,656	6,693,957	0.001891	0	0	90.02
90.03	04952 UNDER THE RAINBOW	287,347	872,620	0.329292	0	0	90.03
90.04	09002 SPASTICITY CLINIC	1,630	723,806	0.002252	0	0	90.04
90.05	09001 HEM/ONC CLINIC @ ARCHER	2,080	600,968	0.003461	0	0	90.05
90.06	09003 MSH SPECIALTY CLINIC AT SCHWAB	2,120	267,254	0.007933	0	0	90.06
91.00	09100 EMERGENCY	504,561	115,423,453	0.004371	5,495,200	24,020	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	634,879	13,852,136	0.045833	303,660	13,918	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	7,417,870	1,006,900,023		75,723,324	509,271	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0018	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part III Date/Time Prepared: 11/27/2017 3:29 pm
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Cost Center Description	Title XVIII				Hospital	PPS
	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	201,510	0	0	201,510	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01 02060 NEONATAL INTENSIVE CARE UNIT	0	7,936	0	0	7,936	31.01
32.00 03200 CORONARY CARE UNIT	0	106,852	0	0	106,852	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
200.00 Total (lines 30-199)	0	316,298	0	0	316,298	200.00

Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
	6.00	7.00	8.00	9.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	44,429	4.54	4,605	20,907	30.00
31.00 03100 INTENSIVE CARE UNIT	4,241	0.00	987	0	31.00
31.01 02060 NEONATAL INTENSIVE CARE UNIT	5,682	1.40	0	0	31.01
32.00 03200 CORONARY CARE UNIT	4,928	21.68	3,338	72,368	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0.00	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	7,929	0.00	1,012	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0.00	0	0	41.00
42.00 04200 SUBPROVIDER	0	0.00	0	0	42.00
43.00 04300 NURSERY	3,912	0.00	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0.00	0	0	44.00
45.00 04500 NURSING FACILITY	0	0.00	0	0	45.00
200.00 Total (lines 30-199)	71,121		9,942	93,275	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0018	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/27/2017 3:29 pm
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Cost Center Description		Title XVIII				Hospital	PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	120,322	0	120,322	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
<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	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	0	13,834	0	13,834	90.01
90.02	04951	MSH SPECIALTY CLINIC	0	0	0	0	0	90.02
90.03	04952	UNDER THE RAINBOW	0	0	0	0	0	90.03
90.04	09002	SPASTICITY CLINIC	0	0	0	0	0	90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER	0	0	0	0	0	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0	0	141,692	0	141,692	90.06
91.00	09100	EMERGENCY	0	0	89,170	0	89,170	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	28,647	0	28,647	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00		Total (Lines 50-199)	0	0	393,665	0	393,665	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0018	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/27/2017 3:29 pm
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Cost Center Description		Title XVIII				Hospital	
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	PPS
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	91,836,638	0.000000	0.000000	7,322,467	50.00
51.00	05100 RECOVERY ROOM	0	36,277,257	0.000000	0.000000	1,848,423	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	49,673,074	0.000000	0.000000	42,002	52.00
53.00	05300 ANESTHESIOLOGY	0	37,340,600	0.000000	0.000000	1,905,186	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	61,697,561	0.000000	0.000000	3,255,361	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	9,785,129	0.000000	0.000000	363,775	55.00
56.00	05600 RADIOISOTOPE	0	6,098,891	0.000000	0.000000	262,527	56.00
57.00	05700 CT SCAN	0	65,119,379	0.000000	0.000000	4,817,779	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	13,660,116	0.000000	0.000000	1,135,631	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	23,465,013	0.000000	0.000000	3,656,013	59.00
60.00	06000 LABORATORY	0	159,866,910	0.000000	0.000000	10,923,050	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	5,995,759	0.000000	0.000000	625,422	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	44,154,645	0.000000	0.000000	5,180,981	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0	10,809,812	0.000000	0.000000	2,251,475	65.01
66.00	06600 PHYSICAL THERAPY	0	2,655,455	0.000000	0.000000	461,540	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	3,164,826	0.000000	0.000000	351,186	67.00
68.00	06800 SPEECH PATHOLOGY	0	2,685,734	0.000000	0.000000	348,210	68.00
69.00	06900 ELECTROCARDIOLOGY	0	32,291,787	0.000000	0.000000	2,744,090	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	3,568,797	0.000000	0.000000	136,097	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	39,534,889	0.000000	0.000000	8,311,864	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	32,273,996	0.000000	0.000000	3,725,688	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	120,322	109,153,109	0.001102	0.001102	9,324,140	73.00
74.00	07400 RENAL DIALYSIS	0	20,509,514	0.000000	0.000000	931,557	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	13,834	6,846,938	0.002020	0.002020	0	90.01
90.02	04951 MSH SPECIALTY CLINIC	0	6,693,957	0.000000	0.000000	0	90.02
90.03	04952 UNDER THE RAINBOW	0	872,620	0.000000	0.000000	0	90.03
90.04	09002 SPASTICITY CLINIC	0	723,806	0.000000	0.000000	0	90.04
90.05	09001 HEM/ONC CLINIC @ ARCHER	0	600,968	0.000000	0.000000	0	90.05
90.06	09003 MSH SPECIALTY CLINIC AT SCHWAB	141,692	267,254	0.530177	0.530177	0	90.06
91.00	09100 EMERGENCY	89,170	115,423,453	0.000773	0.000773	5,495,200	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	28,647	13,852,136	0.002068	0.002068	303,660	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	393,665	1,006,900,023			75,723,324	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0018	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/27/2017 3:29 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	PPS
Title XVIII		11.00	12.00	13.00		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	0	6,046,579	0		50.00
51.00	05100 RECOVERY ROOM	0	1,794,430	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	3,065	0		52.00
53.00	05300 ANESTHESIOLOGY	0	948,336	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	3,484,161	0		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	1,232,702	0		55.00
56.00	05600 RADIOISOTOPE	0	528,022	0		56.00
57.00	05700 CT SCAN	0	4,405,623	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	850,352	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	1,124,801	0		59.00
60.00	06000 LABORATORY	0	3,023,724	0		60.00
60.01	06001 BLOOD LABORATORY	0	0	0		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0				61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	46,859	0		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	122,861	0		65.00
65.01	03560 PULMONARY FUNCTION TESTING	0	467,687	0		65.01
66.00	06600 PHYSICAL THERAPY	0	41,132	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	30,854	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	57,245	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	2,346,228	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	22,227	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,234,407	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	1,346,093	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	10,275	10,071,149	11,098		73.00
74.00	07400 RENAL DIALYSIS	0	94,721	0		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0		75.00
<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	0		90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	0	1,277,126	2,580		90.01
90.02	04951 MSH SPECIALTY CLINIC	0	569,748	0		90.02
90.03	04952 UNDER THE RAINBOW	0	0	0		90.03
90.04	09002 SPASTICITY CLINIC	0	30,404	0		90.04
90.05	09001 HEM/ONC CLINIC @ ARCHER	0	118,388	0		90.05
90.06	09003 MSH SPECIALTY CLINIC AT SCHWAB	0	22,570	11,966		90.06
91.00	09100 EMERGENCY	4,248	4,281,490	3,310		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	628	1,705,408	3,527		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0		94.00
95.00	09500 AMBULANCE SERVICES	0	0	0		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00
200.00	Total (lines 50-199)	15,151	47,328,392	32,481		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0018	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part V Date/Time Prepared: 11/27/2017 3:29 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>						
50.00	05000 OPERATING ROOM	0.224248	6,046,579	0	1,355,933	50.00
51.00	05100 RECOVERY ROOM	0.086981	1,794,430	0	156,081	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.182402	3,065	0	559	52.00
53.00	05300 ANESTHESIOLOGY	0.128126	948,336	0	121,506	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.226998	3,484,161	0	790,898	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.187508	1,232,702	0	231,141	55.00
56.00	05600 RADIOISOTOPE	0.194435	528,022	0	102,666	56.00
57.00	05700 CT SCAN	0.045080	4,405,623	0	198,605	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.081089	850,352	0	68,954	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.072587	1,124,801	0	81,646	59.00
60.00	06000 LABORATORY	0.127317	3,023,724	0	384,971	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.540071	46,859	0	25,307	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.102091	122,861	0	12,543	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.051419	467,687	0	24,048	65.01
66.00	06600 PHYSICAL THERAPY	0.347053	41,132	0	14,275	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.260002	30,854	0	8,022	67.00
68.00	06800 SPEECH PATHOLOGY	0.247593	57,245	0	14,173	68.00
69.00	06900 ELECTROCARDIOLOGY	0.086407	2,346,228	0	202,731	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.206697	22,227	0	4,594	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.207669	1,234,407	0	256,348	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.245852	1,346,093	0	330,940	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.192578	10,071,149	0	1,939,482	73.00
74.00	07400 RENAL DIALYSIS	0.210378	94,721	0	19,927	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	0.279568	1,277,126	0	357,044	90.01
90.02	04951 MSH SPECIALTY CLINIC	0.101838	569,748	0	58,022	90.02
90.03	04952 UNDER THE RAINBOW	3.817185	0	0	0	90.03
90.04	09002 SPASTICITY CLINIC	0.154283	30,404	0	4,691	90.04
90.05	09001 HEM/ONC CLINIC @ ARCHER	0.327112	118,388	0	38,726	90.05
90.06	09003 MSH SPECIALTY CLINIC AT SCHWAB	1.201475	22,570	0	27,117	90.06
91.00	09100 EMERGENCY	0.129900	4,281,490	0	556,166	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.570504	1,705,408	0	972,942	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0.000000	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	98.00
200.00	Subtotal (see instructions)		47,328,392	0	8,360,058	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		47,328,392	0	8,360,058	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0018		Period: From 07/01/2016 To 06/30/2017	Worksheet D Part V Date/Time Prepared: 11/27/2017 3:29 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.)		
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
<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
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	0	90.01
90.02	04951	MSH SPECIALTY CLINIC	0	0	90.02
90.03	04952	UNDER THE RAINBOW	0	0	90.03
90.04	09002	SPASTICITY CLINIC	0	0	90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER	0	0	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0	0	90.06
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00		Subtotal (see instructions)	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00		Net Charges (line 200 +/- line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 14-0018 Component CCN: 14-S018		Period: From 07/01/2016 To 06/30/2017		Worksheet D Part II Date/Time Prepared: 11/27/2017 3:29 pm	
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,218,676	91,836,638	0.013270	0	0	50.00
51.00	05100	RECOVERY ROOM	106,963	36,277,257	0.002948	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	376,418	49,673,074	0.007578	0	0	52.00
53.00	05300	ANESTHESIOLOGY	128,475	37,340,600	0.003441	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	760,631	61,697,561	0.012328	3,902	48	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	153,920	9,785,129	0.015730	0	0	55.00
56.00	05600	RADIOISOTOPE	104,995	6,098,891	0.017215	0	0	56.00
57.00	05700	CT SCAN	96,758	65,119,379	0.001486	11,518	17	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	56,922	13,660,116	0.004167	3,976	17	58.00
59.00	05900	CARDIAC CATHETERIZATION	127,633	23,465,013	0.005439	5,921	32	59.00
60.00	06000	LABORATORY	1,109,298	159,866,910	0.006939	198,067	1,374	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	51,431	5,995,759	0.008578	247	2	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	148,850	44,154,645	0.003371	4,726	16	65.00
65.01	03560	PULMONARY FUNCTION TESTING	54,647	10,809,812	0.005055	2,611	13	65.01
66.00	06600	PHYSICAL THERAPY	104,208	2,655,455	0.039243	1,057	41	66.00
67.00	06700	OCCUPATIONAL THERAPY	119,111	3,164,826	0.037636	119,690	4,505	67.00
68.00	06800	SPEECH PATHOLOGY	32,852	2,685,734	0.012232	1,187	15	68.00
69.00	06900	ELECTROCARDIOLOGY	193,568	32,291,787	0.005994	9,192	55	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	55,689	3,568,797	0.015604	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	259,156	39,534,889	0.006555	5,883	39	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	260,423	32,273,996	0.008069	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	296,456	109,153,109	0.002716	283,536	770	73.00
74.00	07400	RENAL DIALYSIS	124,506	20,509,514	0.006071	7,979	48	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
<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	0	0	0.000000	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	31,011	6,846,938	0.004529	0	0	90.01
90.02	04951	MSH SPECIALTY CLINIC	12,656	6,693,957	0.001891	0	0	90.02
90.03	04952	UNDER THE RAINBOW	287,347	872,620	0.329292	0	0	90.03
90.04	09002	SPASTICITY CLINIC	1,630	723,806	0.002252	0	0	90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER	2,080	600,968	0.003461	0	0	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	2,120	267,254	0.007933	0	0	90.06
91.00	09100	EMERGENCY	504,561	115,423,453	0.004371	171,400	749	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	13,852,136	0.000000	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50-199)	6,782,991	1,006,900,023		830,892	7,741	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0018 Component CCN: 14-S018	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/27/2017 3:29 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	120,322	0	120,322	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
<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	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	0	0	13,834	0	13,834	90.01
90.02	04951 MSH SPECIALTY CLINIC	0	0	0	0	0	90.02
90.03	04952 UNDER THE RAINBOW	0	0	0	0	0	90.03
90.04	09002 SPASTICITY CLINIC	0	0	0	0	0	90.04
90.05	09001 HEM/ONC CLINIC @ ARCHER	0	0	0	0	0	90.05
90.06	09003 MSH SPECIALTY CLINIC AT SCHWAB	0	0	141,692	0	141,692	90.06
91.00	09100 EMERGENCY	0	0	89,170	0	89,170	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	0	0	365,018	0	365,018	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0018 Component CCN: 14-S018	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/27/2017 3:29 pm
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Title XVIII		Subprovider - IPF	PPS
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	91,836,638	0.000000	0.000000	0	50.00
51.00	05100 RECOVERY ROOM	0	36,277,257	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	49,673,074	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	37,340,600	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	61,697,561	0.000000	0.000000	3,902	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	9,785,129	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	6,098,891	0.000000	0.000000	0	56.00
57.00	05700 CT SCAN	0	65,119,379	0.000000	0.000000	11,518	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	13,660,116	0.000000	0.000000	3,976	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	23,465,013	0.000000	0.000000	5,921	59.00
60.00	06000 LABORATORY	0	159,866,910	0.000000	0.000000	198,067	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	5,995,759	0.000000	0.000000	247	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	44,154,645	0.000000	0.000000	4,726	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0	10,809,812	0.000000	0.000000	2,611	65.01
66.00	06600 PHYSICAL THERAPY	0	2,655,455	0.000000	0.000000	1,057	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	3,164,826	0.000000	0.000000	119,690	67.00
68.00	06800 SPEECH PATHOLOGY	0	2,685,734	0.000000	0.000000	1,187	68.00
69.00	06900 ELECTROCARDIOLOGY	0	32,291,787	0.000000	0.000000	9,192	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	3,568,797	0.000000	0.000000	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	39,534,889	0.000000	0.000000	5,883	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	32,273,996	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	120,322	109,153,109	0.001102	0.001102	283,536	73.00
74.00	07400 RENAL DIALYSIS	0	20,509,514	0.000000	0.000000	7,979	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	13,834	6,846,938	0.002020	0.002020	0	90.01
90.02	04951 MSH SPECIALTY CLINIC	0	6,693,957	0.000000	0.000000	0	90.02
90.03	04952 UNDER THE RAINBOW	0	872,620	0.000000	0.000000	0	90.03
90.04	09002 SPASTICITY CLINIC	0	723,806	0.000000	0.000000	0	90.04
90.05	09001 HEM/ONC CLINIC @ ARCHER	0	600,968	0.000000	0.000000	0	90.05
90.06	09003 MSH SPECIALTY CLINIC AT SCHWAB	141,692	267,254	0.530177	0.530177	0	90.06
91.00	09100 EMERGENCY	89,170	115,423,453	0.000773	0.000773	171,400	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	13,852,136	0.000000	0.000000	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	365,018	1,006,900,023			830,892	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0018 Component CCN: 14-S018	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/27/2017 3:29 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	312	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
<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	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	0	0	0	90.01
90.02	04951 MSH SPECIALTY CLINIC	0	0	0	90.02
90.03	04952 UNDER THE RAINBOW	0	0	0	90.03
90.04	09002 SPASTICITY CLINIC	0	0	0	90.04
90.05	09001 HEM/ONC CLINIC @ ARCHER	0	0	0	90.05
90.06	09003 MSH SPECIALTY CLINIC AT SCHWAB	0	0	0	90.06
91.00	09100 EMERGENCY	132	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
200.00	Total (lines 50-199)	444	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0018	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/27/2017 3:29 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)		44,429	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		44,429	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.		221	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		37,891	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)		4,605	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)		55,581,368	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)		55,581,368	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		71,056,467	28.00
29.00	Private room charges (excluding swing-bed charges)		424,612	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		70,631,855	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.782214	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		1,921.32	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,864.08	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		57.24	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		44.77	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		9,894	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		55,571,474	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)		1,251.02	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,760,947	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)		5,760,947	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0018		Period: From 07/01/2016 To 06/30/2017		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	6,143,205	4,241	1,448.53	987	1,429,699	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	6,366,609	5,682	1,120.49	0	0	43.01
44.00	CORONARY CARE UNIT	7,417,459	4,928	1,505.17	3,338	5,024,257	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	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)					12,052,405	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					24,267,308	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)					894,116	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					524,422	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,418,538	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					22,848,770	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					6,317	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,251.02	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					7,902,693	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0018		Period: From 07/01/2016 To 06/30/2017		Worksheet D-1 Date/Time Prepared: 11/27/2017 3:29 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	4,465,214	55,581,368	0.080337	7,902,693	634,879	90.00
91.00	Nursing School cost	0	55,581,368	0.000000	7,902,693	0	91.00
92.00	Allied health cost	201,510	55,581,368	0.003625	7,902,693	28,647	92.00
93.00	All other Medical Education	0	55,581,368	0.000000	7,902,693	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0018	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1
		Component CCN: 14-S018		Date/Time Prepared: 11/27/2017 3:29 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				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)		7,929	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		7,929	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.		8	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		7,921	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)		1,012	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)		6,707,737	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		6,707,737	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		14,780,748	28.00
29.00	Private room charges (excluding swing-bed charges)		15,371	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		14,765,377	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.453816	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		1,921.38	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,864.08	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		57.30	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		26.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		208	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		6,707,529	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)		845.98	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		856,132	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)		856,132	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0018	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1	
				Component CCN: 14-S018		Date/Time Prepared: 11/27/2017 3:29 pm	
				Title XVIII	Subprovider - IPF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
43.01 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0		43.01
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
<b>Cost Center Description</b>							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					140,704	48.00	
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					996,836	49.00	
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					65,659	50.00	
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					8,185	51.00	
52.00 Total Program excludable cost (sum of lines 50 and 51)					73,844	52.00	
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					922,992	53.00	
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
54.00 Program discharges					0	54.00	
55.00 Target amount per discharge					0.00	55.00	
56.00 Target amount (line 54 x line 55)					0	56.00	
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00	
58.00 Bonus payment (see instructions)					0	58.00	
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00	
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00	
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00	
62.00 Relief payment (see instructions)					0	62.00	
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00	
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00	
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00	
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00	
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00	
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00	
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00	
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00	
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00	
72.00 Program routine service cost (line 9 x line 71)						72.00	
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00	
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00	
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00	
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00	
77.00 Program capital-related costs (line 9 x line 76)						77.00	
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00	
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00	
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00	
81.00 Inpatient routine service cost per diem limitation						81.00	
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00	
83.00 Reasonable inpatient routine service costs (see instructions)						83.00	
84.00 Program inpatient ancillary services (see instructions)						84.00	
85.00 Utilization review - physician compensation (see instructions)						85.00	
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00	
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00 Total observation bed days (see instructions)					0	87.00	
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00	
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0	89.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0018 Component CCN: 14-S018		Period: From 07/01/2016 To 06/30/2017		Worksheet D-1 Date/Time Prepared: 11/27/2017 3:29 pm	
		Title XVIII		Subprovider - IPF		PPS	
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	514,414	6,707,737	0.076690	0	0	90.00
91.00	Nursing School cost	0	6,707,737	0.000000	0	0	91.00
92.00	Allied health cost	0	6,707,737	0.000000	0	0	92.00
93.00	All other Medical Education	0	6,707,737	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0018	Period: From 07/01/2016 To 06/30/2017	Worksheet D-3 Date/Time Prepared: 11/27/2017 3:29 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		10,698,707	30.00
31.00	03100	INTENSIVE CARE UNIT		4,075,580	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT		0	31.01
32.00	03200	CORONARY CARE UNIT		12,472,414	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.230628	7,322,467	50.00
51.00	05100	RECOVERY ROOM	0.086981	1,848,423	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.182402	42,002	52.00
53.00	05300	ANESTHESIOLOGY	0.130258	1,905,186	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.229042	3,255,361	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.187508	363,775	55.00
56.00	05600	RADIOISOTOPE	0.194435	262,527	56.00
57.00	05700	CT SCAN	0.045080	4,817,779	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.081089	1,135,631	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.072587	3,656,013	59.00
60.00	06000	LABORATORY	0.127510	10,923,050	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.540071	625,422	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.102091	5,180,981	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.051419	2,251,475	65.01
66.00	06600	PHYSICAL THERAPY	0.347053	461,540	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.260002	351,186	67.00
68.00	06800	SPEECH PATHOLOGY	0.247593	348,210	68.00
69.00	06900	ELECTROCARDIOLOGY	0.087412	2,744,090	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.206697	136,097	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.207669	8,311,864	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.245852	3,725,688	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.192578	9,324,140	73.00
74.00	07400	RENAL DIALYSIS	0.210378	931,557	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
<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	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0.279568	0	90.01
90.02	04951	MSH SPECIALTY CLINIC	0.101838	0	90.02
90.03	04952	UNDER THE RAINBOW	3.817185	0	90.03
90.04	09002	SPASTICITY CLINIC	0.154283	0	90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER	0.327112	0	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	1.201475	0	90.06
91.00	09100	EMERGENCY	0.130954	5,495,200	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.570504	303,660	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		75,723,324	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		75,723,324	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0018 Component CCN: 14-S018	Period: From 07/01/2016 To 06/30/2017	Worksheet D-3 Date/Time Prepared: 11/27/2017 3:29 pm	
		Title XVIII	Subprovider - IPF	PPS	
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		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT		0	31.01
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		1,808,609	40.00
41.00	04100	SUBPROVIDER - IPF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.230628	0	50.00
51.00	05100	RECOVERY ROOM	0.086981	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.182402	0	52.00
53.00	05300	ANESTHESIOLOGY	0.130258	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.229042	3,902	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.187508	0	55.00
56.00	05600	RADIOISOTOPE	0.194435	0	56.00
57.00	05700	CT SCAN	0.045080	11,518	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.081089	3,976	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.072587	5,921	59.00
60.00	06000	LABORATORY	0.127510	198,067	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.540071	247	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.102091	4,726	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.051419	2,611	65.01
66.00	06600	PHYSICAL THERAPY	0.347053	1,057	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.260002	119,690	67.00
68.00	06800	SPEECH PATHOLOGY	0.247593	1,187	68.00
69.00	06900	ELECTROCARDIOLOGY	0.087412	9,192	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.206697	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.207669	5,883	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.245852	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.192578	283,536	73.00
74.00	07400	RENAL DIALYSIS	0.210378	7,979	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
<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	0.000000	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0.279568	0	90.01
90.02	04951	MSH SPECIALTY CLINIC	0.101838	0	90.02
90.03	04952	UNDER THE RAINBOW	3.817185	0	90.03
90.04	09002	SPASTICITY CLINIC	0.154283	0	90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER	0.327112	0	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	1.201475	0	90.06
91.00	09100	EMERGENCY	0.130954	171,400	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.570504	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES		0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		830,892	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		830,892	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0018	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Date/Time Prepared: 11/27/2017 3: 29 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		4, 214, 808	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		12, 118, 027	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		898, 216	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		7, 579, 796	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		245.69	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		81.96	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		33.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		2.60	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		2.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		114.36	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		119.62	10.00
11.00	FTE count for residents in dental and podiatric programs.		5.00	11.00
12.00	Current year allowable FTE (see instructions)		119.36	12.00
13.00	Total allowable FTE count for the prior year.		119.36	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		119.69	14.00
15.00	Sum of lines 12 through 14 divided by 3.		119.47	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		119.47	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.486263	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.481915	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.481915	21.00
22.00	IME payment adjustment (see instructions)		3, 807, 723	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		1, 767, 101	22.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		5.26	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment ( sum of lines 22 and 28)		3, 807, 723	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		1, 767, 101	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		19.28	30.00
31.00	Percentage of Medicaid patient days (see instructions)		68.74	31.00
32.00	Sum of lines 30 and 31		88.02	32.00
33.00	Allowable disproportionate share percentage (see instructions)		61.83	33.00
34.00	Disproportionate share adjustment (see instructions)		2, 524, 648	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0018	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Date/Time Prepared: 11/27/2017 3:29 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
<b>Uncompensated Care Adjustment</b>				
35.00	Total uncompensated care amount (see instructions)	6,406,145,534	5,977,483,147	35.00
35.01	Factor 3 (see instructions)	0.001110360	0.001175909	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	7,113,128	7,028,979	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,787,999	5,257,290	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	7,045,289		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	1,605		40.00
		Before 1/1	On/After 1/1	
		1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	201	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	201	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	12.52		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	1,268		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.901208		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	447.81	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	81,118		46.00
47.00	Subtotal (see instructions)	30,689,829		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		48.00
		Amount		
		1.00		
49.00	Total payment for inpatient operating costs (see instructions)		32,456,930	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,919,382	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		2,128,194	52.00
53.00	Nursing and Allied Health Managed Care payment		1	53.00
54.00	Special add-on payments for new technologies		0	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		93,275	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		15,151	58.00
59.00	Total (sum of amounts on lines 49 through 58)		36,612,933	59.00
60.00	Primary payer payments		0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		36,612,933	61.00
62.00	Deductibles billed to program beneficiaries		1,356,789	62.00
63.00	Coinurance billed to program beneficiaries		149,238	63.00
64.00	Allowable bad debts (see instructions)		460,595	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		299,387	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		460,595	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		35,406,293	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	RURAL DEMONSTRATION PROJECT		0	70.50
70.88	SCH or MDH volume decrease adjustment		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		-144,896	70.93
70.94	HRR adjustment amount (see instructions)		-56,241	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0018	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Date/Time Prepared: 11/27/2017 3:29 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			305,134	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			34,900,022	71.00
71.01	Sequestration adjustment (see instructions)			698,000	71.01
72.00	Interim payments			34,211,985	72.00
73.00	Tentative settlement (for contractor use only)			0	73.00
74.00	Balance due provider (Program) (line 71 minus lines 71.01, 72, and 73)			-9,963	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0	75.00
<b>TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)</b>					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
<b>HSP Bonus Payment Amount</b>					
100.00	HSP bonus amount (see instructions)			0	100.00
<b>HVBP Adjustment for HSP Bonus Payment</b>					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
<b>HRR Adjustment for HSP Bonus Payment</b>					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0018	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part B Date/Time Prepared: 11/27/2017 3: 29 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)			0 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			8,327,577 2.00
3.00	PPS payments			7,490,955 3.00
4.00	Outlier payment (see instructions)			47,036 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000 5.00
6.00	Line 2 times line 5			0 6.00
7.00	Sum of line 3 plus line 4 divided by line 6			0.00 7.00
8.00	Transitional corridor payment (see instructions)			0 8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200			32,481 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			0 11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges			0 12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)			0 13.00
14.00	Total reasonable charges (sum of lines 12 and 13)			0 14.00
<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)			0 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			0 19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			0 20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)			0 21.00
22.00	Interns and residents (see instructions)			0 22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)			0 23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)			7,570,472 24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)			0 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			1,514,189 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)			6,056,283 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)			704,232 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)			6,760,515 30.00
31.00	Primary payer payments			0 31.00
32.00	Subtotal (line 30 minus line 31)			6,760,515 32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)			627 33.00
34.00	Allowable bad debts (see instructions)			417,869 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			271,615 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			351,177 36.00
37.00	Subtotal (see instructions)			7,032,757 37.00
38.00	MSP-LCC reconciliation amount from PS&R			0 38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)			0 39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0 39.99
40.00	Subtotal (see instructions)			7,032,757 40.00
40.01	Sequestration adjustment (see instructions)			140,655 40.01
41.00	Interim payments			7,029,667 41.00
42.00	Tentative settlement (for contractors use only)			0 42.00
43.00	Balance due provider/program (see instructions)			-137,565 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: 14-0018

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet E-1  
Part I  
Date/Time Prepared:  
11/27/2017 3:29 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		36,886,457		7,068,976	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM	06/29/2017	2,674,472	06/29/2017	39,309	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)		-2,674,472		-39,309	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)		34,211,985		7,029,667	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		0		0	6.01	
6.02	SETTLEMENT TO PROGRAM		9,963		137,565	6.02	
7.00	Total Medicare program liability (see instructions)		34,202,022		6,892,102	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0018  
Component CCN: 14-S018

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet E-1  
Part I  
Date/Time Prepared:  
11/27/2017 3:29 pm

Title XVIII

Subprovider -  
IPF

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		750,235		0	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
<b>Program to Provider</b>						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
<b>Provider to Program</b>						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		750,235		0	4.00
<b>TO BE COMPLETED BY CONTRACTOR</b>						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
<b>Program to Provider</b>						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
<b>Provider to Program</b>						
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		31,584		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		781,819		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				1.00	2.00	
8.00 Name of Contractor				0		8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0018 Component CCN: 14-S018	Period: From 07/01/2016 To 06/30/2017	Worksheet E-3 Part II Date/Time Prepared: 11/27/2017 3:29 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
<b>PART II - MEDICARE PART A SERVICES - IPF PPS</b>				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		902,364	1.00
2.00	Net IPF PPS Outlier Payments		0	2.00
3.00	Net IPF PPS ECT Payments		0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
4.01	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	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		0.00	6.00
7.00	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	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		21.723288	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$ .		0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		902,364	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)		0	15.00
16.00	Subtotal (see instructions)		902,364	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		902,364	18.00
19.00	Deductibles		73,830	19.00
20.00	Subtotal (line 18 minus line 19)		828,534	20.00
21.00	Coinsurance		35,362	21.00
22.00	Subtotal (line 20 minus line 21)		793,172	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		6,399	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		4,159	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		6,399	25.00
26.00	Subtotal (sum of lines 22 and 24)		797,331	26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		0	27.00
28.00	Other pass through costs (see instructions)		444	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	30.50
30.99	Recovery of Accelerated Depreciation		0	30.99
31.00	Total amount payable to the provider (see instructions)		797,775	31.00
31.01	Sequestration adjustment (see instructions)		15,956	31.01
32.00	Interim payments		750,235	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)		31,584	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	35.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		0	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: 14-0018	Period: From 07/01/2016 To 06/30/2017	Worksheet E-4 Date/Time Prepared: 11/27/2017 3:29 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.			91.65	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			33.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			2.38	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)			0.02	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)			122.29	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			119.62	6.00
7.00	Enter the lesser of line 5 or line 6			119.62	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.	85.42	34.20	119.62	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.	85.42	34.20	119.62	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		5.00		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	85.42	39.20		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	87.66	32.61		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	89.17	31.71		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	87.42	34.51		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	87.42	34.51		17.00
18.00	Per resident amount	106,349.10	100,703.24		18.00
19.00	Approved amount for resident costs	9,297,038	3,475,269	12,772,307	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			12,772,307	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)	9,942	4,681		26.00
27.00	Total Inpatient Days (see instructions)	62,957	62,957		27.00
28.00	Ratio of inpatient days to total inpatient days	0.157917	0.074352		28.00
29.00	Program direct GME amount	2,016,964	949,647		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		134,185		30.00
31.00	Net Program direct GME amount			2,832,426	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0018	Period: From 07/01/2016 To 06/30/2017	Worksheet E-4 Date/Time Prepared: 11/27/2017 3:29 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)		20,509,514	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)		25,264,144	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		25,264,144	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		8,360,058	42.00
43.00	Primary payer payments (see instructions)		0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		8,360,058	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		33,624,202	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.751368	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.248632	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		2,832,426	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		2,128,194	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		704,232	50.00

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

Provider CCN: 14-0018

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet G

Date/Time Prepared:  
11/27/2017 3:29 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	2,307,000	2,361,153	0	0	1.00
2.00	Temporary investments	2,131,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	81,836,000	0	0	0	4.00
5.00	Other receivable	3,797,000	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-19,959,000	0	0	0	6.00
7.00	Inventory	3,379,000	0	0	0	7.00
8.00	Prepaid expenses	4,036,000	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	-6,080,000	2,240,509	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	71,447,000	4,601,662	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	1,726,000	0	0	0	12.00
13.00	Land improvements	2,664,000	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	169,128,000	0	0	0	15.00
16.00	Accumulated depreciation	-110,322,000	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	69,000	0	0	0	21.00
22.00	Accumulated depreciation	-256,000	0	0	0	22.00
23.00	Major movable equipment	102,553,000	0	0	0	23.00
24.00	Accumulated depreciation	-87,534,000	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	78,028,000	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	22,115,000	0	0	0	31.00
32.00	Deposits on leases	16,463,000	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	299,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	38,877,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	188,352,000	4,601,662	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	47,486,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	11,666,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	19,000,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	5,816,000	0	0	0	43.00
44.00	Other current liabilities	19,234,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	103,202,000	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	96,594,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	96,594,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	199,796,000	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	-11,444,000				52.00
53.00	Specific purpose fund		4,601,662			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	-11,444,000	4,601,662	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	188,352,000	4,601,662	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0018

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet G-1

Date/Time Prepared:  
11/27/2017 3:29 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		2,010,000		4,439,000		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-13,986,087				2.00
3.00	Total (sum of line 1 and line 2)		-11,976,087		4,439,000		3.00
4.00	OTHER INCREASES (DECREASES)	532,087		162,662		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		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)		532,087		162,662		10.00
11.00	Subtotal (line 3 plus line 10)		-11,444,000		4,601,662		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		-11,444,000		4,601,662		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	OTHER INCREASES (DECREASES)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0018

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
11/27/2017 3:29 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	100,989,458		100,989,458	1.00
2.00	SUBPROVIDER - IPF	14,269,210		14,269,210	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	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	115,258,668		115,258,668	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	17,764,688		17,764,688	11.00
11.01	NEONATAL INTENSIVE CARE UNIT	22,319,292		22,319,292	11.01
12.00	CORONARY CARE UNIT	19,555,741		19,555,741	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	59,639,721		59,639,721	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	174,898,389		174,898,389	17.00
18.00	Ancillary services	463,041,840	1	463,041,841	18.00
19.00	Outpatient services	0	564,182,372	564,182,372	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY	0	0	0	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC	0	0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	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)	637,940,229	564,182,373	1,202,122,602	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		287,487,039		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)		287,487,039		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0018

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet G-3

Date/Time Prepared:  
11/27/2017 3:29 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,202,122,602	1.00
2.00	Less contractual allowances and discounts on patients' accounts	900,719,334	2.00
3.00	Net patient revenues (line 1 minus line 2)	301,403,268	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	287,487,039	4.00
5.00	Net income from service to patients (line 3 minus line 4)	13,916,229	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	8,872	6.00
7.00	Income from investments	683,389	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	3,017	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	800,538	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	1,864,764	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	5,320,341	17.00
18.00	Revenue from sale of medical records and abstracts	110	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	1,126,302	22.00
23.00	Governmental appropriations	0	23.00
24.00	ALL OTHER INCOME	14,675,425	24.00
25.00	Total other income (sum of lines 6-24)	24,482,758	25.00
26.00	Total (line 5 plus line 25)	38,398,987	26.00
27.00	PROVISION FOR BAD DEBT	52,385,074	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	52,385,074	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-13,986,087	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 14-0018

Period:

Worksheet I-1

Component CCN: 14-2302

From 07/01/2016  
To 06/30/2017

Date/Time Prepared:  
11/27/2017 3:29 pm

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	REGISTERED NURSES	1,367,894	HOURS OF SERVICE	32,955.00	15.84	1.00
2.00	LICENSED PRACTICAL NURSES		HOURS OF SERVICE	0.00	0.00	2.00
3.00	NURSES AIDES		HOURS OF SERVICE	0.00	0.00	3.00
4.00	TECHNICIANS	224,402	HOURS OF SERVICE	10,078.00	4.85	4.00
5.00	SOCIAL WORKERS		HOURS OF SERVICE	0.00	0.00	5.00
6.00	DIETICIANS		HOURS OF SERVICE	0.00	0.00	6.00
7.00	PHYSICIANS	53,489	ACCUMULATED COST			7.00
8.00	NON-PATIENT CARE SALARY	50,219	ACCUMULATED COST			8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	1,696,004				9.00
10.00	EMPLOYEE BENEFITS		SALARY			10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES		SQUARE FEET			11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.		PERCENTAGE OF TIME			12.00
13.00	MACHINE COSTS & REPAIRS	57,394	PERCENTAGE OF TIME			13.00
14.00	SUPPLIES	356,092	REQUISITIONS			14.00
15.00	DRUGS	383,965	REQUISITIONS			15.00
16.00	OTHER	57,693	ACCUMULATED COST			16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	2,551,148				17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	24,688	SQUARE FEET			18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	20,019	PERCENTAGE OF TIME			19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	307,529	SALARY			20.00
21.00	ADMINISTRATIVE & GENERAL	764,244	ACCUMULATED COST			21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	86,566	SQUARE FEET			22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	0				23.00
24.00	CENTRAL SERVICE & SUPPLIES	34,199	REQUISITIONS			24.00
25.00	PHARMACY		REQUISITIONS			25.00
26.00	OTHER ALLOCATED COSTS	526,349	ACCUMULATED COST			26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	4,314,742				27.00
28.00	LABORATORY (SEE INSTRUCTIONS)		CHARGES	0		28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES	0		29.00
30.00	OTHER ANCILLARY SERVICE COST CENTERS		CHARGES	0		30.00
31.00	TOTAL COSTS (SUM OF LINES 27-30)	4,314,742				31.00

\* Line 17, column 1 should agree with Worksheet A, column 7 for line 74 or line 94 as appropriate, and line 27, column 1 should agree with Worksheet B, Part I, column 24, less the sum of columns 21 and 22, for line 74 or line 94 as appropriate.

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

Provider CCN: 14-0018

Period: From 07/01/2016

Worksheet 1-2

Component CCN: 14-2302

To 06/30/2017

Date/Time Prepared: 11/27/2017 3:29 pm

		Capital Related Costs		Direct Patient Care Salary		Employee Benefits Department	Drugs	
		Building	Equipment	RNs	Other			
		1.00	2.00	3.00	4.00			
1.00	Total Renal Department Costs	111,254	77,413	1,367,894	224,402	307,529	383,965	1.00
MAINTENANCE								
2.00	Hemodialysis	94,366	65,662	1,160,248	190,338	260,846	325,679	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
TRAINING								
4.00	Hemodialysis	0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	0	6.00
7.00	CCPD	0	0	0	0	0	0	7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	0	10.00
11.00	CCPD	0	0	0	0	0	0	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	16,888	11,751	207,646	34,064	46,683	58,286	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	ESAs (included in Renal Department)							14.00
15.00	Other	0	0	0	0	0	0	15.00
16.00	Total (sum of lines 2 through 16)	111,254	77,413	1,367,894	224,402	307,529	383,965	16.00
17.00	Medical Educational Program Costs							17.00
18.00	Total Renal Costs (line 17 + line 18)							18.00
		Medical Supplies	Routine Ancillary Services	Subtotal (sum of col s. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	390,291	0	2,862,748	1,451,994	4,314,742		1.00
MAINTENANCE								
2.00	Hemodialysis	331,045	0	2,428,184	1,231,582	3,659,766		2.00
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
TRAINING								
4.00	Hemodialysis	0	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	0	0	0	0	0		6.00
7.00	CCPD	0	0	0	0	0		7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	0	0	0	0	0		10.00
11.00	CCPD	0	0	0	0	0		11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	59,246	0	434,564	220,412	654,976		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	ESAs (included in Renal Department)							14.00
15.00	Other	0	0	0	0	0		15.00
16.00	Total (sum of lines 2 through 16)	390,291	0	2,862,748	1,451,994	4,314,742		16.00
17.00	Medical Educational Program Costs					0		17.00
18.00	Total Renal Costs (line 17 + line 18)					4,314,742		18.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0018

Period: From 07/01/2016

Worksheet 1-3

Component CCN: 14-2302

To 06/30/2017

Date/Time Prepared: 11/27/2017 3:29 pm

		Capital Related Costs		Direct Patient Care Salary		Employee Benefits Department (Salary)	
		Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)		
		0	1.00	2.00	3.00	4.00	5.00
1.00	Total Renal Department Costs	111,254	77,413	1,367,894	224,402	307,529	1.00
<b>MAINTENANCE</b>							
2.00	Hemodialysis	8,482	8,482.00	8,482.00	8,482.00	8,482	2.00
3.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	3.00
<b>TRAINING</b>							
4.00	Hemodialysis	0	0.00	0.00	0.00	0	4.00
5.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	5.00
6.00	CAPD	0	0.00	0.00	0.00	0	6.00
7.00	CCPD	0	0.00	0.00	0.00	0	7.00
<b>HOME</b>							
8.00	Hemodialysis	0	0.00	0.00	0.00	0	8.00
9.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	9.00
10.00	CAPD	0	0.00	0.00	0.00	0	10.00
11.00	CCPD	0	0.00	0.00	0.00	0	11.00
<b>OTHER BILLABLE SERVICES</b>							
12.00	Inpatient Dialysis Treatments	2,227	1,518	1,518.00	1,518.00	1,518	12.00
13.00	Method II Home Patient	0	0.00	0.00	0.00	0	13.00
14.00	ESAs						14.00
15.00							15.00
16.00	Other	0	0.00	0.00	0.00	0	16.00
17.00	Total Statistical Basis	10,000	10,000.00	10,000.00	10,000.00	10,000	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	11.125400	7.741300	136.789400	22.440200	30.752900	18.00
		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)	
		6.00	7.00	8.00	9.00	10.00	
1.00	Total Renal Department Costs	383,965	390,291	0	2,862,748	1,451,994	1.00
<b>MAINTENANCE</b>							
2.00	Hemodialysis	8,482	8,482	8,482			2.00
3.00	Intermittent Peritoneal	0	0	0			3.00
<b>TRAINING</b>							
4.00	Hemodialysis	0	0	0			4.00
5.00	Intermittent Peritoneal	0	0	0			5.00
6.00	CAPD	0	0	0			6.00
7.00	CCPD	0	0	0			7.00
<b>HOME</b>							
8.00	Hemodialysis	0	0	0			8.00
9.00	Intermittent Peritoneal	0	0	0			9.00
10.00	CAPD	0	0	0			10.00
11.00	CCPD	0	0	0			11.00
<b>OTHER BILLABLE SERVICES</b>							
12.00	Inpatient Dialysis Treatments	1,518	1,518	1,518			12.00
13.00	Method II Home Patient	0	0	0			13.00
14.00	ESAs						14.00
15.00							15.00
16.00	Other	0	0	0			16.00
17.00	Total Statistical Basis	10,000	10,000	10,000		2,862,748	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	38.396500	39.029100	0.000000		0.507203	18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 14-0018

Period: From 07/01/2016

Worksheet 1-4

Component CCN: 14-2302

To 06/30/2017

Date/Time Prepared: 11/27/2017 3:29 pm

		Rate 0		Renal Dialysis		
		Number of Total Treatments	Total Cost (from Wkst. 1-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)
		1.00	2.00	3.00	4.00	5.00
1.00	Maintenance - Hemodialysis	12,439	3,659,766	294.22	5,804	1,707,653
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0
3.00	Training - Hemodialysis	0	0	0.00	0	0
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0	0.00	0	0
7.00	Home Program - Hemodialysis	0	0	0.00	0	0
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0
		Patient Weeks		Patient Weeks		
		1.00	2.00	3.00	4.00	5.00
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	0	0	0.00	0	0
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6) (see instruction)	12,439	3,659,766		5,804	1,707,653
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	12,439				
		Total Program Payment		Average Payment Rate (col. 6 ÷ col. 4)		
		6.00	7.00			
1.00	Maintenance - Hemodialysis	1,470,214	253.31			1.00
2.00	Maintenance - Peritoneal Dialysis	0	0.00			2.00
3.00	Training - Hemodialysis	0	0.00			3.00
4.00	Training - Peritoneal Dialysis	0	0.00			4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0.00			5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0.00			6.00
7.00	Home Program - Hemodialysis	0	0.00			7.00
8.00	Home Program - Peritoneal Dialysis	0	0.00			8.00
		6.00	7.00			
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0.00			9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	0	0.00			10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6) (see instruction)	1,470,214				11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)					12.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

Provider CCN: 14-0018

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet 1-5

Date/Time Prepared:  
11/27/2017 3:29 pm

		1.00	2.00	
<b>PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B</b>				
1.00	Total expenses related to care of program beneficiaries (see instructions)	1,707,653		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	1,470,214	1,470,214	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	1,470,214	1,470,214	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	0	0	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013			5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014			5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	964	964	5.04
5.05	Total bad debts (sum of line 5 through line 5.04)	964	964	5.05
6.00	Allowable bad debts (see instructions)	627		6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	964		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	-964	8.00
9.00	Program payment (see instructions)	1,176,171	1,176,171	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	627		11.00
<b>PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE</b>				
12.00	Total allowable expenses (see instructions)	3,659,766		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	3,659,766		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	1.000000		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0018	Period: From 07/01/2016 To 06/30/2017	Worksheet L Parts I-III Date/Time Prepared: 11/27/2017 3:29 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		1,303,084	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		35,513	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		150.76	3.00
4.00	Number of interns & residents (see instructions)		119.47	4.00
5.00	Indirect medical education percentage (see instructions)		25.06	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		326,553	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30)(see instructions)		19.28	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		68.74	8.00
9.00	Sum of lines 7 and 8		88.02	9.00
10.00	Allowable disproportionate share percentage (see instructions)		19.51	10.00
11.00	Disproportionate share adjustment (see instructions)		254,232	11.00
12.00	Total prospective capital payments (see instructions)		1,919,382	12.00
		1.00		
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
		1.00		
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00