

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: 14-0052	Period: From 10/01/2016 To 09/30/2017	Worksheet S Parts I-III Date/Time Prepared: 2/23/2018 1:50 pm
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PART I - COST REPORT STATUS

Provider use only 1. Electronically filed cost report Date: 2/23/2018 Time: 1:50 pm
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

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

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by OSF SAINT ANTHONY'S HEALTH CENTER (14-0052) for the cost reporting period beginning 10/01/2016 and ending 09/30/2017 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.

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

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

 Title

 Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-87,841	-63,357	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	1,405	0		0	3.00
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
200.00 Total	0	-86,436	-63,357	0	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0052		Period: From 10/01/2016 To 09/30/2017		Worksheet S-2 Part I Date/Time Prepared: 2/23/2018 1:47 pm								
1.00		2.00		3.00		4.00								
Hospital and Hospital Health Care Complex Address:														
1.00	Street: SAINT ANTHONY'S WAY		PO Box: 340							1.00				
2.00	City: ALTON		State: IL		Zip Code: 62002-0340		County: MADISON			2.00				
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)							
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00					
Hospital and Hospital-Based Component Identification:														
3.00	Hospital		OSF SAINT ANTHONY'S HEALTH CENTER		140052	41180	1	07/01/1966	N	P	0	3.00		
4.00	Subprovider - IPF											4.00		
5.00	Subprovider - IRF		SAINT ANTHONY'S COMPREHENSIVE REHAB		14T052	41180	5	01/01/1993	N	P	0	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		SAINT ANTHONY'S SKILLED NURSING		145314	41180		11/01/1975	N	P	0	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		
18.00	Renal Dialysis											18.00		
19.00	Other											19.00		
						From:		To:						
						1.00		2.00						
20.00	Cost Reporting Period (mm/dd/yyyy)					10/01/2016		09/30/2017		20.00				
21.00	Type of Control (see instructions)					1				21.00				
Inpatient PPS Information														
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					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)					Y		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.							3		N	23.00			
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days							
		1.00	2.00	3.00	4.00	5.00	6.00							
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.					436		432		0	0	1,696	48	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.					20		79		0	0	28		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0052	Period: From 10/01/2016 To 09/30/2017	Worksheet S-2 Part I Date/Time Prepared: 2/23/2018 1:47 pm			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.		1				26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.		1				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.		0				35.00
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.		0				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.						37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)		N				37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.						38.00
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)		N	N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)		N	N		40.00	
		V	XVIII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)		N	N	N	45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.		N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.		N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.		N	N	N	48.00	
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.		N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.		N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.		N			59.00	
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)		N			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

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	Y/N	IME	Direct GME	IME	Direct GME		
	1.00	2.00	3.00	4.00	5.00		
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).	0.00	0.00				61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)	0.00	0.00				61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)	0.00	0.00				61.06
	Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count			
	1.00	2.00	3.00	4.00			
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.		0.00	0.00			61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.		0.00	0.00			61.20
					1.00		
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				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
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)				N		63.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
<u>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.</u>							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000		64.00
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0052	Period: From 10/01/2016 To 09/30/2017	Worksheet S-2 Part I Date/Time Prepared: 2/23/2018 1:47 pm		
		1.00	2.00			
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00
		1.00	2.00	3.00		
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0		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.	Y				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	911,203	600,000			0118.01
		1.00	2.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02
119.00	DO NOT USE THIS LINE					119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N				122.00
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00
All Providers						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		149006		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0052	Period: From 10/01/2016 To 09/30/2017	Worksheet S-2 Part I Date/Time Prepared: 2/23/2018 1:47 pm			
1.00	2.00	3.00					
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: OSF HEALTHCARE SYSTEM	Contractor's Name: NGS		Contractor's Number: 06101			
142.00	Street: 800 NE GLEN OAK AVENUE	PO Box:					
143.00	City: PEORIA	State: IL	Zip Code: 61603				
					1.00		
144.00	Are provider based physicians' costs included in Worksheet A?				Y	144.00	
					1.00		
					2.00		
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.				N	145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.				N	146.00	
					1.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.				N	147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.				N	148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.				N	149.00	
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
					1.00		
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N	165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	166.00
					1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.				Y	167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)				0	168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)				0.25	169.00	
		Beginning		Ending			
		1.00		2.00			
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			10/01/2016	09/30/2017	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: 14-0052		Period: From 10/01/2016 To 09/30/2017		Worksheet S-2 Part II Date/Time Prepared: 2/23/2018 1:47 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)			Y			3.00
				Y/N	Type	Date	
				1.00	2.00	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	01/19/2018	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.			N			5.00
				Y/N	Legal Oper.		
				1.00	2.00		
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?			N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.			N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.			N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.			N			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.			N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.			N			11.00
						Y/N	
						1.00	
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.					N	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					N	15.00
				Part A		Part B	
				Y/N	Date	Y/N	Date
				1.00	2.00	3.00	4.00
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)			Y	12/14/2017	Y	12/14/2017
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: 14-0052	Period: From 10/01/2016 To 09/30/2017	Worksheet S-2 Part II Date/Time Prepared: 2/23/2018 1:47 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		21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			Y	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			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
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		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.		Y		40.00
		1.00		2.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	LOUIS		RAPTOPOULOS	41.00
42.00	Enter the employer/company name of the cost report preparer.	OSF SAINT ANTHONY'S HEALTH CENTER			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	309-624-9230		LOUIS.C.RAPTOPOULOS@OSFHEALTHCARE. OR	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0052	Period: From 10/01/2016 To 09/30/2017	Worksheet S-2 Part II Date/Time Prepared: 2/23/2018 1:47 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	GOVT REPORTING SR ANALYST		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0052

Period:
From 10/01/2016
To 09/30/2017

Worksheet S-3
Part I
Date/Time Prepared:
2/23/2018 1:47 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	72	26,340	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)		72	26,340	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	10	3,650	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		82	29,990	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	24	8,820		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	19	7,007		0	19.00
20.00 NURSING FACILITY	45.00	2	630		0	20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		127				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)		7	2,555			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0052

Period:
From 10/01/2016
To 09/30/2017

Worksheet S-3
Part I
Date/Time Prepared:
2/23/2018 1:47 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)	4,315	355	8,567			1.00
2.00 HMO and other (see instructions)	1,829	2,128				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	99	107				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	4,315	355	8,567			7.00
8.00 INTENSIVE CARE UNIT	538	68	1,644			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		23	567			13.00
14.00 Total (see instructions)	4,853	446	10,778	0.00	472.42	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	871	20	1,310	0.00	8.86	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	2,400	0	3,728	0.00	14.49	19.00
20.00 NURSING FACILITY		0	311	0.00	1.26	20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	497.03	27.00
28.00 Observation Bed Days		426	1,630			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	38	74			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00
33.01 LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0052

Period:
From 10/01/2016
To 09/30/2017

Worksheet S-3
Part I
Date/Time Prepared:
2/23/2018 1:47 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,175	417	3,276	1.00
2.00 HMO and other (see instructions)			462	356		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	1,175	417	3,276	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	59	0	88	17.00
18.00 SUBPROVIDER						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						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 14-0052		Period: From 10/01/2016 To 09/30/2017		Worksheet S-3 Part II Date/Time Prepared: 2/23/2018 1:47 pm	
	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	27,161,609	-63,953	27,097,656	996,765.00	27.19	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	865,327	-29,546	835,781	28,688.00	29.13	9.00
10.00	Excluded area salaries (see instructions)		803,732	27,427	831,159	33,269.00	24.98	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract Labor: Direct Patient Care		348,032	0	348,032	4,432.00	78.53	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract Labor: Physician-Part A - Administrative		210,202	0	210,202	2,190.00	95.98	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		5,931,546	0	5,931,546	166,471.00	35.63	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		8,280,916	0	8,280,916			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		546,970	0	546,970			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		1,543	0	1,543			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		8,716	0	8,716			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related (core)		1,919,946	0	1,919,946			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	75,662	0	75,662	2,083.00	36.32	26.00
27.00	Administrative & General	5.00	2,694,358	19,171	2,713,529	81,462.00	33.31	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0052

Period:
From 10/01/2016
To 09/30/2017

Worksheet S-3
Part II
Date/Time Prepared:
2/23/2018 1:47 pm

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		19,238	0	19,238	274.00	70.21	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,210,186	49,947	1,260,133	60,486.00	20.83	30.00
31.00	Laundry & Linen Service	8.00	47,961	0	47,961	4,012.00	11.95	31.00
32.00	Housekeeping	9.00	798,743	24,697	823,440	60,852.00	13.53	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	707,318	-95,855	611,463	51,009.00	11.99	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	372,696	-312	372,384	16,849.00	22.10	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	782,761	0	782,761	21,290.00	36.77	38.00
39.00	Central Services and Supply	14.00	258,019	0	258,019	17,327.00	14.89	39.00
40.00	Pharmacy	15.00	0	0	0	0.00	0.00	40.00
41.00	Medical Records & Medical Records Library	16.00	657,692	-1,872	655,820	29,886.00	21.94	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0052

Period:
From 10/01/2016
To 09/30/2017

Worksheet S-3
Part III
Date/Time Prepared:
2/23/2018 1:47 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi 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	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	27,180,847	-63,953	27,116,894	997,039.00	27.20	1.00
2.00	Excluded area salaries (see instructions)	1,669,059	-2,119	1,666,940	61,957.00	26.90	2.00
3.00	Subtotal salaries (line 1 minus line 2)	25,511,788	-61,834	25,449,954	935,082.00	27.22	3.00
4.00	Subtotal other wages & related costs (see inst.)	6,489,780	0	6,489,780	173,093.00	37.49	4.00
5.00	Subtotal wage-related costs (see inst.)	10,202,405	0	10,202,405	0.00	40.09	5.00
6.00	Total (sum of lines 3 thru 5)	42,203,973	-61,834	42,142,139	1,108,175.00	38.03	6.00
7.00	Total overhead cost (see instructions)	7,624,634	-4,224	7,620,410	345,530.00	22.05	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0052	Period: From 10/01/2016 To 09/30/2017	Worksheet S-3 Part IV Date/Time Prepared: 2/23/2018 1:47 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			989,030 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)			961,481 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
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
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			0 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)			4,462,818 8.03
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			0 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)			64,399 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			315,827 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
TAXES				
17.00	FICA-Employers Portion Only			1,773,521 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			188,998 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
OTHER				
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			82,071 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			8,838,145 24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 14-0052	Period: From 10/01/2016 To 09/30/2017	Worksheet S-3 Part V Date/Time Prepared: 2/23/2018 1:47 pm
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		348,032	0 1.00
2.00	Hospital		348,032	0 2.00
3.00	Subprovider - IPF			0 3.00
4.00	Subprovider - IRF		0	0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF		0	0 8.00
9.00	Hospital-Based NF		0	0 9.00
10.00	Hospital-Based OLTC			0 10.00
11.00	Hospital-Based HHA			0 11.00
12.00	Separately Certified ASC			0 12.00
13.00	Hospital-Based Hospice			0 13.00
14.00	Hospital-Based Health Clinic RHC			0 14.00
15.00	Hospital-Based Health Clinic FQHC			0 15.00
16.00	Hospital-Based-CMHC			0 16.00
17.00	Renal Dialysis			0 17.00
18.00	Other		0	0 18.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0052

Period:
From 10/01/2016
To 09/30/2017

Worksheet S-7

Date/Time Prepared:
2/23/2018 1:47 pm

		1.00	2.00	
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.	N		1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.	N		2.00

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
3.00		RUX	0	0	0	3.00
4.00		RUL	0	0	0	4.00
5.00		RVX	0	0	0	5.00
6.00		RVL	0	0	0	6.00
7.00		RHX	0	0	0	7.00
8.00		RHL	0	0	0	8.00
9.00		RMX	0	0	0	9.00
10.00		RML	0	0	0	10.00
11.00		RLX	0	0	0	11.00
12.00		RUC	14	0	14	12.00
13.00		RUB	124	0	124	13.00
14.00		RUA	1,191	0	1,191	14.00
15.00		RVC	63	0	63	15.00
16.00		RVB	402	0	402	16.00
17.00		RVA	499	0	499	17.00
18.00		RHC	0	0	0	18.00
19.00		RHB	0	0	0	19.00
20.00		RHA	0	0	0	20.00
21.00		RMC	0	0	0	21.00
22.00		RMB	0	0	0	22.00
23.00		RMA	0	0	0	23.00
24.00		RLB	0	0	0	24.00
25.00		RLA	0	0	0	25.00
26.00		ES3	0	0	0	26.00
27.00		ES2	0	0	0	27.00
28.00		ES1	0	0	0	28.00
29.00		HE2	0	0	0	29.00
30.00		HE1	0	0	0	30.00
31.00		HD2	0	0	0	31.00
32.00		HD1	0	0	0	32.00
33.00		HC2	0	0	0	33.00
34.00		HC1	0	0	0	34.00
35.00		HB2	0	0	0	35.00
36.00		HB1	3	0	3	36.00
37.00		LE2	0	0	0	37.00
38.00		LE1	0	0	0	38.00
39.00		LD2	0	0	0	39.00
40.00		LD1	0	0	0	40.00
41.00		LC2	0	0	0	41.00
42.00		LC1	4	0	4	42.00
43.00		LB2	0	0	0	43.00
44.00		LB1	0	0	0	44.00
45.00		CE2	0	0	0	45.00
46.00		CE1	0	0	0	46.00
47.00		CD2	0	0	0	47.00
48.00		CD1	0	0	0	48.00
49.00		CC2	0	0	0	49.00
50.00		CC1	10	0	10	50.00
51.00		CB2	0	0	0	51.00
52.00		CB1	30	0	30	52.00
53.00		CA2	0	0	0	53.00
54.00		CA1	28	0	28	54.00
55.00		SE3	0	0	0	55.00
56.00		SE2	0	0	0	56.00
57.00		SE1	0	0	0	57.00
58.00		SSC	0	0	0	58.00
59.00		SSB	0	0	0	59.00
60.00		SSA	0	0	0	60.00
61.00		IB2	0	0	0	61.00
62.00		IB1	0	0	0	62.00
63.00		IA2	0	0	0	63.00
64.00		IA1	0	0	0	64.00
65.00		BB2	0	0	0	65.00
66.00		BB1	3	0	3	66.00
67.00		BA2	0	0	0	67.00
68.00		BA1	0	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA		Provider CCN: 14-0052	Period: From 10/01/2016 To 09/30/2017	Worksheet S-7 Date/Time Prepared: 2/23/2018 1:47 pm	
		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)
		1.00	2.00	3.00	4.00
69.00		PE2	0	0	0 69.00
70.00		PE1	13	0	13 70.00
71.00		PD2	0	0	0 71.00
72.00		PD1	1	0	1 72.00
73.00		PC2	0	0	0 73.00
74.00		PC1	6	0	6 74.00
75.00		PB2	0	0	0 75.00
76.00		PB1	5	0	5 76.00
77.00		PA2	0	0	0 77.00
78.00		PA1	4	0	4 78.00
199.00		AAA	0	0	0 199.00
200.00	TOTAL		2,400	0	2,400 200.00
				CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)
				1.00	2.00
201.00	SNF SERVICES	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).		41180	41180 201.00
			Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?
			1.00	2.00	3.00
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)					
202.00	Staffing		0	0.00	202.00
203.00	Recruitment		0	0.00	203.00
204.00	Retention of employees		0	0.00	204.00
205.00	Training		0	0.00	205.00
206.00	OTHER (SPECIFY)		0	0.00	206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		2,592,764		207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-0052	Period: From 10/01/2016 To 09/30/2017	Worksheet S-10 Date/Time Prepared: 2/23/2018 1:47 pm
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			1.00	
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.188858	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		13,543,835	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 and/or supplemental payments from Medicaid?		Y	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		88,659,144	6.00
7.00	Medicaid cost (line 1 times line 6)		16,743,989	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)		3,200,154	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)		3,200,154	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	5,364,328	463,375	5,827,703
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,013,096	463,375	1,476,471
22.00	Payments received from patients for amounts previously written off as charity care	32,120	26,383	58,503
23.00	Cost of charity care (line 21 minus line 22)	980,976	436,992	1,417,968
			1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		6,400,240	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		441,087	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		678,596	27.01
28.00	Non-Medicare bad debt expense (line 26 minus line 27.01)		5,721,644	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		1,318,087	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		2,736,055	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		5,936,209	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 14-0052		Period: From 10/01/2016 To 09/30/2017		Worksheet A	
Date/Time Prepared: 2/23/2018 1:47 pm								
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		2,448,210	2,448,210	-393,083	2,055,127	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT		0	0	99,622	99,622	1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT		0	0	50,669	50,669	1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT		0	0	276,220	276,220	1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT		0	0	61,536	61,536	1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP		1,446,631	1,446,631	-270,219	1,176,412	2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP		0	0	325,973	325,973	2.01
2.02	00202	CAP REL COSTS-MVBLE EQUIP		0	0	1,861	1,861	2.02
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	75,662	9,850,119	9,925,781	0	9,925,781	4.00
5.01	00540	NONPATIENT TELEPHONES	276,311	46,935	323,246	19,171	342,417	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	182,795	189,940	372,735	0	372,735	5.02
5.03	00570	ADMITTING	0	34	34	0	34	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	91,019	2,048,787	2,139,806	0	2,139,806	5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	2,144,233	16,497,343	18,641,576	-147,914	18,493,662	5.05
7.00	00700	OPERATION OF PLANT	1,210,186	3,028,555	4,238,741	51,123	4,289,864	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	47,961	249,701	297,662	0	297,662	8.00
9.00	00900	HOUSEKEEPING	798,743	250,109	1,048,852	25,561	1,074,413	9.00
10.00	01000	DIETARY	707,318	321,282	1,028,600	-95,855	932,745	10.00
11.00	01100	CAFETERIA	372,696	520,330	893,026	0	893,026	11.00
13.00	01300	NURSING ADMINISTRATION	782,761	145,704	928,465	0	928,465	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	258,019	150,639	408,658	-17,813	390,845	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	657,692	21,381	679,073	0	679,073	16.00
17.00	01700	SOCIAL SERVICE	0	588,551	588,551	0	588,551	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,963,824	1,598,863	4,562,687	-1,015	4,561,672	30.00
31.00	03100	INTENSIVE CARE UNIT	1,058,791	348,063	1,406,854	-22,868	1,383,986	31.00
41.00	04100	SUBPROVIDER - I/R	540,052	84,505	624,557	-55,341	569,216	41.00
43.00	04300	NURSERY	39,050	313,310	352,360	363,834	716,194	43.00
44.00	04400	SKILLED NURSING FACILITY	865,327	63,513	928,840	-28,868	899,972	44.00
45.00	04500	NURSING FACILITY	0	0	0	67,442	67,442	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,071,048	2,907,660	4,978,708	-2,294,719	2,683,989	50.00
51.00	05100	RECOVERY ROOM	292,050	33,547	325,597	0	325,597	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,082,120	237,774	1,319,894	-363,845	956,049	52.00
53.00	05300	ANESTHESIOLOGY	0	840,311	840,311	-56	840,255	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,696,373	622,141	2,318,514	-36,234	2,282,280	54.00
57.00	05700	CT SCAN	154,505	242,941	397,446	18,291	415,737	57.00
58.00	05800	MRI	114,531	29,973	144,504	18,291	162,795	58.00
59.00	05900	CARDIAC CATHETERIZATION	294,298	989,048	1,283,346	-820,131	463,215	59.00
60.00	06000	LABORATORY	1,915,386	1,841,324	3,756,710	0	3,756,710	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	251,268	251,268	0	251,268	62.00
64.00	06400	INTRAVENOUS THERAPY	373,888	73,785	447,673	-18,640	429,033	64.00
65.00	06500	RESPIRATORY THERAPY	531,131	153,260	684,391	-100,196	584,195	65.00
66.00	06600	PHYSICAL THERAPY	1,029,386	28,787	1,058,173	-17,939	1,040,234	66.00
67.00	06700	OCCUPATIONAL THERAPY	460,909	5,949	466,858	-12,720	454,138	67.00
68.00	06800	SPEECH PATHOLOGY	183,200	1,202	184,402	13,454	197,856	68.00
69.00	06900	ELECTROCARDIOLOGY	265,578	85,207	350,785	-53,105	297,680	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	66,400	333,252	399,652	13,631	413,283	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	23,043	23,043	1,560,715	1,583,758	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,748,172	1,748,172	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	857,871	6,091,280	6,949,151	1,066	6,950,217	73.00
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0	0	0	76.00
76.02	03951	DIABETES CENTER	38,399	82	38,481	4,282	42,763	76.02
76.03	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	448,813	9,004	457,817	0	457,817	76.03
76.04	03952	PAIN CLINIC	82,601	24,573	107,174	9,146	116,320	76.04
76.05	03953	WOUND CENTER	137,174	83,113	220,287	5,547	225,834	76.05
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	1,729,828	624,258	2,354,086	-39	2,354,047	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	36,379	36,379	9,829	46,208	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		4,665	4,665	-4,665	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	26,897,929	55,786,331	82,684,260	-9,829	82,674,431	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,447	2,447	0	2,447	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	286,830	286,830	0	286,830	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.02	19302	FUND DEVELOPMENT	0	217,877	217,877	0	217,877	193.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 14-0052		Period: From 10/01/2016 To 09/30/2017		Worksheet A Date/Time Prepared: 2/23/2018 1:47 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	
193.05	19305	EMS	51,114	32,445	83,559	0	83,559	193.05
193.07	19307	SAINT CLARE'S VILLA	114,603	-79,474	35,129	0	35,129	193.07
194.00	07950	OTHER PROPERTY	0	0	0	0	0	194.00
194.01	07951	ADULT DAY CARE	97,963	18,943	116,906	9,829	126,735	194.01
194.02	07952	UNUSED SPACE	0	0	0	0	0	194.02
200.00		TOTAL (SUM OF LINES 118 through 199)	27,161,609	56,265,399	83,427,008	0	83,427,008	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0052

Period:
From 10/01/2016
To 09/30/2017

Worksheet A
Date/Time Prepared:
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Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	229,727	2,284,854	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT	-77	99,545	1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT	-20	50,649	1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT	-78	276,142	1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT	-24	61,512	1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP	314,712	1,491,124	2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP	-135	325,838	2.01
2.02	00202	CAP REL COSTS-MVBLE EQUIP	-1	1,860	2.02
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-87,013	9,838,768	4.00
5.01	00540	NONPATIENT TELEPHONES	-5,616	336,801	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	-17,422	355,313	5.02
5.03	00570	ADMINISTRATIVE	0	34	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	-229,791	1,910,015	5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	-7,134,634	11,359,028	5.05
7.00	00700	OPERATION OF PLANT	-127,994	4,161,870	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	297,662	8.00
9.00	00900	HOUSEKEEPING	-2,130	1,072,283	9.00
10.00	01000	DIETARY	-181,119	751,626	10.00
11.00	01100	CAFETERIA	-427,534	465,492	11.00
13.00	01300	NURSING ADMINISTRATION	-114,849	813,616	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-76,401	314,444	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-467	678,606	16.00
17.00	01700	SOCIAL SERVICE	-69,868	518,683	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,059,718	3,501,954	30.00
31.00	03100	INTENSIVE CARE UNIT	-243,840	1,140,146	31.00
41.00	04100	SUBPROVIDER - IRF	0	569,216	41.00
43.00	04300	NURSERY	-294,256	421,938	43.00
44.00	04400	SKILLED NURSING FACILITY	-3,864	896,108	44.00
45.00	04500	NURSING FACILITY	-320	67,122	45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	2,683,989	50.00
51.00	05100	RECOVERY ROOM	-1,000	324,597	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-18,500	937,549	52.00
53.00	05300	ANESTHESIOLOGY	-790,000	50,255	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-40	2,282,240	54.00
57.00	05700	CT SCAN	12,781	428,518	57.00
58.00	05800	MRI	0	162,795	58.00
59.00	05900	CARDIAC CATHETERIZATION	-100,000	363,215	59.00
60.00	06000	LABORATORY	-82,453	3,674,257	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	251,268	62.00
64.00	06400	INTRAVENOUS THERAPY	0	429,033	64.00
65.00	06500	RESPIRATORY THERAPY	0	584,195	65.00
66.00	06600	PHYSICAL THERAPY	-240	1,039,994	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	454,138	67.00
68.00	06800	SPEECH PATHOLOGY	0	197,856	68.00
69.00	06900	ELECTROCARDIOLOGY	-71,571	226,109	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-121,448	291,835	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,583,758	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,748,172	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-210,799	6,739,418	73.00
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	76.00
76.02	03951	DIABETES CENTER	0	42,763	76.02
76.03	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	-33,457	424,360	76.03
76.04	03952	PAIN CLINIC	0	116,320	76.04
76.05	03953	WOUND CENTER	0	225,834	76.05
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	-267,938	2,086,109	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	46,208	95.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-11,217,397	71,457,034	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,447	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	286,830	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
193.02	19302	FUND DEVELOPMENT	0	217,877	193.02
193.05	19305	EMS	0	83,559	193.05
193.07	19307	SAINT CLARE'S VILLA	0	35,129	193.07

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0052

Period:
From 10/01/2016
To 09/30/2017

Worksheet A
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Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
194.00	07950	OTHER PROPERTY	6.00	7.00	
194.01	07951	ADULT DAY CARE	0	0	194.00
194.02	07952	UNUSED SPACE	0	126,735	194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	-11,217,397	72,209,611	194.02
					200.00

RECLASSIFICATIONS

Provider CCN: 14-0052

Period:
From 10/01/2016
To 09/30/2017

Worksheet A-6
Date/Time Prepared:
2/23/2018 1:47 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00	3.00	4.00	5.00		
A - RECLASS SHORT TERM DISABILITY					
1.00	OPERATION OF PLANT	7.00	0	1,176	1.00
2.00	HOUSEKEEPING	9.00	0	864	2.00
3.00	CAFETERIA	11.00	0	312	3.00
4.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,872	4.00
5.00	ADULTS & PEDIATRICS	30.00	0	17,739	5.00
6.00	INTENSIVE CARE UNIT	31.00	0	1,940	6.00
7.00	SUBPROVIDER - IRF	41.00	0	4,332	7.00
8.00	SKILLED NURSING FACILITY	44.00	0	678	8.00
9.00	OPERATING ROOM	50.00	0	23,617	9.00
10.00	RECOVERY ROOM	51.00	0	289	10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	7,397	11.00
12.00	CARDIAC CATHETERIZATION	59.00	0	901	12.00
13.00	LABORATORY	60.00	0	1,316	13.00
14.00	PHYSICAL THERAPY	66.00	0	1,966	14.00
15.00	EMERGENCY	91.00	446	0	15.00
	0		446	64,399	
B - TO RECLASS PROPERTY INSURANCE					
1.00	OTHER CAP REL COSTS	3.00	0	147,914	1.00
2.00		0.00	0	0	2.00
	0		0	147,914	
C - RECLASS OF POST ACUTE ADMIN					
1.00	SKILLED NURSING FACILITY	44.00	29,488	0	1.00
2.00	WOUND CENTER	76.05	9,829	0	2.00
3.00	AMBULANCE SERVICES	95.00	9,829	0	3.00
4.00	ADULT DAY CARE	194.01	9,829	0	4.00
	0		58,975	0	
D - RECLASS OF SNF NON-CERT EXPENSE					
1.00	NURSING FACILITY	45.00	67,442	0	1.00
	0		67,442	0	
E - TO RECLASS INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,065	1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.01	0	324	2.00
3.00	CAP REL COSTS-BLDG & FIXT	1.02	0	84	3.00
4.00	CAP REL COSTS-BLDG & FIXT	1.03	0	328	4.00
5.00	CAP REL COSTS-BLDG & FIXT	1.04	0	102	5.00
6.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,189	6.00
7.00	CAP REL COSTS-MVBLE EQUIP	2.01	0	567	7.00
8.00	CAP REL COSTS-MVBLE EQUIP	2.02	0	6	8.00
9.00		0.00	0	0	9.00
	0		0	4,665	
F - RECLASS OF RECREATIONAL DIRECTOR					
1.00	SKILLED NURSING FACILITY	44.00	9,086	0	1.00
2.00	SUBPROVIDER - IRF	41.00	3,634	0	2.00
	0		12,720	0	
G - RECLASS MEDICAL BILLABLE SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,577,085	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
	0		0	1,577,085	
H - TO RECLASS IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	1,748,407	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	235	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		0	1,748,642	
I - RECLASS DEPRECIATION EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.01	0	89,012	1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.02	0	47,911	2.00
3.00	CAP REL COSTS-BLDG & FIXT	1.03	0	265,487	3.00
4.00	CAP REL COSTS-BLDG & FIXT	1.04	0	58,186	4.00
5.00	CAP REL COSTS-MVBLE EQUIP	2.01	0	307,421	5.00
6.00	CAP REL COSTS-MVBLE EQUIP	2.02	0	1,663	6.00
7.00		0.00	0	0	7.00
	0		0	769,680	

RECLASSIFICATIONS

Provider CCN: 14-0052

Period:
From 10/01/2016
To 09/30/2017

Worksheet A-6

Date/Time Prepared:
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
J - RECLASS OF IMAGING MGR AND SPRVSR					
1.00	ELECTROENCEPHALOGRAPHY	70.00	5,693	0	1.00
2.00	PAIN CLINIC	76.04	5,693	0	2.00
3.00	CT SCAN	57.00	11,385	0	3.00
4.00	MRI	58.00	11,385	0	4.00
	O		34,156	0	
K - RECLASS DRCTOR OF EVS AND FOOD SRVC					
1.00	HOUSEKEEPING	9.00	25,561	0	1.00
2.00	OPERATION OF PLANT	7.00	51,123	0	2.00
3.00	NONPATIENT TELEPHONES	5.01	19,171	0	3.00
	O		95,855	0	
L - RECLASS OF DIABETES MGR					
1.00	DIABETES CENTER	76.02	4,282	0	1.00
	O		4,282	0	
M - RECLASS OF CARDIOLOGY MGR					
1.00	CARDIAC CATHETERIZATION	59.00	53,105	0	1.00
	O		53,105	0	
N - RECLASS OF ICU MGR					
1.00	RESPIRATORY THERAPY	65.00	23,020	0	1.00
	O		23,020	0	
O - RECLASS L&D NRSES SALARIES					
1.00	NURSERY	43.00	363,834	0	1.00
	O		363,834	0	
P - TO RECLASS DRUGS CHARGED TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	1,066	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	O		0	1,066	
Q - TO RECLASS REHAB MANAGER SALARIES					
1.00	SPEECH PATHOLOGY	68.00	13,454	0	1.00
2.00	ELECTROENCEPHALOGRAPHY	70.00	4,485	0	2.00
	TOTALS		17,939	0	
R - TO RECLASS RADIOLOGY MANAGER SALARIE					
1.00	PAIN CLINIC	76.04	3,453	0	1.00
2.00	CT SCAN	57.00	6,906	0	2.00
3.00	MRI	58.00	6,906	0	3.00
4.00	ELECTROENCEPHALOGRAPHY	70.00	3,453	0	4.00
	TOTALS		20,718	0	
S - RECLASS CANCER NAVI GATOR					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	18,640	0	1.00
	TOTALS		18,640	0	
500.00	Grand Total: Increases		771,132	4,313,451	500.00

RECLASSIFICATIONS

Provider CCN: 14-0052

Period:
From 10/01/2016
To 09/30/2017

Worksheet A-6
Date/Time Prepared:
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Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
A - RECLASS SHORT TERM DISABILITY						
1.00	OPERATION OF PLANT	7.00	1,176	0	0	1.00
2.00	HOUSEKEEPING	9.00	864	0	0	2.00
3.00	CAFETERIA	11.00	312	0	0	3.00
4.00	MEDICAL RECORDS & LIBRARY	16.00	1,872	0	0	4.00
5.00	ADULTS & PEDIATRICS	30.00	17,739	0	0	5.00
6.00	INTENSIVE CARE UNIT	31.00	1,940	0	0	6.00
7.00	SUBPROVIDER - IRF	41.00	4,332	0	0	7.00
8.00	SKILLED NURSING FACILITY	44.00	678	0	0	8.00
9.00	OPERATING ROOM	50.00	23,617	0	0	9.00
10.00	RECOVERY ROOM	51.00	289	0	0	10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	7,397	0	0	11.00
12.00	CARDIAC CATHETERIZATION	59.00	901	0	0	12.00
13.00	LABORATORY	60.00	1,316	0	0	13.00
14.00	PHYSICAL THERAPY	66.00	1,966	0	0	14.00
15.00	EMERGENCY	91.00	0	446	0	15.00
	O		64,399	446		
B - TO RECLASS PROPERTY INSURANCE						
1.00		0.00	0	0	12	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	147,914	0	2.00
	O		0	147,914		
C - RECLASS OF POST ACUTE ADMIN						
1.00	SUBPROVIDER - IRF	41.00	58,975	0	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
	O		58,975	0		
D - RECLASS OF SNF NON-CERT EXPENSE						
1.00	SKILLED NURSING FACILITY	44.00	67,442	0	0	1.00
	O		67,442	0		
E - TO RECLASS INTEREST EXPENSE						
1.00		0.00	0	0	11	1.00
2.00		0.00	0	0	11	2.00
3.00		0.00	0	0	11	3.00
4.00		0.00	0	0	11	4.00
5.00		0.00	0	0	11	5.00
6.00		0.00	0	0	11	6.00
7.00		0.00	0	0	11	7.00
8.00		0.00	0	0	11	8.00
9.00	INTEREST EXPENSE	113.00	0	4,665	0	9.00
	O		0	4,665		
F - RECLASS OF RECREATIONAL DIRECTOR						
1.00	OCCUPATIONAL THERAPY	67.00	12,720	0	0	1.00
2.00		0.00	0	0	0	2.00
	O		12,720	0		
G - RECLASS MEDICAL BILLABLE SUPPLIES						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	16,411	0	1.00
2.00	OPERATING ROOM	50.00	0	1,153,443	0	2.00
3.00	CARDIAC CATHETERIZATION	59.00	0	284,015	0	3.00
4.00	RESPIRATORY THERAPY	65.00	0	123,216	0	4.00
	O		0	1,577,085		
H - TO RECLASS IMPLANTABLE DEVICES						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,402	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	43	0	2.00
3.00	OPERATING ROOM	50.00	0	1,141,276	0	3.00
4.00	ANESTHESIOLOGY	53.00	0	56	0	4.00
5.00	CARDIAC CATHETERIZATION	59.00	0	589,221	0	5.00
6.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	16,370	0	6.00
7.00	EMERGENCY	91.00	0	39	0	7.00
8.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	235	0	8.00
	O		0	1,748,642		
I - RECLASS DEPRECIATION EXPENSE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	460,596	9	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	309,084	9	2.00
3.00		0.00	0	0	9	3.00
4.00		0.00	0	0	9	4.00
5.00		0.00	0	0	9	5.00
6.00		0.00	0	0	9	6.00
7.00		0.00	0	0	9	7.00
	O		0	769,680		

RECLASSIFICATIONS

Provider CCN: 14-0052

Period:
From 10/01/2016
To 09/30/2017

Worksheet A-6

Date/Time Prepared:
2/23/2018 1:47 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
J - RECLASS OF IMAGING MGR AND SPRVSR						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	34,156	0	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
			34,156	0		
K - RECLASS DRCTOR OF EVS AND FOOD SRVC						
1.00	DIETARY	10.00	95,855	0	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
			95,855	0		
L - RECLASS OF DIABETES MGR						
1.00	WOUND CENTER	76.05	4,282	0	0	1.00
			4,282	0		
M - RECLASS OF RADIOLOGY MGR						
1.00	ELECTROCARDIOLOGY	69.00	53,105	0	0	1.00
			53,105	0		
N - RECLASS OF ICU MGR						
1.00	INTENSIVE CARE UNIT	31.00	23,020	0	0	1.00
			23,020	0		
O - RECLASS L&D NRSES SALARIES						
1.00	DELIVERY ROOM & LABOR ROOM	52.00	363,834	0	0	1.00
			363,834	0		
P - TO RECLASS DRUGS CHARGED TO PATIENTS						
1.00	ADULTS & PEDIATRICS	30.00	0	972	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	83	0	2.00
3.00	DELIVERY ROOM & LABOR ROOM	52.00	0	11	0	3.00
			0	1,066		
Q - TO RECLASS REHAB MANAGER SALARIES						
1.00	PHYSICAL THERAPY	66.00	17,939	0	0	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		17,939	0		
R - TO RECLASS RADIOLOGY MANAGER SALARIE						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	20,718	0	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
	TOTALS		20,718	0		
S - RECLASS CANCER NAVIGATOR						
1.00	INTRAVENOUS THERAPY	64.00	18,640	0	0	1.00
	TOTALS		18,640	0		
500.00	Grand Total : Decreases		835,085	4,249,498		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0052

Period:
From 10/01/2016
To 09/30/2017

Worksheet A-7
Part I
Date/Time Prepared:
2/23/2018 1:47 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,470,000	0	0	0	1.00
2.00	Land Improvements	6,838,255	3,080,490	0	3,080,490	2.00
3.00	Buildings and Fixtures	59,157,652	93,411	0	93,411	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	7,742,323	0	0	0	5.00
6.00	Movable Equipment	31,242,518	1,720,912	0	1,720,912	6.00
7.00	HIT designated Assets	1,519,975	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	107,970,723	4,894,813	0	4,894,813	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	107,970,723	4,894,813	0	4,894,813	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,470,000	0			1.00
2.00	Land Improvements	9,818,924	0			2.00
3.00	Buildings and Fixtures	58,810,767	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	7,500,865	0			5.00
6.00	Movable Equipment	26,496,496	0			6.00
7.00	HIT designated Assets	1,519,975	0			7.00
8.00	Subtotal (sum of lines 1-7)	105,617,027	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	105,617,027	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0052

Period:
From 10/01/2016
To 09/30/2017

Worksheet A-7
Part II
Date/Time Prepared:
2/23/2018 1:47 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	2,448,210	0	0	0	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.01
1.02	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.02
1.03	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.03
1.04	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.04
2.00	CAP REL COSTS-MVBLE EQUIP	1,446,631	0	0	0	0	2.00
2.01	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.01
2.02	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.02
3.00	Total (sum of lines 1-2)	3,894,841	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	2,448,210	1.00			
1.01	CAP REL COSTS-BLDG & FIXT	0	0	1.01			
1.02	CAP REL COSTS-BLDG & FIXT	0	0	1.02			
1.03	CAP REL COSTS-BLDG & FIXT	0	0	1.03			
1.04	CAP REL COSTS-BLDG & FIXT	0	0	1.04			
2.00	CAP REL COSTS-MVBLE EQUIP	0	1,446,631	2.00			
2.01	CAP REL COSTS-MVBLE EQUIP	0	0	2.01			
2.02	CAP REL COSTS-MVBLE EQUIP	0	0	2.02			
3.00	Total (sum of lines 1-2)	0	3,894,841	3.00			

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0052

Period:
From 10/01/2016
To 09/30/2017

Worksheet A-7
Part III
Date/Time Prepared:
2/23/2018 1:47 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	41,803,514	0	41,803,514	0.442478	65,448	1.00
1.01	CAP REL COSTS-BLDG & FIXT	6,569,705	0	6,569,705	0.069539	10,286	1.01
1.02	CAP REL COSTS-BLDG & FIXT	1,707,792	0	1,707,792	0.018077	2,674	1.02
1.03	CAP REL COSTS-BLDG & FIXT	6,645,772	0	6,645,772	0.070344	10,405	1.03
1.04	CAP REL COSTS-BLDG & FIXT	2,074,543	0	2,074,543	0.021958	3,248	1.04
2.00	CAP REL COSTS-MVBLE EQUIP	24,064,551	0	24,064,551	0.254717	37,676	2.00
2.01	CAP REL COSTS-MVBLE EQUIP	11,487,221	0	11,487,221	0.121589	17,985	2.01
2.02	CAP REL COSTS-MVBLE EQUIP	122,666	0	122,666	0.001298	192	2.02
3.00	Total (sum of lines 1-2)	94,475,764	0	94,475,764	1.000000	147,914	3.00
ALLOCATION OF OTHER CAPITAL							
Cost Center Description	Taxes	Other Capital-Related Costs	Total (sum of col. 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	65,448	2,217,832	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	0	10,286	89,012	0	1.01
1.02	CAP REL COSTS-BLDG & FIXT	0	0	2,674	47,911	0	1.02
1.03	CAP REL COSTS-BLDG & FIXT	0	0	10,405	265,487	0	1.03
1.04	CAP REL COSTS-BLDG & FIXT	0	0	3,248	58,186	0	1.04
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	37,676	1,452,541	0	2.00
2.01	CAP REL COSTS-MVBLE EQUIP	0	0	17,985	307,421	0	2.01
2.02	CAP REL COSTS-MVBLE EQUIP	0	0	192	1,663	0	2.02
3.00	Total (sum of lines 1-2)	0	0	147,914	4,440,053	0	3.00
SUMMARY OF CAPITAL							
Cost Center Description	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of col. 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	1,574	65,448	0	0	2,284,854	1.00
1.01	CAP REL COSTS-BLDG & FIXT	247	10,286	0	0	99,545	1.01
1.02	CAP REL COSTS-BLDG & FIXT	64	2,674	0	0	50,649	1.02
1.03	CAP REL COSTS-BLDG & FIXT	250	10,405	0	0	276,142	1.03
1.04	CAP REL COSTS-BLDG & FIXT	78	3,248	0	0	61,512	1.04
2.00	CAP REL COSTS-MVBLE EQUIP	907	37,676	0	0	1,491,124	2.00
2.01	CAP REL COSTS-MVBLE EQUIP	432	17,985	0	0	325,838	2.01
2.02	CAP REL COSTS-MVBLE EQUIP	5	192	0	0	1,860	2.02
3.00	Total (sum of lines 1-2)	3,557	147,914	0	0	4,591,524	3.00

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
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-491	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
1.01 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-77	CAP REL COSTS-BLDG & FIXT	1.01	11	1.01
1.02 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-20	CAP REL COSTS-BLDG & FIXT	1.02	11	1.02
1.03 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-78	CAP REL COSTS-BLDG & FIXT	1.03	11	1.03
1.04 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-24	CAP REL COSTS-BLDG & FIXT	1.04	11	1.04
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-282	CAP REL COSTS-MVBLE EQUIP	2.00	11	2.00
2.01 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-135	CAP REL COSTS-MVBLE EQUIP	2.01	11	2.01
2.02 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-1	CAP REL COSTS-MVBLE EQUIP	2.02	11	2.02
3.00 Investment income - other (chapter 2)	B	-366,775	OTHER ADMINISTRATIVE AND GENERAL	5.05	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)	B	-12,133	OTHER ADMINISTRATIVE AND GENERAL	5.05	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	-3,142,901			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	-887,765			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	A	-427,534	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employee and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients	B	-76,401	CENTRAL SERVICES & SUPPLY	14.00	0	16.00
17.00 Sale of drugs to other than patients		0		0.00	0	17.00
18.00 Sale of medical records and abstracts	B	-467	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines		0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)	B	-14,076	OTHER ADMINISTRATIVE AND GENERAL	5.05	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		RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01 Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.01	0	26.01

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0052

Period:
From 10/01/2016
To 09/30/2017

Worksheet A-8

Date/Time Prepared:
2/23/2018 1:47 pm

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
				Cost Center	Line #	
				3.00	4.00	
		1.00	2.00	3.00	4.00	5.00
26.02	Depreciation - CAP REL COSTS-BLDG & FIXT			OCAP REL COSTS-BLDG & FIXT	1.02	0 26.02
26.03	Depreciation - CAP REL COSTS-BLDG & FIXT			OCAP REL COSTS-BLDG & FIXT	1.03	0 26.03
26.04	Depreciation - CAP REL COSTS-BLDG & FIXT			OCAP REL COSTS-BLDG & FIXT	1.04	0 26.04
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			OCAP REL COSTS-MVBLE EQUIP	2.00	0 27.00
27.01	Depreciation - CAP REL COSTS-MVBLE EQUIP			OCAP REL COSTS-MVBLE EQUIP	2.01	0 27.01
27.02	Depreciation - CAP REL COSTS-MVBLE EQUIP			OCAP REL COSTS-MVBLE EQUIP	2.02	0 27.02
28.00	Non-physician Anesthetist			0*** Cost Center Deleted ***	19.00	28.00
29.00	Physicians' assistant			0	0.00	0 29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00	30.00
30.99	Hospice (non-distinct) (see instructions)			OADULTS & PEDIATRICS	30.00	30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY	68.00	31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0	0.00	0 32.00
33.00	DIETARY REVENUES	B	-19,867	DIETARY	10.00	0 33.00
33.01	OTHER OPERATING REVENUES - PLANT MAI	B	-102,875	OPERATION OF PLANT	7.00	0 33.01
33.02	OTHER OPERATING REVENUES - COMM VILL	B	-5,616	NONPATIENT TELEPHONES	5.01	0 33.02
33.03	OTHER OPERATING REVENUES - HOUSEKEEP	B	-2,130	HOUSEKEEPING	9.00	0 33.03
33.04	OTHER OPERATING REVENUES - ADMIN AND	B	-273,270	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.04
33.05	OTHER OPERATING REVENUES - INSURANCE	B	-4,847	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.05
33.06	OTHER OPERATING REVENUES - EMP BEN	B	-54,782	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.06
33.07	OTHER OPERATING REVENUES - DIETARY	B	-161,252	DIETARY	10.00	0 33.07
33.08	OTHER OPERATING REVENUES - PAIN MGMT	B	-40	RADIOLOGY-DIAGNOSTIC	54.00	0 33.08
33.09	OTHER OPERATING REVENUES - NURSERY	B	-740	NURSERY	43.00	0 33.09
33.10	OTHER OPERATING REVENUES - SUPPORT R	B	-7,985	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.10
33.11	OTHER OPERATING REVENUES - NURSING A	B	-8,486	NURSING ADMINISTRATION	13.00	0 33.11
33.12	OTHER OPERATING REVENUES - PHARMACY	B	-18,515	DRUGS CHARGED TO PATIENTS	73.00	0 33.12
33.13	OTHER OPERATING REVENUES - MED PSYCH	B	-33,457	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.03	0 33.13
33.14	MEDICAL PROVIDER TAX	A	-4,976,261	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.14
33.15	ADVERTISING - ADMIN	A	-586,457	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.15
33.16	ADVERTISING - EMPLOYEE BENEFITS	A	-149	ADULTS & PEDIATRICS	30.00	0 33.16
33.17	ADVERTISING - SNF	A	-20	SKILLED NURSING FACILITY	44.00	0 33.17
33.18	ADVERTISING - OPERATING ROOM	A	-7	EMERGENCY	91.00	0 33.18
33.19	TELEPHONE SAL BENEFITS	A	-4,400	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.19
33.21	UNEMPLOYMENT COMP	A	188,998	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.21
33.22	LOBBYING DUES	A	-31,882	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.22
33.25	340B OFFSET	B	-129,158	DRUGS CHARGED TO PATIENTS	73.00	0 33.25
33.26	PHYSICAL THERAPY	B	-240	PHYSICAL THERAPY	66.00	0 33.26
33.27	ADMIN AND GEN - RECRUITING	A	-24,689	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.27
33.28	RECOVERY - RECRUITING	A	-1,000	RECOVERY ROOM	51.00	0 33.28
33.29	DELIVERY ROOM - RECRUITING	A	-18,500	DELIVERY ROOM & LABOR ROOM	52.00	0 33.29
33.30	LAB - RECRUITING	A	-1,524	LABORATORY	60.00	0 33.30
33.31	ER - RECRUITING	A	-900	EMERGENCY	91.00	0 33.31

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0052

Period:
From 10/01/2016
To 09/30/2017

Worksheet A-8

Date/Time Prepared:
2/23/2018 1:47 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
	1.00	2.00	3.00	4.00	5.00	
33.32 PHYSICIAN EMPLOYEE BENEFITS	A	-8,186	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.32
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-11,217,397				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: 14-0052 Period: From 10/01/2016 To 09/30/2017 Worksheet A-8-1 Date/Time Prepared: 2/23/2018 1:47 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	CORP OFFICE CHG - BLDG DEPR	230,218	0
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	CORP OFFICE CHG - EQUIP DEPR	1,391,255	1,076,261
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	CORP OFFICE CHG	1,517,319	1,725,962
3.02	5.02	PURCHASING RECEIVING AND STO	CORP OFFICE CHG	126,695	144,117
3.03	5.04	CASHIERING/ACCOUNTS RECEIVAB	CORP OFFICE CHG	1,671,112	1,900,903
3.04	5.05	OTHER ADMINISTRATIVE AND GEN	CORP OFFICE CHG	6,049,516	6,881,372
3.05	7.00	OPERATION OF PLANT	CORP OFFICE CHG	182,673	207,792
3.06	17.00	SOCIAL SERVICE	CORP OFFICE CHG	508,103	577,971
4.00	73.00	DRUGS CHARGED TO PATIENTS	CORP OFFICE CHG	458,588	521,647
4.01	57.00	CT SCAN	SFI PURCH MAINTENANCE	97,355	102,722
4.02	57.00	CT SCAN	MOBILE MRI - SFI	50,183	32,035
4.03	60.00	LABORATORY	SYSTEMS LAB	357,014	357,014
4.06	0.00			0	0
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			12,640,031	13,527,796

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

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

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

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

6.00	B	OSF HEALTHCARE	100.00	OSF HEALTHCARE	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 14-0052

Period:
From 10/01/2016
To 09/30/2017

Worksheet A-8-1

Date/Time Prepared:
2/23/2018 1:47 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	230,218	9		1.00
2.00	314,994	9		2.00
3.00	-208,643	0		3.00
3.02	-17,422	0		3.02
3.03	-229,791	0		3.03
3.04	-831,856	0		3.04
3.05	-25,119	0		3.05
3.06	-69,868	0		3.06
4.00	-63,059	0		4.00
4.01	-5,367	0		4.01
4.02	18,148	9		4.02
4.03	0	0		4.03
4.06	0	0		4.06
5.00	-887,765			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	CATHOLIC SYSTEM		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: 14-0052

Period:
From 10/01/2016
To 09/30/2017

Worksheet A-8-2

Date/Time Prepared:
2/23/2018 1:47 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	5.05	OTHER ADMINISTRATIVE AND GENERAL	9,100	0	9,100	171,400	57	1.00
2.00	13.00	NURSING ADMINISTRATION	106,363	106,363	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	1,103,280	1,001,251	102,029	154,100	590	3.00
4.00	31.00	INTENSIVE CARE UNIT	243,840	243,840	0	0	0	4.00
5.00	41.00	SUBPROVIDER - IRF	59,068	0	59,068	154,100	896	5.00
6.00	43.00	NURSERY	293,516	293,516	0	154,100	0	6.00
7.00	44.00	SKILLED NURSING FACILITY	10,956	869	10,087	154,100	96	7.00
8.00	45.00	NURSING FACILITY	913	0	913	154,100	8	8.00
9.00	53.00	ANESTHESIOLOGY	790,000	790,000	0	0	0	9.00
10.00	59.00	CARDIAC CATHETERIZATION	100,000	100,000	0	0	0	10.00
11.00	60.00	LABORATORY	104,567	70,967	33,600	219,500	224	11.00
12.00	69.00	ELECTROCARDIOLOGY	71,571	71,571	0	0	0	12.00
13.00	70.00	ELECTROENCEPHALOGRAPHY	121,448	121,448	0	0	0	13.00
14.00	73.00	DRUGS CHARGED TO PATIENTS	67	67	0	0	0	14.00
15.00	91.00	EMERGENCY	282,535	267,031	15,504	171,400	480	15.00
200.00			3,297,224	3,066,923	230,301		2,351	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	5.05	OTHER ADMINISTRATIVE AND GENERAL	4,697	235	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	43,711	2,186	0	0	0	3.00
4.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	4.00
5.00	41.00	SUBPROVIDER - IRF	66,382	3,319	0	0	0	5.00
6.00	43.00	NURSERY	0	0	0	0	0	6.00
7.00	44.00	SKILLED NURSING FACILITY	7,112	356	0	0	0	7.00
8.00	45.00	NURSING FACILITY	593	30	0	0	0	8.00
9.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	9.00
10.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	10.00
11.00	60.00	LABORATORY	23,638	1,182	0	0	0	11.00
12.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	12.00
13.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	13.00
14.00	73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	14.00
15.00	91.00	EMERGENCY	39,554	1,978	0	0	0	15.00
200.00			185,687	9,286	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	5.05	OTHER ADMINISTRATIVE AND GENERAL	0	4,697	4,403	4,403	1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	106,363	2.00
3.00	30.00	ADULTS & PEDIATRICS	0	43,711	58,318	1,059,569	3.00
4.00	31.00	INTENSIVE CARE UNIT	0	0	0	243,840	4.00
5.00	41.00	SUBPROVIDER - IRF	0	66,382	0	0	5.00
6.00	43.00	NURSERY	0	0	0	293,516	6.00
7.00	44.00	SKILLED NURSING FACILITY	0	7,112	2,975	3,844	7.00
8.00	45.00	NURSING FACILITY	0	593	320	320	8.00
9.00	53.00	ANESTHESIOLOGY	0	0	0	790,000	9.00
10.00	59.00	CARDIAC CATHETERIZATION	0	0	0	100,000	10.00
11.00	60.00	LABORATORY	0	23,638	9,962	80,929	11.00
12.00	69.00	ELECTROCARDIOLOGY	0	0	0	71,571	12.00
13.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	121,448	13.00
14.00	73.00	DRUGS CHARGED TO PATIENTS	0	0	0	67	14.00
15.00	91.00	EMERGENCY	0	39,554	0	267,031	15.00
200.00			0	185,687	75,978	3,142,901	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0052

Period:
From 10/01/2016
To 09/30/2017

Worksheet B
Part I
Date/Time Prepared:
2/23/2018 1:47 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
		BLDG & FIXT	BLDG & FIXT	BLDG & FIXT	BLDG & FIXT	
	0	1.00	1.01	1.02	1.03	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	2,284,854	2,284,854			1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT	99,545	0	99,545		1.01
1.02 00102	CAP REL COSTS-BLDG & FIXT	50,649	0	0	50,649	1.02
1.03 00103	CAP REL COSTS-BLDG & FIXT	276,142	0	0	0	1.03
1.04 00104	CAP REL COSTS-BLDG & FIXT	61,512	0	0	0	1.04
2.00 00200	CAP REL COSTS-MVBLE EQUIP	1,491,124				2.00
2.01 00201	CAP REL COSTS-MVBLE EQUIP	325,838				2.01
2.02 00202	CAP REL COSTS-MVBLE EQUIP	1,860				2.02
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	9,838,768	13,099	615	0	4.00
5.01 00540	NONPATIENT TELEPHONES	336,801	5,405	160	0	5.01
5.02 00560	PURCHASING RECEIVING AND STORES	355,313	48,230	367	0	5.02
5.03 00570	ADMINITTING	34	20,946	0	0	5.03
5.04 00580	CASHIERING/ACCOUNTS RECEIVABLE	1,910,015	9,848	0	0	5.04
5.05 00590	OTHER ADMINISTRATIVE AND GENERAL	11,359,028	252,392	22,422	50,649	5.05
7.00 00700	OPERATION OF PLANT	4,161,870	195,862	8,355	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	297,662	14,733	888	0	8.00
9.00 00900	HOUSEKEEPING	1,072,283	63,156	3,374	0	9.00
10.00 01000	DIETARY	751,626	80,553	1,396	0	10.00
11.00 01100	CAFETERIA	465,492	39,238	1,935	0	11.00
13.00 01300	NURSING ADMINISTRATION	813,616	12,647	788	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	314,444	55,279	4,340	0	14.00
16.00 01600	MEDICAL RECORDS & LIBRARY	678,606	27,188	307	0	16.00
17.00 01700	SOCIAL SERVICE	518,683	5,790	1,154	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	3,501,954	443,769	0	0	30.00
31.00 03100	INTENSIVE CARE UNIT	1,140,146	146,161	0	0	31.00
41.00 04100	SUBPROVIDER - IRF	569,216	0	7,764	0	41.00
43.00 04300	NURSERY	421,938	12,195	0	0	43.00
44.00 04400	SKILLED NURSING FACILITY	896,108	0	1,935	0	44.00
45.00 04500	NURSING FACILITY	67,122	0	511	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	2,683,989	236,033	53	0	50.00
51.00 05100	RECOVERY ROOM	324,597	9,540	893	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	937,549	127,879	0	0	52.00
53.00 05300	ANESTHESIOLOGY	50,255	962	167	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,282,240	97,364	11,796	0	54.00
57.00 05700	CT SCAN	428,518	9,002	0	0	57.00
58.00 05800	MRI	162,795	7,742	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	363,215	21,398	0	0	59.00
60.00 06000	LABORATORY	3,674,257	96,219	3,679	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	251,268	625	334	0	62.00
64.00 06400	INTRAVENOUS THERAPY	429,033	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	584,195	20,956	781	0	65.00
66.00 06600	PHYSICAL THERAPY	1,039,994	9,088	3,724	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	454,138	2,087	6,093	0	67.00
68.00 06800	SPEECH PATHOLOGY	197,856	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	226,109	29,130	672	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	291,835	5,472	415	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,583,758	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	1,748,172	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	6,739,418	22,725	1,019	0	73.00
76.00 03950	THERAPEUTIC ACTIVITIES	0	0	0	0	76.00
76.02 03951	DIABETES CENTER	42,763	0	633	0	76.02
76.03 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	424,360	0	0	0	76.03
76.04 03952	PAIN CLINIC	116,320	4,876	0	0	76.04
76.05 03953	WOUND CENTER	225,834	0	2,321	0	76.05
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	2,086,109	126,994	4,761	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	46,208	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	71,457,034	2,274,583	93,652	50,649	5,191
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,447	8,771	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	286,830	0	0	0	270,951

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0052

Period:
From 10/01/2016
To 09/30/2017

Worksheet B
Part I
Date/Time Prepared:
2/23/2018 1:47 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
		BLDG & FIXT	BLDG & FIXT	BLDG & FIXT	BLDG & FIXT	
		1.00	1.01	1.02	1.03	
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.02 19302 FUND DEVELOPMENT	217,877	0	0	0	0	193.02
193.05 19305 EMS	83,559	1,500	0	0	0	193.05
193.07 19307 SAINT CLARE'S VILLA	35,129	0	0	0	0	193.07
194.00 07950 OTHER PROPERTY	0	0	0	0	0	194.00
194.01 07951 ADULT DAY CARE	126,735	0	3,116	0	0	194.01
194.02 07952 UNUSED SPACE	0	0	2,777	0	0	194.02
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	72,209,611	2,284,854	99,545	50,649	276,142	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 14-0052	Period: From 10/01/2016 To 09/30/2017	Worksheet B Part I Date/Time Prepared: 2/23/2018 1:47 pm
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Cost Center Description		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT	4.00
		BLDG & FIXT	MVBLE EQUIP	MVBLE EQUIP	MVBLE EQUIP		
		1.04	2.00	2.01	2.02		
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT					1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT					1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT					1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT	61,512				1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP		1,491,124			2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP		0	325,838		2.01
2.02	00202	CAP REL COSTS-MVBLE EQUIP		0	0	1,860	2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,371	8,526	3,895	0	4.00
5.01	00540	NONPATIENT TELEPHONES	0	3,518	401	0	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	0	31,392	919	0	5.02
5.03	00570	ADMINISTRATIVE	0	13,634	0	0	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,864	6,410	3,202	0	5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	12,842	164,279	78,197	1,860	5.05
7.00	00700	OPERATION OF PLANT	8,467	129,018	35,462	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	9,590	2,222	0	8.00
9.00	00900	HOUSEKEEPING	0	42,916	8,448	0	9.00
10.00	01000	DIETARY	195	52,431	3,494	0	10.00
11.00	01100	CAFETERIA	0	25,539	5,179	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	8,826	1,974	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	35,981	10,864	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	17,696	769	0	16.00
17.00	01700	SOCIAL SERVICE	0	3,768	2,888	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	288,845	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	95,135	0	0	31.00
41.00	04100	SUBPROVIDER - I/R	0	0	19,437	0	41.00
43.00	04300	NURSERY	0	7,937	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	4,845	0	44.00
45.00	04500	NURSING FACILITY	0	0	1,280	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	153,631	134	0	50.00
51.00	05100	RECOVERY ROOM	0	6,210	2,235	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	83,235	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	626	418	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	63,373	29,530	0	54.00
57.00	05700	CT SCAN	0	5,859	0	0	57.00
58.00	05800	MRI	0	5,039	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	13,928	0	0	59.00
60.00	06000	LABORATORY	0	62,628	9,210	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	407	835	0	62.00
64.00	06400	INTRAVENOUS THERAPY	6,697	0	11,505	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	13,640	1,955	0	65.00
66.00	06600	PHYSICAL THERAPY	5,239	5,915	18,324	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,358	15,254	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,323	0	2,272	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	18,961	1,681	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,903	3,562	7,746	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	14,792	2,552	0	73.00
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0	0	76.00
76.02	03951	DIABETES CENTER	0	0	1,585	0	76.02
76.03	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,704	0	4,645	0	76.03
76.04	03952	PAIN CLINIC	0	3,174	0	0	76.04
76.05	03953	WOUND CENTER	0	0	5,810	0	76.05
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	82,659	11,919	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	44,605	1,484,438	311,086	1,860	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	5,709	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	16,907	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
193.02	19302	FUND DEVELOPMENT	0	0	0	0	193.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0052

Period:
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Cost Center Description			CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	MVBLE EQUIP	MVBLE EQUIP	MVBLE EQUIP		
			1.04	2.00	2.01	2.02		
193.05	19305	EMS	0	977	0	0	18,663	193.05
193.07	19307	SAINT CLARE'S VILLA	0	0	0	0	41,844	193.07
194.00	07950	OTHER PROPERTY	0	0	0	0	0	194.00
194.01	07951	ADULT DAY CARE	0	0	7,800	0	39,357	194.01
194.02	07952	UNUSED SPACE	0	0	6,952	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	61,512	1,491,124	325,838	1,860	9,866,274	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0052		Period: From 10/01/2016 To 09/30/2017		Worksheet B Part I Date/Time Prepared: 2/23/2018 1:47 pm	
Cost Center Description			Subtotal	NONPATIENT TELEPHONES	Subtotal	PURCHASING RECEIVING AND STORES	Subtotal	
			4A	5.01	5A.01	5.02	5A.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT						1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
2.02	00202	CAP REL COSTS-MVBLE EQUIP						2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	454,171	454,171				5.01
5.02	00560	PURCHASING RECEIVING AND STORES	502,963	3,183	506,146	506,146		5.02
5.03	00570	ADMINISTRATIVE	34,614	219	34,833	246	35,079	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,964,572	12,434	1,977,006	13,956	1,990,962	5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	12,724,571	80,565	12,805,136	90,381	12,895,517	5.05
7.00	00700	OPERATION OF PLANT	5,001,156	31,652	5,032,808	35,527	5,068,335	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	342,607	2,168	344,775	2,434	347,209	8.00
9.00	00900	HOUSEKEEPING	1,493,216	9,451	1,502,667	10,607	1,513,274	9.00
10.00	01000	DIETARY	1,112,952	7,044	1,119,996	7,906	1,127,902	10.00
11.00	01100	CAFETERIA	673,348	4,262	677,610	4,783	682,393	11.00
13.00	01300	NURSING ADMINISTRATION	1,124,437	7,117	1,131,554	7,988	1,139,542	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	515,116	3,260	518,376	3,659	522,035	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	964,019	6,101	970,120	6,848	976,968	16.00
17.00	01700	SOCIAL SERVICE	532,283	3,369	535,652	3,781	539,433	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,310,246	33,609	5,343,855	37,722	5,381,577	30.00
31.00	03100	INTENSIVE CARE UNIT	1,758,914	11,132	1,770,046	12,495	1,782,541	31.00
41.00	04100	SUBPROVIDER - I/R	771,813	4,885	776,698	5,483	782,181	41.00
43.00	04300	NURSERY	589,171	3,729	592,900	4,185	597,085	43.00
44.00	04400	SKILLED NURSING FACILITY	1,208,048	7,646	1,215,694	8,582	1,224,276	44.00
45.00	04500	NURSING FACILITY	93,537	592	94,129	664	94,793	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,821,398	24,186	3,845,584	27,146	3,872,730	50.00
51.00	05100	RECOVERY ROOM	450,003	2,848	452,851	3,197	456,048	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,410,924	8,930	1,419,854	10,023	1,429,877	52.00
53.00	05300	ANESTHESIOLOGY	52,428	332	52,760	372	53,132	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,080,946	19,499	3,100,445	21,886	3,122,331	54.00
57.00	05700	CT SCAN	506,470	3,205	509,675	3,598	513,273	57.00
58.00	05800	MRI	224,072	1,418	225,490	1,592	227,082	58.00
59.00	05900	CARDIAC CATHETERIZATION	525,056	3,323	528,379	3,730	532,109	59.00
60.00	06000	LABORATORY	4,544,858	28,764	4,573,622	32,285	4,605,907	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	253,469	1,604	255,073	1,801	256,874	62.00
64.00	06400	INTRAVENOUS THERAPY	583,749	3,695	587,444	4,147	591,591	64.00
65.00	06500	RESPIRATORY THERAPY	823,859	5,214	829,073	5,852	834,925	65.00
66.00	06600	PHYSICAL THERAPY	1,450,866	9,183	1,460,049	10,306	1,470,355	66.00
67.00	06700	OCCUPATIONAL THERAPY	642,572	4,067	646,639	4,565	651,204	67.00
68.00	06800	SPEECH PATHOLOGY	273,253	1,729	274,982	1,941	276,923	68.00
69.00	06900	ELECTROCARDIOLOGY	354,131	2,241	356,372	2,516	358,888	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	342,154	2,165	344,319	2,431	346,750	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,583,758	10,024	1,593,782	11,251	1,605,033	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,748,172	11,064	1,759,236	12,418	1,771,654	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,093,732	44,896	7,138,628	50,392	7,189,020	73.00
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0	0	0	76.00
76.02	03951	DIABETES CENTER	60,565	383	60,948	430	61,378	76.02
76.03	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	595,580	3,769	599,349	4,231	603,580	76.03
76.04	03952	PAIN CLINIC	157,869	999	158,868	1,121	159,989	76.04
76.05	03953	WOUND CENTER	286,075	1,811	287,886	2,032	289,918	76.05
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	2,944,200	18,634	2,962,834	20,915	2,983,749	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	49,797	315	50,112	354	50,466	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	71,031,710	446,716	71,024,255	497,779	71,015,888	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	16,927	107	17,034	120	17,154	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	574,688	3,637	578,325	4,082	582,407	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.02	19302	FUND DEVELOPMENT	217,877	1,379	219,256	1,548	220,804	193.02
193.05	19305	EMS	104,699	663	105,362	744	106,106	193.05
193.07	19307	SAINT CLARE'S VILLA	76,973	487	77,460	547	78,007	193.07

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		Subtotal	NONPATIENT TELEPHONES	Subtotal	PURCHASING RECEIVING AND STORES	Subtotal	
		4A	5.01	5A.01	5.02	5A.02	
194.00	07950 OTHER PROPERTY	0	0	0	0	0	194.00
194.01	07951 ADULT DAY CARE	177,008	1,120	178,128	1,257	179,385	194.01
194.02	07952 UNUSED SPACE	9,729	62	9,791	69	9,860	194.02
200.00	Cross Foot Adjustments	0		0		0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	72,209,611	454,171	72,209,611	506,146	72,209,611	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0052		Period: From 10/01/2016 To 09/30/2017		Worksheet B Part I Date/Time Prepared: 2/23/2018 1:47 pm	
Cost Center Description			ADMITTING	Subtotal	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
			5.03	5A.03	5.04	5A.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT						1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
2.02	00202	CAP REL COSTS-MVBLE EQUIP						2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00570	ADMITTING	35,079					5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	968	1,991,930	1,991,930			5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	6,269	12,901,786	365,995	13,267,781	13,267,781	5.05
7.00	00700	OPERATION OF PLANT	2,463	5,070,798	143,848	5,214,646	1,173,817	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	169	347,378	9,854	357,232	80,413	8.00
9.00	00900	HOUSEKEEPING	735	1,514,009	42,949	1,556,958	350,471	9.00
10.00	01000	DIETARY	548	1,128,450	32,012	1,160,462	261,220	10.00
11.00	01100	CAFETERIA	332	682,725	19,368	702,093	158,041	11.00
13.00	01300	NURSING ADMINISTRATION	554	1,140,096	32,342	1,172,438	263,916	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	254	522,289	14,816	537,105	120,902	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	475	977,443	27,728	1,005,171	226,264	16.00
17.00	01700	SOCIAL SERVICE	262	539,695	15,310	555,005	124,932	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,615	5,384,192	152,739	5,536,931	1,246,363	30.00
31.00	03100	INTENSIVE CARE UNIT	866	1,783,407	50,592	1,833,999	412,833	31.00
41.00	04100	SUBPROVIDER - IIRF	380	782,561	22,200	804,761	181,152	41.00
43.00	04300	NURSERY	290	597,375	16,946	614,321	138,284	43.00
44.00	04400	SKILLED NURSING FACILITY	595	1,224,871	34,747	1,259,618	283,540	44.00
45.00	04500	NURSING FACILITY	46	94,839	2,690	97,529	21,954	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,882	3,874,612	109,915	3,984,527	896,917	50.00
51.00	05100	RECOVERY ROOM	222	456,270	12,943	469,213	105,620	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	695	1,430,572	40,582	1,471,154	331,157	52.00
53.00	05300	ANESTHESIOLOGY	26	53,158	1,508	54,666	12,305	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,517	3,123,848	88,617	3,212,465	723,126	54.00
57.00	05700	CT SCAN	249	513,522	14,568	528,090	118,873	57.00
58.00	05800	MRI	110	227,192	6,445	233,637	52,592	58.00
59.00	05900	CARDIAC CATHETERIZATION	259	532,368	15,102	547,470	123,235	59.00
60.00	06000	LABORATORY	2,238	4,608,145	130,724	4,738,869	1,066,719	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	125	256,999	7,291	264,290	59,492	62.00
64.00	06400	INTRAVENOUS THERAPY	288	591,879	16,790	608,669	137,011	64.00
65.00	06500	RESPIRATORY THERAPY	406	835,331	23,697	859,028	193,367	65.00
66.00	06600	PHYSICAL THERAPY	715	1,471,070	41,731	1,512,801	340,532	66.00
67.00	06700	OCCUPATIONAL THERAPY	316	651,520	18,482	670,002	150,817	67.00
68.00	06800	SPEECH PATHOLOGY	135	277,058	7,860	284,918	64,135	68.00
69.00	06900	ELECTROCARDIOLOGY	174	359,062	10,186	369,248	83,118	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	169	346,919	9,841	356,760	80,307	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	780	1,605,813	45,554	1,651,367	371,723	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	861	1,772,515	50,283	1,822,798	410,312	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,494	7,192,514	204,037	7,396,551	1,664,938	73.00
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0	0	0	76.00
76.02	03951	DIABETES CENTER	30	61,408	1,742	63,150	14,215	76.02
76.03	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	293	603,873	17,131	621,004	139,788	76.03
76.04	03952	PAIN CLINIC	78	160,067	4,541	164,608	37,053	76.04
76.05	03953	WOUND CENTER	141	290,059	8,228	298,287	67,144	76.05
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	1,450	2,985,199	84,684	3,069,883	691,031	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0		0		92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	25	50,491	1,432	51,923	11,688	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	34,499	71,015,308	1,958,050	70,981,428	12,991,317	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	8	17,162	487	17,649	3,973	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	283	582,690	16,530	599,220	134,884	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.02	19302	FUND DEVELOPMENT	107	220,911	6,267	227,178	51,138	193.02
193.05	19305	EMS	52	106,158	3,011	109,169	24,574	193.05
193.07	19307	SAINT CLARE'S VILLA	38	78,045	2,214	80,259	18,066	193.07

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	ADMITTING	Subtotal	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
	5.03	5A.03	5.04	5A.04	5.05	
194.00 07950 OTHER PROPERTY	0	0	0	0	0	194.00
194.01 07951 ADULT DAY CARE	87	179,472	5,091	184,563	41,545	194.01
194.02 07952 UNUSED SPACE	5	9,865	280	10,145	2,284	194.02
200.00 Cross Foot Adjustments		0		0		200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	35,079	72,209,611	1,991,930	72,209,611	13,267,781	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0052

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To 09/30/2017

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Date/Time Prepared:
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Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA		
		7.00	8.00	9.00	10.00	11.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	CAP REL COSTS-BLDG & FIXT					1.01	
1.02	00102	CAP REL COSTS-BLDG & FIXT					1.02	
1.03	00103	CAP REL COSTS-BLDG & FIXT					1.03	
1.04	00104	CAP REL COSTS-BLDG & FIXT					1.04	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
2.01	00201	CAP REL COSTS-MVBLE EQUIP					2.01	
2.02	00202	CAP REL COSTS-MVBLE EQUIP					2.02	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00540	NONPATIENT TELEPHONES					5.01	
5.02	00560	PURCHASING RECEIVING AND STORES					5.02	
5.03	00570	ADMITTING					5.03	
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04	
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL					5.05	
7.00	00700	OPERATION OF PLANT	6,388,463				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	50,947	488,592			8.00	
9.00	00900	HOUSEKEEPING	213,933	0	2,121,362		9.00	
10.00	01000	DIETARY	197,213	0	68,319	1,687,214	10.00	
11.00	01100	CAFETERIA	128,741	0	44,599	0	1,033,474	11.00
13.00	01300	NURSING ADMINISTRATION	46,217	0	16,011	0	28,970	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	214,895	199	74,445	0	23,610	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	62,702	0	21,722	0	40,987	16.00
17.00	01700	SOCIAL SERVICE	38,956	0	13,495	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	905,581	149,190	313,716	849,723	155,203	30.00
31.00	03100	INTENSIVE CARE UNIT	298,262	31,687	103,326	127,777	49,562	31.00
41.00	04100	SUBPROVIDER - I RF	182,651	12,307	63,275	114,306	24,993	41.00
43.00	04300	NURSERY	24,885	5,564	8,621	0	15,289	43.00
44.00	04400	SKILLED NURSING FACILITY	45,530	31,410	15,773	326,319	40,874	44.00
45.00	04500	NURSING FACILITY	12,030	2,617	4,168	27,191	3,554	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	482,915	66,157	167,294	9,600	87,390	50.00
51.00	05100	RECOVERY ROOM	40,467	0	14,019	0	10,945	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	260,955	15,426	90,401	71,941	31,227	52.00
53.00	05300	ANESTHESIOLOGY	5,888	0	2,040	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	476,184	51,694	164,962	0	79,576	54.00
57.00	05700	CT SCAN	18,369	0	6,364	0	8,124	57.00
58.00	05800	MRI	15,798	0	5,473	0	5,360	58.00
59.00	05900	CARDIAC CATHETERIZATION	43,666	15,972	15,127	0	17,179	59.00
60.00	06000	LABORATORY	282,896	0	98,002	0	109,477	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	9,126	0	3,161	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	108,115	4,208	37,454	5,698	19,859	64.00
65.00	06500	RESPIRATORY THERAPY	61,132	0	21,178	0	28,293	65.00
66.00	06600	PHYSICAL THERAPY	190,736	18,403	66,076	0	41,184	66.00
67.00	06700	OCCUPATIONAL THERAPY	147,600	0	51,132	0	20,508	67.00
68.00	06800	SPEECH PATHOLOGY	21,352	0	7,397	0	6,996	68.00
69.00	06900	ELECTROCARDIOLOGY	75,243	0	26,066	0	8,039	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	83,956	482	29,085	0	3,554	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	70,356	0	24,373	0	29,873	73.00
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0	0	0	76.00
76.02	03951	DIABETES CENTER	14,895	0	5,160	0	1,946	76.02
76.03	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	43,646	0	15,120	0	19,774	76.03
76.04	03952	PAIN CLINIC	9,950	0	3,447	0	5,388	76.04
76.05	03953	WOUND CENTER	54,597	2,163	18,914	0	7,109	76.05
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	371,150	78,410	128,576	27,222	87,954	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	254	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,311,535	485,889	1,748,291	1,559,777	1,013,051	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	17,898	0	6,200	30,783	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	917,336	0	317,784	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.02	19302	FUND DEVELOPMENT	0	0	0	0	0	193.02
193.05	19305	EMS	3,062	2,703	1,061	0	2,680	193.05
193.07	19307	SAINT CLARE'S VILLA	0	0	0	0	9,337	193.07
194.00	07950	OTHER PROPERTY	0	0	0	0	0	194.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0052

Period:
From 10/01/2016
To 09/30/2017

Worksheet B
Part I
Date/Time Prepared:
2/23/2018 1:47 pm

Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
194.01	07951	ADULT DAY CARE	73,300	0	25,393	96,654	8,406	194.01
194.02	07952	UNUSED SPACE	65,332	0	22,633	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	6,388,463	488,592	2,121,362	1,687,214	1,033,474	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0052		Period: From 10/01/2016 To 09/30/2017		Worksheet B Part I Date/Time Prepared: 2/23/2018 1:47 pm	
Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	
			13.00	14.00	16.00	17.00	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT						1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
2.02	00202	CAP REL COSTS-MVBLE EQUIP						2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00570	ADMINISTRATIVE						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL						5.05
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	1,527,552					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	971,156				14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1	1,356,847			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	732,388		17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	452,371	29,699	824,876	434,430	10,898,083	30.00
31.00	03100	INTENSIVE CARE UNIT	110,556	9,131	41,439	24,278	3,042,850	31.00
41.00	04100	SUBPROVIDER - IRF	72,833	770	51,355	68,052	1,576,455	41.00
43.00	04300	NURSERY	0	581	12,396	0	819,941	43.00
44.00	04400	SKILLED NURSING FACILITY	118,496	1,741	22,313	44,510	2,190,124	44.00
45.00	04500	NURSING FACILITY	9,874	145	1,771	3,678	184,511	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	233,574	0	175,671	0	6,104,045	50.00
51.00	05100	RECOVERY ROOM	35,936	5,052	0	0	681,252	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	138,366	5,429	14,875	0	2,430,931	52.00
53.00	05300	ANESTHESIOLOGY	0	8,168	0	0	83,067	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,648	56,361	57,731	0	4,834,747	54.00
57.00	05700	CT SCAN	450	20,761	0	0	701,031	57.00
58.00	05800	MRI	0	5,311	0	0	318,171	58.00
59.00	05900	CARDIAC CATHETERIZATION	19,260	0	0	0	781,909	59.00
60.00	06000	LABORATORY	0	12,507	23,021	0	6,331,491	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	47,214	0	0	383,283	62.00
64.00	06400	INTRAVENOUS THERAPY	29,935	5,265	0	0	956,214	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	1,162,998	65.00
66.00	06600	PHYSICAL THERAPY	0	3,052	708	0	2,173,492	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	418	0	0	1,040,477	67.00
68.00	06800	SPEECH PATHOLOGY	0	38	0	0	384,836	68.00
69.00	06900	ELECTROCARDIOLOGY	11,138	1,443	0	0	574,295	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	554,144	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	353,522	0	0	2,376,612	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	368,305	0	0	2,601,415	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,216	0	0	9,187,307	73.00
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0	0	0	76.00
76.02	03951	DIABETES CENTER	5,404	0	0	0	104,770	76.02
76.03	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	1	0	0	839,333	76.03
76.04	03952	PAIN CLINIC	5,132	3,669	0	0	229,247	76.04
76.05	03953	WOUND CENTER	12,241	3,454	16,646	0	480,555	76.05
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	181,866	27,414	114,045	157,440	4,934,991	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	63,865	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,450,080	970,668	1,356,847	732,388	69,026,442	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	28	0	0	76,531	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	1,969,224	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.02	19302	FUND DEVELOPMENT	0	0	0	0	278,316	193.02
193.05	19305	EMS	0	449	0	0	143,698	193.05
193.07	19307	SAINT CLARE'S VILLA	75,131	0	0	0	182,793	193.07

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0052

Period:
From 10/01/2016
To 09/30/2017

Worksheet B
Part I
Date/Time Prepared:
2/23/2018 1:47 pm

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	
		13.00	14.00	16.00	17.00	24.00	
194.00	07950 OTHER PROPERTY	0	0	0	0	0	194.00
194.01	07951 ADULT DAY CARE	2,341	11	0	0	432,213	194.01
194.02	07952 UNUSED SPACE	0	0	0	0	100,394	194.02
200.00	Cross Foot Adjustments					0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	1,527,552	971,156	1,356,847	732,388	72,209,611	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 14-0052	Period: From 10/01/2016 To 09/30/2017	Worksheet B Part I Date/Time Prepared: 2/23/2018 1:47 pm
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00	
1.01	00101	CAP REL COSTS-BLDG & FIXT		1.01	
1.02	00102	CAP REL COSTS-BLDG & FIXT		1.02	
1.03	00103	CAP REL COSTS-BLDG & FIXT		1.03	
1.04	00104	CAP REL COSTS-BLDG & FIXT		1.04	
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00	
2.01	00201	CAP REL COSTS-MVBLE EQUIP		2.01	
2.02	00202	CAP REL COSTS-MVBLE EQUIP		2.02	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00	
5.01	00540	NONPATIENT TELEPHONES		5.01	
5.02	00560	PURCHASING RECEIVING AND STORES		5.02	
5.03	00570	ADMINISTRATIVE		5.03	
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.04	
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL		5.05	
7.00	00700	OPERATION OF PLANT		7.00	
8.00	00800	LAUNDRY & LINEN SERVICE		8.00	
9.00	00900	HOUSEKEEPING		9.00	
10.00	01000	DIETARY		10.00	
11.00	01100	CAFETERIA		11.00	
13.00	01300	NURSING ADMINISTRATION		13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00	
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00	
17.00	01700	SOCIAL SERVICE		17.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	10,898,083	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,042,850	31.00
41.00	04100	SUBPROVIDER - I RF	0	1,576,455	41.00
43.00	04300	NURSERY	0	819,941	43.00
44.00	04400	SKILLED NURSING FACILITY	0	2,190,124	44.00
45.00	04500	NURSING FACILITY	0	184,511	45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	6,104,045	50.00
51.00	05100	RECOVERY ROOM	0	681,252	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,430,931	52.00
53.00	05300	ANESTHESIOLOGY	0	83,067	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,834,747	54.00
57.00	05700	CT SCAN	0	701,031	57.00
58.00	05800	MRI	0	318,171	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	781,909	59.00
60.00	06000	LABORATORY	0	6,331,491	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	383,283	62.00
64.00	06400	INTRAVENOUS THERAPY	0	956,214	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,162,998	65.00
66.00	06600	PHYSICAL THERAPY	0	2,173,492	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,040,477	67.00
68.00	06800	SPEECH PATHOLOGY	0	384,836	68.00
69.00	06900	ELECTROCARDIOLOGY	0	574,295	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	554,144	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,376,612	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,601,415	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	9,187,307	73.00
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	76.00
76.02	03951	DIABETES CENTER	0	104,770	76.02
76.03	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	839,333	76.03
76.04	03952	PAIN CLINIC	0	229,247	76.04
76.05	03953	WOUND CENTER	0	480,555	76.05
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0	4,934,991	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	63,865	95.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	69,026,442	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	76,531	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,969,224	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
193.02	19302	FUND DEVELOPMENT	0	278,316	193.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0052

Period:
From 10/01/2016
To 09/30/2017

Worksheet B
Part I
Date/Time Prepared:
2/23/2018 1:47 pm

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
193.05	19305	EMS	0	143,698	193.05
193.07	19307	SAINT CLARE'S VILLA	0	182,793	193.07
194.00	07950	OTHER PROPERTY	0	0	194.00
194.01	07951	ADULT DAY CARE	0	432,213	194.01
194.02	07952	UNUSED SPACE	0	100,394	194.02
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	72,209,611	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0052	Period: From 10/01/2016 To 09/30/2017	Worksheet B Part II Date/Time Prepared: 2/23/2018 1:47 pm
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Cost Center Description		CAPITAL RELATED COSTS						
		Directly Assigned New Capital Related Costs	BLDG & FIXT	BLDG & FIXT	BLDG & FIXT		BLDG & FIXT	
		0	1.00	1.01	1.02		1.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	CAP REL COSTS-BLDG & FIXT					1.01	
1.02	00102	CAP REL COSTS-BLDG & FIXT					1.02	
1.03	00103	CAP REL COSTS-BLDG & FIXT					1.03	
1.04	00104	CAP REL COSTS-BLDG & FIXT					1.04	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
2.01	00201	CAP REL COSTS-MVBLE EQUIP					2.01	
2.02	00202	CAP REL COSTS-MVBLE EQUIP					2.02	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	13,099	615	0	0	4.00
5.01	00540	NONPATIENT TELEPHONES	11,106	5,405	160	0	0	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	7,690	48,230	367	0	0	5.02
5.03	00570	ADMINISTRATIVE	7	20,946	0	0	0	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	9,848	0	0	0	5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	996,260	252,392	22,422	50,649	0	5.05
7.00	00700	OPERATION OF PLANT	46	195,862	8,355	0	2,022	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	14,733	888	0	0	8.00
9.00	00900	HOUSEKEEPING	206	63,156	3,374	0	2,385	9.00
10.00	01000	DIETARY	13	80,553	1,396	0	0	10.00
11.00	01100	CAFETERIA	683	39,238	1,935	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	40	12,647	788	0	784	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	11,584	55,279	4,340	0	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	27,188	307	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	5,790	1,154	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	26,784	443,769	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	7,478	146,161	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	425	0	7,764	0	0	41.00
43.00	04300	NURSERY	0	12,195	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	2,246	0	1,935	0	0	44.00
45.00	04500	NURSING FACILITY	187	0	511	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	12,755	236,033	53	0	0	50.00
51.00	05100	RECOVERY ROOM	14	9,540	893	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	127,879	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	20	962	167	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	42	97,364	11,796	0	0	54.00
57.00	05700	CT SCAN	12	9,002	0	0	0	57.00
58.00	05800	MRI	7	7,742	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	20	21,398	0	0	0	59.00
60.00	06000	LABORATORY	37,373	96,219	3,679	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	625	334	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	14	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	6,603	20,956	781	0	0	65.00
66.00	06600	PHYSICAL THERAPY	3,709	9,088	3,724	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	7	2,087	6,093	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	7	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	27	29,130	672	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,472	415	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1	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	21	22,725	1,019	0	0	73.00
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0	0	0	76.00
76.02	03951	DIABETES CENTER	0	0	633	0	0	76.02
76.03	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	114	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	4,876	0	0	0	76.04
76.05	03953	WOUND CENTER	0	0	2,321	0	0	76.05
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	7	126,994	4,761	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,125,508	2,274,583	93,652	50,649	5,191	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	8,771	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	138,120	0	0	0	270,951	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0052

Period:
From 10/01/2016
To 09/30/2017

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
		BLDG & FIXT	BLDG & FIXT	BLDG & FIXT	BLDG & FIXT	
		1.00	1.01	1.02	1.03	
193.02 19302 FUND DEVELOPMENT	0	0	0	0	0	193.02
193.05 19305 EMS	157	1,500	0	0	0	193.05
193.07 19307 SAINT CLARE'S VILLA	0	0	0	0	0	193.07
194.00 07950 OTHER PROPERTY	0	0	0	0	0	194.00
194.01 07951 ADULT DAY CARE	0	0	3,116	0	0	194.01
194.02 07952 UNUSED SPACE	0	0	2,777	0	0	194.02
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	1,263,785	2,284,854	99,545	50,649	276,142	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0052	Period: From 10/01/2016 To 09/30/2017	Worksheet B Part II Date/Time Prepared: 2/23/2018 1:47 pm
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Cost Center Description		CAPITAL RELATED COSTS				Subtotal 2A		
		BLDG & FIXT	MVBLE EQUIP	MVBLE EQUIP	MVBLE EQUIP			
		1.04	2.00	2.01	2.02			
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	CAP REL COSTS-BLDG & FIXT					1.01	
1.02	00102	CAP REL COSTS-BLDG & FIXT					1.02	
1.03	00103	CAP REL COSTS-BLDG & FIXT					1.03	
1.04	00104	CAP REL COSTS-BLDG & FIXT					1.04	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
2.01	00201	CAP REL COSTS-MVBLE EQUIP					2.01	
2.02	00202	CAP REL COSTS-MVBLE EQUIP					2.02	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,371	8,526	3,895	0	27,506	4.00
5.01	00540	NONPATIENT TELEPHONES	0	3,518	401	0	20,590	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	0	31,392	919	0	88,598	5.02
5.03	00570	ADMINISTRATIVE	0	13,634	0	0	34,587	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,864	6,410	3,202	0	21,324	5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	12,842	164,279	78,197	1,860	1,578,901	5.05
7.00	00700	OPERATION OF PLANT	8,467	129,018	35,462	0	379,232	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	9,590	2,222	0	27,433	8.00
9.00	00900	HOUSEKEEPING	0	42,916	8,448	0	120,485	9.00
10.00	01000	DIETARY	195	52,431	3,494	0	138,082	10.00
11.00	01100	CAFETERIA	0	25,539	5,179	0	72,574	11.00
13.00	01300	NURSING ADMINISTRATION	0	8,826	1,974	0	25,059	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	35,981	10,864	0	118,048	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	17,696	769	0	45,960	16.00
17.00	01700	SOCIAL SERVICE	0	3,768	2,888	0	13,600	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	288,845	0	0	759,398	30.00
31.00	03100	INTENSIVE CARE UNIT	0	95,135	0	0	248,774	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	19,437	0	27,626	41.00
43.00	04300	NURSERY	0	7,937	0	0	20,132	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	4,845	0	9,026	44.00
45.00	04500	NURSING FACILITY	0	0	1,280	0	1,978	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	153,631	134	0	402,606	50.00
51.00	05100	RECOVERY ROOM	0	6,210	2,235	0	18,892	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	83,235	0	0	211,114	52.00
53.00	05300	ANESTHESIOLOGY	0	626	418	0	2,193	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	63,373	29,530	0	202,105	54.00
57.00	05700	CT SCAN	0	5,859	0	0	14,873	57.00
58.00	05800	MRI	0	5,039	0	0	12,788	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	13,928	0	0	35,346	59.00
60.00	06000	LABORATORY	0	62,628	9,210	0	209,109	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	407	835	0	2,201	62.00
64.00	06400	INTRAVENOUS THERAPY	6,697	0	11,505	0	18,216	64.00
65.00	06500	RESPIRATORY THERAPY	0	13,640	1,955	0	43,935	65.00
66.00	06600	PHYSICAL THERAPY	5,239	5,915	18,324	0	45,999	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,358	15,254	0	24,799	67.00
68.00	06800	SPEECH PATHOLOGY	1,323	0	2,272	0	3,602	68.00
69.00	06900	ELECTROCARDIOLOGY	0	18,961	1,681	0	50,471	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,903	3,562	7,746	0	21,098	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	1	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	14,792	2,552	0	41,109	73.00
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0	0	0	76.00
76.02	03951	DIABETES CENTER	0	0	1,585	0	2,218	76.02
76.03	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,704	0	4,645	0	7,463	76.03
76.04	03952	PAIN CLINIC	0	3,174	0	0	8,050	76.04
76.05	03953	WOUND CENTER	0	0	5,810	0	8,131	76.05
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	82,659	11,919	0	226,340	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	44,605	1,484,438	311,086	1,860	5,391,572	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	5,709	0	0	14,480	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	16,907	0	0	0	425,978	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.02	19302	FUND DEVELOPMENT	0	0	0	0	0	193.02
193.05	19305	EMS	0	977	0	0	2,634	193.05
193.07	19307	SAINT CLARE'S VILLA	0	0	0	0	0	193.07

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0052

Period:
From 10/01/2016
To 09/30/2017

Worksheet B
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Cost Center Description	CAPITAL RELATED COSTS				Subtotal	
	BLDG & FIXT	MVBLE EQUIP	MVBLE EQUIP	MVBLE EQUIP		
	1.04	2.00	2.01	2.02		
194.00 07950 OTHER PROPERTY	0	0	0	0	0	194.00
194.01 07951 ADULT DAY CARE	0	0	7,800	0	10,916	194.01
194.02 07952 UNUSED SPACE	0	0	6,952	0	9,729	194.02
200.00 Cross Foot Adjustments					0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	61,512	1,491,124	325,838	1,860	5,855,309	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0052		Period: From 10/01/2016 To 09/30/2017		Worksheet B Part II Date/Time Prepared: 2/23/2018 1:47 pm		
Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE		
			4.00	5.01	5.02	5.03	5.04		
GENERAL SERVICE COST CENTERS									
1.00	00100	CAP REL COSTS-BLDG & FIXT							1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT							1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT							1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT							1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT							1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP							2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP							2.01
2.02	00202	CAP REL COSTS-MVBLE EQUIP							2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	27,506						4.00
5.01	00540	NONPATIENT TELEPHONES	301	20,891					5.01
5.02	00560	PURCHASING RECEIVING AND STORES	186	146	88,930				5.02
5.03	00570	ADMINISTRATIVE	0	10	43	34,640			5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	93	572	2,451	956	25,396		5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	2,183	3,711	15,897	6,185	4,648		5.05
7.00	00700	OPERATION OF PLANT	1,283	1,455	6,241	2,433	1,836		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	49	100	428	167	126		8.00
9.00	00900	HOUSEKEEPING	838	435	1,863	726	548		9.00
10.00	01000	DIETARY	622	324	1,389	541	408		10.00
11.00	01100	CAFETERIA	379	196	840	328	247		11.00
13.00	01300	NURSING ADMINISTRATION	797	327	1,403	547	413		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	263	150	643	251	189		14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	668	281	1,203	469	354		16.00
17.00	01700	SOCIAL SERVICE	0	155	664	259	195		17.00
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	2,997	1,545	6,626	2,583	1,949		30.00
31.00	03100	INTENSIVE CARE UNIT	1,052	512	2,195	856	646		31.00
41.00	04100	SUBPROVIDER - IIRF	489	225	963	375	283		41.00
43.00	04300	NURSERY	410	171	735	287	216		43.00
44.00	04400	SKILLED NURSING FACILITY	851	352	1,507	588	443		44.00
45.00	04500	NURSING FACILITY	69	27	117	46	34		45.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	2,084	1,112	4,769	1,859	1,403		50.00
51.00	05100	RECOVERY ROOM	297	131	562	219	165		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	731	411	1,761	686	518		52.00
53.00	05300	ANESTHESIOLOGY	0	15	65	26	19		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,664	897	3,845	1,499	1,131		54.00
57.00	05700	CT SCAN	176	147	632	246	186		57.00
58.00	05800	MRI	135	65	280	109	82		58.00
59.00	05900	CARDIAC CATHETERIZATION	353	153	655	255	193		59.00
60.00	06000	LABORATORY	1,949	1,323	5,671	2,211	1,668		60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	74	316	123	93		62.00
64.00	06400	INTRAVENOUS THERAPY	381	170	728	284	214		64.00
65.00	06500	RESPIRATORY THERAPY	564	240	1,028	401	302		65.00
66.00	06600	PHYSICAL THERAPY	1,028	422	1,810	706	533		66.00
67.00	06700	OCCUPATIONAL THERAPY	456	187	802	313	236		67.00
68.00	06800	SPEECH PATHOLOGY	200	80	341	133	100		68.00
69.00	06900	ELECTROCARDIOLOGY	216	103	442	172	130		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	81	100	427	166	126		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	461	1,976	770	581		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	509	2,181	850	642		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	873	2,064	8,852	3,451	2,604		73.00
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0	0	0		76.00
76.02	03951	DIABETES CENTER	43	18	76	29	22		76.02
76.03	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	457	173	743	290	219		76.03
76.04	03952	PAIN CLINIC	93	46	197	77	58		76.04
76.05	03953	WOUND CENTER	145	83	357	139	105		76.05
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	1,761	857	3,674	1,432	1,081		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)							92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	10	14	62	24	18		95.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	27,227	20,549	87,460	34,067	24,964		118.00
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	5	21	8	6		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	167	717	280	211		192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0		193.00
193.02	19302	FUND DEVELOPMENT	0	63	272	106	80		193.02
193.05	19305	EMS	52	30	131	51	38		193.05
193.07	19307	SAINT CLARE'S VILLA	117	22	96	37	28		193.07

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0052			Period: From 10/01/2016 To 09/30/2017		Worksheet B Part II Date/Time Prepared: 2/23/2018 1:47 pm	
Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT 4.00	NONPATIENT TELEPHONES 5.01	PURCHASING RECEIVING AND STORES 5.02	ADMINISTRATIVE 5.03	CASHIERING/ACC OUNTS RECEIVABLE 5.04		
194.00	07950 OTHER PROPERTY	0	0	0	0	0	0	194.00
194.01	07951 ADULT DAY CARE	110	52	221	86	65	4	194.01
194.02	07952 UNUSED SPACE	0	3	12	5			194.02
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	27,506	20,891	88,930	34,640	25,396		202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0052	Period: From 10/01/2016 To 09/30/2017	Worksheet B Part II Date/Time Prepared: 2/23/2018 1:47 pm		
Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL 5.05	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT					1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT					1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT					1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT					1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP					2.01
2.02	00202	CAP REL COSTS-MVBLE EQUIP					2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00560	PURCHASING RECEIVING AND STORES					5.02
5.03	00570	ADMINISTRATIVE					5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	1,611,525				5.05
7.00	00700	OPERATION OF PLANT	142,574	535,054			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	9,767	4,267	42,337		8.00
9.00	00900	HOUSEKEEPING	42,569	17,918	0	185,382	9.00
10.00	01000	DIETARY	31,728	16,517	0	5,970	195,581
11.00	01100	CAFETERIA	19,196	10,782	0	3,897	0
13.00	01300	NURSING ADMINISTRATION	32,056	3,871	0	1,399	0
14.00	01400	CENTRAL SERVICES & SUPPLY	14,685	17,998	17	6,506	0
16.00	01600	MEDICAL RECORDS & LIBRARY	27,482	5,252	0	1,898	0
17.00	01700	SOCIAL SERVICE	15,174	3,263	0	1,179	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	151,385	75,845	12,927	27,415	98,499
31.00	03100	INTENSIVE CARE UNIT	50,143	24,980	2,746	9,029	14,812
41.00	04100	SUBPROVIDER - IIRF	22,003	15,298	1,066	5,529	13,250
43.00	04300	NURSERY	16,796	2,084	482	753	0
44.00	04400	SKILLED NURSING FACILITY	34,439	3,813	2,722	1,378	37,827
45.00	04500	NURSING FACILITY	2,667	1,008	227	364	3,152
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	108,941	40,446	5,733	14,620	1,113
51.00	05100	RECOVERY ROOM	12,829	3,389	0	1,225	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	40,223	21,856	1,337	7,900	8,339
53.00	05300	ANESTHESIOLOGY	1,495	493	0	178	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	87,832	39,882	4,479	14,416	0
57.00	05700	CT SCAN	14,439	1,538	0	556	0
58.00	05800	MRI	6,388	1,323	0	478	0
59.00	05900	CARDIAC CATHETERIZATION	14,968	3,657	1,384	1,322	0
60.00	06000	LABORATORY	129,565	23,693	0	8,564	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	7,226	764	0	276	0
64.00	06400	INTRAVENOUS THERAPY	16,642	9,055	365	3,273	661
65.00	06500	RESPIRATORY THERAPY	23,487	5,120	0	1,851	0
66.00	06600	PHYSICAL THERAPY	41,361	15,975	1,595	5,774	0
67.00	06700	OCCUPATIONAL THERAPY	18,319	12,362	0	4,468	0
68.00	06800	SPEECH PATHOLOGY	7,790	1,788	0	646	0
69.00	06900	ELECTROCARDIOLOGY	10,096	6,302	0	2,278	0
70.00	07000	ELECTROENCEPHALOGRAPHY	9,754	7,032	42	2,542	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	45,150	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	49,837	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	202,224	5,893	0	2,130	0
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0	0	0
76.02	03951	DIABETES CENTER	1,727	1,248	0	451	0
76.03	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	16,979	3,656	0	1,321	0
76.04	03952	PAIN CLINIC	4,501	833	0	301	0
76.05	03953	WOUND CENTER	8,155	4,573	187	1,653	0
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	83,934	31,085	6,794	11,236	3,156
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	1,420	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,577,946	444,859	42,103	152,776	180,809
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	483	1,499	0	542	3,568
192.00	19200	PHYSICIANS' PRIVATE OFFICES	16,383	76,829	0	27,774	0
193.00	19300	NONPAID WORKERS	0	0	0	0	0
193.02	19302	FUND DEVELOPMENT	6,211	0	0	0	0
193.05	19305	EMS	2,985	256	234	93	0
193.07	19307	SAINT CLARE'S VILLA	2,194	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0052			Period: From 10/01/2016 To 09/30/2017		Worksheet B Part II Date/Time Prepared: 2/23/2018 1:47 pm	
Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL 5.05	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00		
194.00	07950 OTHER PROPERTY	0	0	0	0	0	0	194.00
194.01	07951 ADULT DAY CARE	5,046	6,139	0	2,219	11,204	0	194.01
194.02	07952 UNUSED SPACE	277	5,472	0	1,978	0	0	194.02
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	1,611,525	535,054	42,337	185,382	195,581	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0052		Period: From 10/01/2016 To 09/30/2017		Worksheet B Part II Date/Time Prepared: 2/23/2018 1:47 pm	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		11.00	13.00	14.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT					1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT					1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT					1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT					1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP					2.01
2.02	00202	CAP REL COSTS-MVBLE EQUIP					2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00560	PURCHASING RECEIVING AND STORES					5.02
5.03	00570	ADMINISTRATIVE					5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL					5.05
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	108,439				11.00
13.00	01300	NURSING ADMINISTRATION	3,040	68,912			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,477	0	161,227		14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,301	0	0	87,868	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	34,489
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	16,284	20,409	4,930	53,417	20,458
31.00	03100	INTENSIVE CARE UNIT	5,200	4,987	1,516	2,684	1,143
41.00	04100	SUBPROVIDER - IIRF	2,622	3,286	128	3,326	3,205
43.00	04300	NURSERY	1,604	0	96	803	0
44.00	04400	SKILLED NURSING FACILITY	4,289	5,346	289	1,445	2,096
45.00	04500	NURSING FACILITY	373	445	24	115	173
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	9,170	10,537	0	11,376	0
51.00	05100	RECOVERY ROOM	1,148	1,621	839	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,277	6,242	901	963	0
53.00	05300	ANESTHESIOLOGY	0	0	1,356	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,350	571	9,357	3,739	0
57.00	05700	CT SCAN	852	20	3,447	0	0
58.00	05800	MRI	562	0	882	0	0
59.00	05900	CARDIAC CATHETERIZATION	1,803	869	0	0	0
60.00	06000	LABORATORY	11,487	0	2,076	1,491	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	7,838	0	0
64.00	06400	INTRAVENOUS THERAPY	2,084	1,350	874	0	0
65.00	06500	RESPIRATORY THERAPY	2,969	0	0	0	0
66.00	06600	PHYSICAL THERAPY	4,321	0	507	46	0
67.00	06700	OCCUPATIONAL THERAPY	2,152	0	69	0	0
68.00	06800	SPEECH PATHOLOGY	734	0	6	0	0
69.00	06900	ELECTROCARDIOLOGY	844	502	240	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	373	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	58,690	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	61,145	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	3,134	0	202	0	0
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0	0	0
76.02	03951	DIABETES CENTER	204	244	0	0	0
76.03	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,075	0	0	0	0
76.04	03952	PAIN CLINIC	565	232	609	0	0
76.05	03953	WOUND CENTER	746	552	573	1,078	0
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	9,229	8,204	4,551	7,385	7,414
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	27	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	106,296	65,417	161,145	87,868	34,489
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	5	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
193.00	19300	NONPAID WORKERS	0	0	0	0	0
193.02	19302	FUND DEVELOPMENT	0	0	0	0	0
193.05	19305	EMS	281	0	75	0	0
193.07	19307	SAINT CLARE'S VILLA	980	3,389	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0052

Period:
From 10/01/2016
To 09/30/2017

Worksheet B
Part II
Date/Time Prepared:
2/23/2018 1:47 pm

Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
	11.00	13.00	14.00	16.00	17.00	
194.00 07950 OTHER PROPERTY	0	0	0	0	0	194.00
194.01 07951 ADULT DAY CARE	882	106	2	0	0	194.01
194.02 07952 UNUSED SPACE	0	0	0	0	0	194.02
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	108,439	68,912	161,227	87,868	34,489	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0052	Period: From 10/01/2016 To 09/30/2017	Worksheet B Part II Date/Time Prepared: 2/23/2018 1:47 pm
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
1.01	00101				1.01
1.02	00102				1.02
1.03	00103				1.03
1.04	00104				1.04
2.00	00200				2.00
2.01	00201				2.01
2.02	00202				2.02
4.00	00400				4.00
5.01	00540				5.01
5.02	00560				5.02
5.03	00570				5.03
5.04	00580				5.04
5.05	00590				5.05
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
13.00	01300				13.00
14.00	01400				14.00
16.00	01600				16.00
17.00	01700				17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	1,256,667	0	1,256,667	30.00
31.00	03100	371,275	0	371,275	31.00
41.00	04100	99,674	0	99,674	41.00
43.00	04300	44,569	0	44,569	43.00
44.00	04400	106,411	0	106,411	44.00
45.00	04500	10,819	0	10,819	45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	615,769	0	615,769	50.00
51.00	05100	41,317	0	41,317	51.00
52.00	05200	306,259	0	306,259	52.00
53.00	05300	5,840	0	5,840	53.00
54.00	05400	379,767	0	379,767	54.00
57.00	05700	37,112	0	37,112	57.00
58.00	05800	23,092	0	23,092	58.00
59.00	05900	60,958	0	60,958	59.00
60.00	06000	398,807	0	398,807	60.00
60.01	06001	0	0	0	60.01
62.00	06200	18,911	0	18,911	62.00
64.00	06400	54,297	0	54,297	64.00
65.00	06500	79,897	0	79,897	65.00
66.00	06600	120,077	0	120,077	66.00
67.00	06700	64,163	0	64,163	67.00
68.00	06800	15,420	0	15,420	68.00
69.00	06900	71,796	0	71,796	69.00
70.00	07000	41,741	0	41,741	70.00
71.00	07100	107,629	0	107,629	71.00
72.00	07200	115,164	0	115,164	72.00
73.00	07300	272,536	0	272,536	73.00
76.00	03950	0	0	0	76.00
76.02	03951	6,280	0	6,280	76.02
76.03	03550	33,376	0	33,376	76.03
76.04	03952	15,562	0	15,562	76.04
76.05	03953	26,477	0	26,477	76.05
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	408,133	0	408,133	91.00
92.00	09200		0		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	1,575	0	1,575	95.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300				113.00
118.00		5,211,370	0	5,211,370	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	20,617	0	20,617	190.00
192.00	19200	548,339	0	548,339	192.00
193.00	19300	0	0	0	193.00
193.02	19302	6,732	0	6,732	193.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0052

Period:
From 10/01/2016
To 09/30/2017

Worksheet B
Part II
Date/Time Prepared:
2/23/2018 1:47 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
193.05	19305	EMS	6,860	0	6,860	193.05
193.07	19307	SAINT CLARE'S VILLA	6,863	0	6,863	193.07
194.00	07950	OTHER PROPERTY	0	0	0	194.00
194.01	07951	ADULT DAY CARE	37,048	0	37,048	194.01
194.02	07952	UNUSED SPACE	17,480	0	17,480	194.02
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	5,855,309	0	5,855,309	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0052

Period:
From 10/01/2016
To 09/30/2017

Worksheet B-1
Date/Time Prepared:
2/23/2018 1:47 pm

Cost Center Description		CAPITAL RELATED COSTS						
		BLDG & FIXT (SQUARE FEET)	BLDG & FIXT (SQUARE FEET)	BLDG & FIXT (SQUARE FEET)	BLDG & FIXT (SQUARE FEET)	BLDG & FIXT (SQUARE FEET)		
		1.00	1.01	1.02	1.03	1.04		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	237,582				1.00	
1.01	00101	CAP REL COSTS-BLDG & FIXT	0	119,328			1.01	
1.02	00102	CAP REL COSTS-BLDG & FIXT	0	0	36,641		1.02	
1.03	00103	CAP REL COSTS-BLDG & FIXT	0	0	0	33,464	1.03	
1.04	00104	CAP REL COSTS-BLDG & FIXT	0	0	0	0	50,600	1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
2.02	00202	CAP REL COSTS-MVBLE EQUIP						2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,362	737	0	0	1,128	4.00
5.01	00540	NONPATIENT TELEPHONES	562	192	0	0	0	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	5,015	440	0	0	0	5.02
5.03	00570	ADMINISTRATIVE	2,178	0	0	0	0	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,024	0	0	0	1,533	5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	26,244	26,879	36,641	0	10,564	5.05
7.00	00700	OPERATION OF PLANT	20,366	10,015	0	245	6,965	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,532	1,064	0	0	0	8.00
9.00	00900	HOUSEKEEPING	6,567	4,045	0	289	0	9.00
10.00	01000	DIETARY	8,376	1,673	0	0	160	10.00
11.00	01100	CAFETERIA	4,080	2,320	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,315	945	0	95	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,748	5,202	0	0	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,827	368	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	602	1,383	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	46,144	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	15,198	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	9,307	0	0	0	41.00
43.00	04300	NURSERY	1,268	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	2,320	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	613	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	24,543	64	0	0	0	50.00
51.00	05100	RECOVERY ROOM	992	1,070	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,297	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	100	200	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,124	14,140	0	0	0	54.00
57.00	05700	CT SCAN	936	0	0	0	0	57.00
58.00	05800	MRI	805	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,225	0	0	0	0	59.00
60.00	06000	LABORATORY	10,005	4,410	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	65	400	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	5,509	64.00
65.00	06500	RESPIRATORY THERAPY	2,179	936	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	945	4,464	0	0	4,310	66.00
67.00	06700	OCCUPATIONAL THERAPY	217	7,304	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	1,088	68.00
69.00	06900	ELECTROCARDIOLOGY	3,029	805	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	569	498	0	0	3,211	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,363	1,222	0	0	0	73.00
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0	0	0	76.00
76.02	03951	DIABETES CENTER	0	759	0	0	0	76.02
76.03	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	2,224	76.03
76.04	03952	PAIN CLINIC	507	0	0	0	0	76.04
76.05	03953	WOUND CENTER	0	2,782	0	0	0	76.05
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	13,205	5,707	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	236,514	112,264	36,641	629	36,692	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	912	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	32,835	13,908	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.02	19302	FUND DEVELOPMENT	0	0	0	0	0	193.02
193.05	19305	EMS	156	0	0	0	0	193.05

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0052

Period:
From 10/01/2016
To 09/30/2017

Worksheet B-1

Date/Time Prepared:
2/23/2018 1:47 pm

Cost Center Description		CAPITAL RELATED COSTS						
		BLDG & FIXT (SQUARE FEET)	BLDG & FIXT (SQUARE FEET)	BLDG & FIXT (SQUARE FEET)	BLDG & FIXT (SQUARE FEET)	BLDG & FIXT (SQUARE FEET)		
		1.00	1.01	1.02	1.03	1.04		
193.07	19307	SAINT CLARE'S VILLA	0	0	0	0	0	193.07
194.00	07950	OTHER PROPERTY	0	0	0	0	0	194.00
194.01	07951	ADULT DAY CARE	0	3,735	0	0	0	194.01
194.02	07952	UNUSED SPACE	0	3,329	0	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,284,854	99,545	50,649	276,142	61,512	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	9.617117	0.834213	1.382304	8.251913	1.215652	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0052

Period:
From 10/01/2016
To 09/30/2017

Worksheet B-1
Date/Time Prepared:
2/23/2018 1:47 pm

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	
		MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)			
		2.00	2.01	2.02			
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT					1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT					1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT					1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT					1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP	238,211				2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP	0	156,020			2.01
2.02	00202	CAP REL COSTS-MVBLE EQUIP	0	0	36,641		2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,362	1,865	0	27,021,992	4.00
5.01	00540	NONPATIENT TELEPHONES	562	192	0	295,482	-454,171
5.02	00560	PURCHASING RECEIVING AND STORES	5,015	440	0	182,795	0
5.03	00570	ADMINISTRATIVE	2,178	0	0	0	0
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,024	1,533	0	91,019	0
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	26,244	37,443	36,641	2,144,233	0
7.00	00700	OPERATION OF PLANT	20,611	16,980	0	1,260,133	0
8.00	00800	LAUNDRY & LINEN SERVICE	1,532	1,064	0	47,961	0
9.00	00900	HOUSEKEEPING	6,856	4,045	0	823,440	0
10.00	01000	DIETARY	8,376	1,673	0	611,463	0
11.00	01100	CAFETERIA	4,080	2,480	0	372,384	0
13.00	01300	NURSING ADMINISTRATION	1,410	945	0	782,761	0
14.00	01400	CENTRAL SERVICES & SUPPLY	5,748	5,202	0	258,019	0
16.00	01600	MEDICAL RECORDS & LIBRARY	2,827	368	0	655,820	0
17.00	01700	SOCIAL SERVICE	602	1,383	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	46,144	0	0	2,946,085	0
31.00	03100	INTENSIVE CARE UNIT	15,198	0	0	1,033,830	0
41.00	04100	SUBPROVIDER - IRF	0	9,307	0	480,379	0
43.00	04300	NURSERY	1,268	0	0	402,884	0
44.00	04400	SKILLED NURSING FACILITY	0	2,320	0	835,781	0
45.00	04500	NURSING FACILITY	0	613	0	67,442	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	24,543	64	0	2,047,431	0
51.00	05100	RECOVERY ROOM	992	1,070	0	291,761	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,297	0	0	718,286	0
53.00	05300	ANESTHESIOLOGY	100	200	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,124	14,140	0	1,634,102	0
57.00	05700	CT SCAN	936	0	0	172,796	0
58.00	05800	MRI	805	0	0	132,822	0
59.00	05900	CARDIAC CATHETERIZATION	2,225	0	0	346,502	0
60.00	06000	LABORATORY	10,005	4,410	0	1,914,070	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	65	400	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	5,509	0	373,888	0
65.00	06500	RESPIRATORY THERAPY	2,179	936	0	554,151	0
66.00	06600	PHYSICAL THERAPY	945	8,774	0	1,009,481	0
67.00	06700	OCCUPATIONAL THERAPY	217	7,304	0	448,188	0
68.00	06800	SPEECH PATHOLOGY	0	1,088	0	196,654	0
69.00	06900	ELECTROCARDIOLOGY	3,029	805	0	212,473	0
70.00	07000	ELECTROENCEPHALOGRAPHY	569	3,709	0	80,031	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	2,363	1,222	0	857,871	0
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0	0	0
76.02	03951	DIABETES CENTER	0	759	0	42,681	0
76.03	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	2,224	0	448,813	0
76.04	03952	PAIN CLINIC	507	0	0	91,747	0
76.05	03953	WOUND CENTER	0	2,782	0	142,721	0
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	13,205	5,707	0	1,730,274	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	9,829	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	237,143	148,956	36,641	26,748,483	-454,171
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	912	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0052

Period:
From 10/01/2016
To 09/30/2017

Worksheet B-1

Date/Time Prepared:
2/23/2018 1:47 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	
	MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)			
	2.00	2.01	2.02			
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.02 19302 FUND DEVELOPMENT	0	0	0	0	0	193.02
193.05 19305 EMS	156	0	0	51,114	0	193.05
193.07 19307 SAINT CLARE'S VILLA	0	0	0	114,603	0	193.07
194.00 07950 OTHER PROPERTY	0	0	0	0	0	194.00
194.01 07951 ADULT DAY CARE	0	3,735	0	107,792	0	194.01
194.02 07952 UNUSED SPACE	0	3,329	0	0	0	194.02
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)	1,491,124	325,838	1,860	9,866,274		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	6.259677	2.088437	0.050763	0.365120		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)				27,506		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)				0.001018		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0052

Period:
From 10/01/2016
To 09/30/2017

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		NONPATIENT TELEPHONES (ACCUM. COST)	Reconciliation	PURCHASING RECEIVING AND STORES (ACCUM. COST)	Reconciliation	ADMINISTRATIVE (ACCUM. COST)	
		5.01	5A.02	5.02	5A.03	5.03	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT					1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT					1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT					1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT					1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP					2.01
2.02	00202	CAP REL COSTS-MVBLE EQUIP					2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES	71,755,440				5.01
5.02	00560	PURCHASING RECEIVING AND STORES	502,963	-506,146	71,703,465		5.02
5.03	00570	ADMINISTRATIVE	34,614	0	34,833	-35,079	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,964,572	0	1,977,006	0	5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	12,724,571	0	12,805,136	0	5.05
7.00	00700	OPERATION OF PLANT	5,001,156	0	5,032,808	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	342,607	0	344,775	0	8.00
9.00	00900	HOUSEKEEPING	1,493,216	0	1,502,667	0	9.00
10.00	01000	DIETARY	1,112,952	0	1,119,996	0	10.00
11.00	01100	CAFETERIA	673,348	0	677,610	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,124,437	0	1,131,554	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	515,116	0	518,376	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	964,019	0	970,120	0	16.00
17.00	01700	SOCIAL SERVICE	532,283	0	535,652	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	5,310,246	0	5,343,855	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,758,914	0	1,770,046	0	31.00
41.00	04100	SUBPROVIDER - IRF	771,813	0	776,698	0	41.00
43.00	04300	NURSERY	589,171	0	592,900	0	43.00
44.00	04400	SKILLED NURSING FACILITY	1,208,048	0	1,215,694	0	44.00
45.00	04500	NURSING FACILITY	93,537	0	94,129	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,821,398	0	3,845,584	0	50.00
51.00	05100	RECOVERY ROOM	450,003	0	452,851	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,410,924	0	1,419,854	0	52.00
53.00	05300	ANESTHESIOLOGY	52,428	0	52,760	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,080,946	0	3,100,445	0	54.00
57.00	05700	CT SCAN	506,470	0	509,675	0	57.00
58.00	05800	MRI	224,072	0	225,490	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	525,056	0	528,379	0	59.00
60.00	06000	LABORATORY	4,544,858	0	4,573,622	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	253,469	0	255,073	0	62.00
64.00	06400	INTRAVENOUS THERAPY	583,749	0	587,444	0	64.00
65.00	06500	RESPIRATORY THERAPY	823,859	0	829,073	0	65.00
66.00	06600	PHYSICAL THERAPY	1,450,866	0	1,460,049	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	642,572	0	646,639	0	67.00
68.00	06800	SPEECH PATHOLOGY	273,253	0	274,982	0	68.00
69.00	06900	ELECTROCARDIOLOGY	354,131	0	356,372	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	342,154	0	344,319	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,583,758	0	1,593,782	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,748,172	0	1,759,236	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,093,732	0	7,138,628	0	73.00
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0	0	76.00
76.02	03951	DIABETES CENTER	60,565	0	60,948	0	76.02
76.03	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	595,580	0	599,349	0	76.03
76.04	03952	PAIN CLINIC	157,869	0	158,868	0	76.04
76.05	03953	WOUND CENTER	286,075	0	287,886	0	76.05
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	2,944,200	0	2,962,834	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	49,797	0	50,112	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	70,577,539	-506,146	70,518,109	-35,079	70,980,809
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	16,927	0	17,034	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	574,688	0	578,325	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
193.02	19302	FUND DEVELOPMENT	217,877	0	219,256	0	193.02
193.05	19305	EMS	104,699	0	105,362	0	193.05

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0052

Period:
From 10/01/2016
To 09/30/2017

Worksheet B-1

Date/Time Prepared:
2/23/2018 1:47 pm

Cost Center Description		NONPATIENT TELEPHONES (ACCUM. COST)	Reconciliation	PURCHASING RECEIVING AND STORES (ACCUM. COST)	Reconciliation	ADMINISTRATIVE (ACCUM. COST)	
		5.01	5A.02	5.02	5A.03	5.03	
193.07	19307 SAINT CLARE'S VILLA	76,973	0	77,460	0	78,007	193.07
194.00	07950 OTHER PROPERTY	0	0	0	0	0	194.00
194.01	07951 ADULT DAY CARE	177,008	0	178,128	0	179,385	194.01
194.02	07952 UNUSED SPACE	9,729	0	9,791	0	9,860	194.02
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)	454,171		506,146		35,079	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.006329		0.007059		0.000486	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	20,891		88,930		34,640	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000291		0.001240		0.000480	205.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 14-0052		Period: From 10/01/2016 To 09/30/2017		Worksheet B-1	
Date/Time Prepared: 2/23/2018 1:47 pm							
Cost Center Description	Reconciliation	CASHIERING/ACCOUNTS RECEIVABLE (ACCUM. COST)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)		
	5A.04	5.04	5A.05	5.05	7.00		
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT						1.01
1.02 00102	CAP REL COSTS-BLDG & FIXT						1.02
1.03 00103	CAP REL COSTS-BLDG & FIXT						1.03
1.04 00104	CAP REL COSTS-BLDG & FIXT						1.04
2.00 00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01 00201	CAP REL COSTS-MVBLE EQUIP						2.01
2.02 00202	CAP REL COSTS-MVBLE EQUIP						2.02
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540	NONPATIENT TELEPHONES						5.01
5.02 00560	PURCHASING RECEIVING AND STORES						5.02
5.03 00570	ADMINISTRATIVE						5.03
5.04 00580	CASHIERING/ACCOUNTS RECEIVABLE	-1,991,930	70,217,681				5.04
5.05 00590	OTHER ADMINISTRATIVE AND GENERAL	0	12,901,786	-13,267,781	58,941,830		5.05
7.00 00700	OPERATION OF PLANT	0	5,070,798	0	5,214,646	325,525	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	347,378	0	357,232	2,596	8.00
9.00 00900	HOUSEKEEPING	0	1,514,009	0	1,556,958	10,901	9.00
10.00 01000	DIETARY	0	1,128,450	0	1,160,462	10,049	10.00
11.00 01100	CAFETERIA	0	682,725	0	702,093	6,560	11.00
13.00 01300	NURSING ADMINISTRATION	0	1,140,096	0	1,172,438	2,355	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	522,289	0	537,105	10,950	14.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	977,443	0	1,005,171	3,195	16.00
17.00 01700	SOCIAL SERVICE	0	539,695	0	555,005	1,985	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	0	5,384,192	0	5,536,931	46,144	30.00
31.00 03100	INTENSIVE CARE UNIT	0	1,783,407	0	1,833,999	15,198	31.00
41.00 04100	SUBPROVIDER - IRF	0	782,561	0	804,761	9,307	41.00
43.00 04300	NURSERY	0	597,375	0	614,321	1,268	43.00
44.00 04400	SKILLED NURSING FACILITY	0	1,224,871	0	1,259,618	2,320	44.00
45.00 04500	NURSING FACILITY	0	94,839	0	97,529	613	45.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	0	3,874,612	0	3,984,527	24,607	50.00
51.00 05100	RECOVERY ROOM	0	456,270	0	469,213	2,062	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	1,430,572	0	1,471,154	13,297	52.00
53.00 05300	ANESTHESIOLOGY	0	53,158	0	54,666	300	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	3,123,848	0	3,212,465	24,264	54.00
57.00 05700	CT SCAN	0	513,522	0	528,090	936	57.00
58.00 05800	MRI	0	227,192	0	233,637	805	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	532,368	0	547,470	2,225	59.00
60.00 06000	LABORATORY	0	4,608,145	0	4,738,869	14,415	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	256,999	0	264,290	465	62.00
64.00 06400	INTRAVENOUS THERAPY	0	591,879	0	608,669	5,509	64.00
65.00 06500	RESPIRATORY THERAPY	0	835,331	0	859,028	3,115	65.00
66.00 06600	PHYSICAL THERAPY	0	1,471,070	0	1,512,801	9,719	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	651,520	0	670,002	7,521	67.00
68.00 06800	SPEECH PATHOLOGY	0	277,058	0	284,918	1,088	68.00
69.00 06900	ELECTROCARDIOLOGY	0	359,062	0	369,248	3,834	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	346,919	0	356,760	4,278	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,605,813	0	1,651,367	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,772,515	0	1,822,798	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	7,192,514	0	7,396,551	3,585	73.00
76.00 03950	THERAPEUTIC ACTIVITIES	0	0	0	0	0	76.00
76.02 03951	DIABETES CENTER	0	61,408	0	63,150	759	76.02
76.03 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	603,873	0	621,004	2,224	76.03
76.04 03952	PAIN CLINIC	0	160,067	0	164,608	507	76.04
76.05 03953	WOUND CENTER	0	290,059	0	298,287	2,782	76.05
OUTPATIENT SERVICE COST CENTERS							
91.00 09100	EMERGENCY	0	2,985,199	0	3,069,883	18,912	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00 09500	AMBULANCE SERVICES	0	50,491	0	51,923	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00 11300	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	-1,991,930	69,023,378	-13,267,781	57,713,647	270,650	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	17,162	0	17,649	912	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	582,690	0	599,220	46,743	192.00
193.00 19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.02 19302	FUND DEVELOPMENT	0	220,911	0	227,178	0	193.02
193.05 19305	EMS	0	106,158	0	109,169	156	193.05

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0052

Period:
From 10/01/2016
To 09/30/2017

Worksheet B-1

Date/Time Prepared:
2/23/2018 1:47 pm

Cost Center Description		Reconciliation	CASHIERING/ACCOUNTS RECEIVABLE (ACCUM. COST)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
		5A.04	5.04	5A.05	5.05	7.00	
193.07	19307 SAINT CLARE'S VILLA	0	78,045	0	80,259	0	193.07
194.00	07950 OTHER PROPERTY	0	0	0	0	0	194.00
194.01	07951 ADULT DAY CARE	0	179,472	0	184,563	3,735	194.01
194.02	07952 UNUSED SPACE	0	9,865	0	10,145	3,329	194.02
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)		1,991,930		13,267,781	6,388,463	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)		0.028368		0.225100	19.625107	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)		25,396		1,611,525	535,054	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)		0.000362		0.027341	1.643665	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0052

Period:
From 10/01/2016
To 09/30/2017

Worksheet B-1
Date/Time Prepared:
2/23/2018 1:47 pm

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT MEALS)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	
		8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
1.03	00103						1.03
1.04	00104						1.04
2.00	00200						2.00
2.01	00201						2.01
2.02	00202						2.02
4.00	00400						4.00
5.01	00540						5.01
5.02	00560						5.02
5.03	00570						5.03
5.04	00580						5.04
5.05	00590						5.05
7.00	00700						7.00
8.00	00800						8.00
9.00	00900	430,527					9.00
10.00	01000	0	312,028				10.00
11.00	01100	0	10,049	54,481			11.00
13.00	01300	0	6,560	0	36,637		13.00
14.00	01400	0	2,355	0	1,027	353,024	14.00
16.00	01600	175	10,950	0	837	0	16.00
17.00	01700	0	3,195	0	1,453	0	17.00
		0	1,985	0	0	0	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	131,459	46,144	27,438	5,502	104,545	30.00
31.00	03100	27,921	15,198	4,126	1,757	25,550	31.00
41.00	04100	10,844	9,307	3,691	886	16,832	41.00
43.00	04300	4,903	1,268	0	542	0	43.00
44.00	04400	27,677	2,320	10,537	1,449	27,385	44.00
45.00	04500	2,306	613	878	126	2,282	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	58,295	24,607	310	3,098	53,980	50.00
51.00	05100	0	2,062	0	388	8,305	51.00
52.00	05200	13,593	13,297	2,323	1,107	31,977	52.00
53.00	05300	0	300	0	0	0	53.00
54.00	05400	45,551	24,264	0	2,821	2,923	54.00
57.00	05700	0	936	0	288	104	57.00
58.00	05800	0	805	0	190	0	58.00
59.00	05900	14,074	2,225	0	609	4,451	59.00
60.00	06000	0	14,415	0	3,881	0	60.00
60.01	06001	0	0	0	0	0	60.01
62.00	06200	0	465	0	0	0	62.00
64.00	06400	3,708	5,509	184	704	6,918	64.00
65.00	06500	0	3,115	0	1,003	0	65.00
66.00	06600	16,216	9,719	0	1,460	0	66.00
67.00	06700	0	7,521	0	727	0	67.00
68.00	06800	0	1,088	0	248	0	68.00
69.00	06900	0	3,834	0	285	2,574	69.00
70.00	07000	425	4,278	0	126	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	3,585	0	1,059	0	73.00
76.00	03950	0	0	0	0	0	76.00
76.02	03951	0	759	0	69	1,249	76.02
76.03	03550	0	2,224	0	701	0	76.03
76.04	03952	0	507	0	191	1,186	76.04
76.05	03953	1,906	2,782	0	252	2,829	76.05
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	69,092	18,912	879	3,118	42,030	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	9	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		428,145	257,153	50,366	35,913	335,120	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	912	994	0	0	190.00
192.00	19200	0	46,743	0	0	0	192.00
193.00	19300	0	0	0	0	0	193.00
193.02	19302	0	0	0	0	0	193.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0052

Period:
From 10/01/2016
To 09/30/2017

Worksheet B-1

Date/Time Prepared:
2/23/2018 1:47 pm

Cost Center Description			LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT MEALS)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	
			8.00	9.00	10.00	11.00	13.00	
193.05	19305	EMS	2,382	156	0	95	0	193.05
193.07	19307	SAINT CLARE'S VILLA	0	0	0	331	17,363	193.07
194.00	07950	OTHER PROPERTY	0	0	0	0	0	194.00
194.01	07951	ADULT DAY CARE	0	3,735	3,121	298	541	194.01
194.02	07952	UNUSED SPACE	0	3,329	0	0	0	194.02
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)	488,592	2,121,362	1,687,214	1,033,474	1,527,552	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.134870	6.798627	30.968852	28.208478	4.327049	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	42,337	185,382	195,581	108,439	68,912	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.098338	0.594120	3.589894	2.959822	0.195205	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0052

Period:
From 10/01/2016
To 09/30/2017

Worksheet B-1
Date/Time Prepared:
2/23/2018 1:47 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY (PURCHASE REQUIS)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	
		14.00	16.00	17.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
1.01	00101				1.01
1.02	00102				1.02
1.03	00103				1.03
1.04	00104				1.04
2.00	00200				2.00
2.01	00201				2.01
2.02	00202				2.02
4.00	00400				4.00
5.01	00540				5.01
5.02	00560				5.02
5.03	00570				5.03
5.04	00580				5.04
5.05	00590				5.05
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
13.00	01300				13.00
14.00	01400	4,609,636			14.00
16.00	01600		3,831		16.00
17.00	01700			1,991	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	140,966	2,329	1,181	30.00
31.00	03100	43,342	117	66	31.00
41.00	04100	3,657	145	185	41.00
43.00	04300	2,758	35	0	43.00
44.00	04400	8,264	63	121	44.00
45.00	04500	689	5	10	45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	0	496	0	50.00
51.00	05100	23,980	0	0	51.00
52.00	05200	25,770	42	0	52.00
53.00	05300	38,772	0	0	53.00
54.00	05400	267,521	163	0	54.00
57.00	05700	98,544	0	0	57.00
58.00	05800	25,211	0	0	58.00
59.00	05900	0	0	0	59.00
60.00	06000	59,365	65	0	60.00
60.01	06001	0	0	0	60.01
62.00	06200	224,102	0	0	62.00
64.00	06400	24,990	0	0	64.00
65.00	06500	0	0	0	65.00
66.00	06600	14,486	2	0	66.00
67.00	06700	1,986	0	0	67.00
68.00	06800	178	0	0	68.00
69.00	06900	6,848	0	0	69.00
70.00	07000	0	0	0	70.00
71.00	07100	1,678,006	0	0	71.00
72.00	07200	1,748,172	0	0	72.00
73.00	07300	5,774	0	0	73.00
76.00	03950	0	0	0	76.00
76.02	03951	0	0	0	76.02
76.03	03550	5	0	0	76.03
76.04	03952	17,415	0	0	76.04
76.05	03953	16,395	47	0	76.05
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	130,120	322	428	91.00
92.00	09200				92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300				113.00
118.00		4,607,319	3,831	1,991	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	132	0	0	190.00
192.00	19200	0	0	0	192.00
193.00	19300	0	0	0	193.00
193.02	19302	0	0	0	193.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0052

Period:
From 10/01/2016
To 09/30/2017

Worksheet B-1

Date/Time Prepared:
2/23/2018 1:47 pm

Cost Center Description			CENTRAL SERVICES & SUPPLY (PURCHASE REQUIS)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	
			14.00	16.00	17.00	
193.05	19305	EMS	2,131	0	0	193.05
193.07	19307	SAINT CLARE'S VILLA	0	0	0	193.07
194.00	07950	OTHER PROPERTY	0	0	0	194.00
194.01	07951	ADULT DAY CARE	54	0	0	194.01
194.02	07952	UNUSED SPACE	0	0	0	194.02
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)	971,156	1,356,847	732,388	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.210680	354.175672	367.849322	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	161,227	87,868	34,489	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.034976	22.936048	17.322451	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0052

Period:
From 10/01/2016
To 09/30/2017

Worksheet C
Part I
Date/Time Prepared:
2/23/2018 1:47 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	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	10,898,083	10,898,083	58,318	10,956,401	30.00
31.00	03100 INTENSIVE CARE UNIT	3,042,850	3,042,850	0	3,042,850	31.00
41.00	04100 SUBPROVIDER - I RF	1,576,455	1,576,455	0	1,576,455	41.00
43.00	04300 NURSERY	819,941	819,941	0	819,941	43.00
44.00	04400 SKILLED NURSING FACILITY	2,190,124	2,190,124	2,975	2,193,099	44.00
45.00	04500 NURSING FACILITY	184,511	184,511	320	184,831	45.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	6,104,045	6,104,045	0	6,104,045	50.00
51.00	05100 RECOVERY ROOM	681,252	681,252	0	681,252	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,430,931	2,430,931	0	2,430,931	52.00
53.00	05300 ANESTHESIOLOGY	83,067	83,067	0	83,067	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,834,747	4,834,747	0	4,834,747	54.00
57.00	05700 CT SCAN	701,031	701,031	0	701,031	57.00
58.00	05800 MRI	318,171	318,171	0	318,171	58.00
59.00	05900 CARDIAC CATHETERIZATION	781,909	781,909	0	781,909	59.00
60.00	06000 LABORATORY	6,331,491	6,331,491	9,962	6,341,453	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	383,283	383,283	0	383,283	62.00
64.00	06400 INTRAVENOUS THERAPY	956,214	956,214	0	956,214	64.00
65.00	06500 RESPIRATORY THERAPY	1,162,998	1,162,998	0	1,162,998	65.00
66.00	06600 PHYSICAL THERAPY	2,173,492	2,173,492	0	2,173,492	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,040,477	1,040,477	0	1,040,477	67.00
68.00	06800 SPEECH PATHOLOGY	384,836	384,836	0	384,836	68.00
69.00	06900 ELECTROCARDIOLOGY	574,295	574,295	0	574,295	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	554,144	554,144	0	554,144	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	2,376,612	2,376,612	0	2,376,612	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	2,601,415	2,601,415	0	2,601,415	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	9,187,307	9,187,307	0	9,187,307	73.00
76.00	03950 THERAPEUTIC ACTIVITIES	0	0	0	0	76.00
76.02	03951 DIABETES CENTER	104,770	104,770	0	104,770	76.02
76.03	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	839,333	839,333	0	839,333	76.03
76.04	03952 PAIN CLINIC	229,247	229,247	0	229,247	76.04
76.05	03953 WOUND CENTER	480,555	480,555	0	480,555	76.05
OUTPATIENT SERVICE COST CENTERS						
91.00	09100 EMERGENCY	4,934,991	4,934,991	0	4,934,991	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1,751,386	1,751,386	0	1,751,386	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	63,865	63,865	0	63,865	95.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)	70,777,828	70,777,828	71,575	70,849,403	200.00
201.00	Less Observation Beds	1,751,386	1,751,386		1,751,386	201.00
202.00	Total (see instructions)	69,026,442	69,026,442	71,575	69,098,017	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0052		Period: From 10/01/2016 To 09/30/2017		Worksheet C Part I Date/Time Prepared: 2/23/2018 1:47 pm		
			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	8,640,709		8,640,709				30.00
31.00	03100	INTENSIVE CARE UNIT	3,437,598		3,437,598				31.00
41.00	04100	SUBPROVIDER - IRF	1,202,544		1,202,544				41.00
43.00	04300	NURSERY	667,095		667,095				43.00
44.00	04400	SKILLED NURSING FACILITY	2,592,764		2,592,764				44.00
45.00	04500	NURSING FACILITY	216,157		216,157				45.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	7,682,189	28,673,947	36,356,136	0.167896	0.000000		50.00
51.00	05100	RECOVERY ROOM	1,362,915	5,176,190	6,539,105	0.104181	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,779,690	516,979	3,296,669	0.737390	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	1,069,110	3,214,968	4,284,078	0.019390	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,459,456	29,472,615	33,932,071	0.142483	0.000000		54.00
57.00	05700	CT SCAN	7,901,356	28,993,165	36,894,521	0.019001	0.000000		57.00
58.00	05800	MRI	1,226,181	5,278,496	6,504,677	0.048914	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	3,564,281	3,965,591	7,529,872	0.103841	0.000000		59.00
60.00	06000	LABORATORY	12,373,040	27,772,355	40,145,395	0.157714	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	480,433	478,400	958,833	0.399739	0.000000		62.00
64.00	06400	INTRAVENOUS THERAPY	13,033	3,251,223	3,264,256	0.292935	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	3,623,866	2,236,300	5,860,166	0.198458	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	3,728,857	8,844,796	12,573,653	0.172861	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	3,722,238	1,300,224	5,022,462	0.207165	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	606,747	267,260	874,007	0.440312	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	4,721,613	8,344,258	13,065,871	0.043954	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	129,795	6,929,112	7,058,907	0.078503	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,191,945	10,385,997	17,577,942	0.135204	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,261,919	4,616,479	9,878,398	0.263344	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,323,730	42,337,286	57,661,016	0.159333	0.000000		73.00
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0	0.000000	0.000000		76.00
76.02	03951	DIABETES CENTER	0	59,309	59,309	1.766511	0.000000		76.02
76.03	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	32,658	1,176,440	1,209,098	0.694181	0.000000		76.03
76.04	03952	PAIN CLINIC	24,544	1,603,005	1,627,549	0.140854	0.000000		76.04
76.05	03953	WOUND CENTER	14,972	1,576,665	1,591,637	0.301925	0.000000		76.05
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	5,418,445	27,400,562	32,819,007	0.150370	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	605,907	1,546,284	2,152,191	0.813769	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000		95.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	110,075,787	255,417,906	365,493,693				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	110,075,787	255,417,906	365,493,693				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0052	Period: From 10/01/2016 To 09/30/2017	Worksheet C Part I Date/Time Prepared: 2/23/2018 1:47 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
45.00	04500 NURSING FACILITY			45.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.167896		50.00
51.00	05100 RECOVERY ROOM	0.104181		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.737390		52.00
53.00	05300 ANESTHESIOLOGY	0.019390		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.142483		54.00
57.00	05700 CT SCAN	0.019001		57.00
58.00	05800 MRI	0.048914		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.103841		59.00
60.00	06000 LABORATORY	0.157962		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.399739		62.00
64.00	06400 INTRAVENOUS THERAPY	0.292935		64.00
65.00	06500 RESPIRATORY THERAPY	0.198458		65.00
66.00	06600 PHYSICAL THERAPY	0.172861		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.207165		67.00
68.00	06800 SPEECH PATHOLOGY	0.440312		68.00
69.00	06900 ELECTROCARDIOLOGY	0.043954		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.078503		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.135204		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.263344		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.159333		73.00
76.00	03950 THERAPEUTIC ACTIVITIES	0.000000		76.00
76.02	03951 DIABETES CENTER	1.766511		76.02
76.03	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.694181		76.03
76.04	03952 PAIN CLINIC	0.140854		76.04
76.05	03953 WOUND CENTER	0.301925		76.05
	OUTPATIENT SERVICE COST CENTERS			
91.00	09100 EMERGENCY	0.150370		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.813769		92.00
	OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
	SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0052

Period:
From 10/01/2016
To 09/30/2017

Worksheet C
Part I
Date/Time Prepared:
2/23/2018 1:47 pm

		Title XIX		Hospital		Cost
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	10,898,083	10,898,083	58,318	10,956,401	30.00
31.00	03100 INTENSIVE CARE UNIT	3,042,850	3,042,850	0	3,042,850	31.00
41.00	04100 SUBPROVIDER - I RF	1,576,455	1,576,455	0	1,576,455	41.00
43.00	04300 NURSERY	819,941	819,941	0	819,941	43.00
44.00	04400 SKILLED NURSING FACILITY	2,190,124	2,190,124	2,975	2,193,099	44.00
45.00	04500 NURSING FACILITY	184,511	184,511	320	184,831	45.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	6,104,045	6,104,045	0	6,104,045	50.00
51.00	05100 RECOVERY ROOM	681,252	681,252	0	681,252	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,430,931	2,430,931	0	2,430,931	52.00
53.00	05300 ANESTHESIOLOGY	83,067	83,067	0	83,067	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,834,747	4,834,747	0	4,834,747	54.00
57.00	05700 CT SCAN	701,031	701,031	0	701,031	57.00
58.00	05800 MRI	318,171	318,171	0	318,171	58.00
59.00	05900 CARDIAC CATHETERIZATION	781,909	781,909	0	781,909	59.00
60.00	06000 LABORATORY	6,331,491	6,331,491	9,962	6,341,453	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	383,283	383,283	0	383,283	62.00
64.00	06400 INTRAVENOUS THERAPY	956,214	956,214	0	956,214	64.00
65.00	06500 RESPIRATORY THERAPY	1,162,998	1,162,998	0	1,162,998	65.00
66.00	06600 PHYSICAL THERAPY	2,173,492	2,173,492	0	2,173,492	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,040,477	1,040,477	0	1,040,477	67.00
68.00	06800 SPEECH PATHOLOGY	384,836	384,836	0	384,836	68.00
69.00	06900 ELECTROCARDIOLOGY	574,295	574,295	0	574,295	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	554,144	554,144	0	554,144	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	2,376,612	2,376,612	0	2,376,612	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	2,601,415	2,601,415	0	2,601,415	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	9,187,307	9,187,307	0	9,187,307	73.00
76.00	03950 THERAPEUTIC ACTIVITIES	0	0	0	0	76.00
76.02	03951 DIABETES CENTER	104,770	104,770	0	104,770	76.02
76.03	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	839,333	839,333	0	839,333	76.03
76.04	03952 PAIN CLINIC	229,247	229,247	0	229,247	76.04
76.05	03953 WOUND CENTER	480,555	480,555	0	480,555	76.05
OUTPATIENT SERVICE COST CENTERS						
91.00	09100 EMERGENCY	4,934,991	4,934,991	0	4,934,991	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1,751,386	1,751,386	0	1,751,386	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	63,865	63,865	0	63,865	95.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)	70,777,828	70,777,828	71,575	70,849,403	200.00
201.00	Less Observation Beds	1,751,386	1,751,386		1,751,386	201.00
202.00	Total (see instructions)	69,026,442	69,026,442	71,575	69,098,017	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0052		Period: From 10/01/2016 To 09/30/2017		Worksheet C Part I Date/Time Prepared: 2/23/2018 1:47 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							
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,640,709		8,640,709			30.00
31.00	03100	INTENSIVE CARE UNIT	3,437,598		3,437,598			31.00
41.00	04100	SUBPROVIDER - IRF	1,202,544		1,202,544			41.00
43.00	04300	NURSERY	667,095		667,095			43.00
44.00	04400	SKILLED NURSING FACILITY	2,592,764		2,592,764			44.00
45.00	04500	NURSING FACILITY	216,157		216,157			45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,682,189	28,673,947	36,356,136	0.167896	0.000000	50.00
51.00	05100	RECOVERY ROOM	1,362,915	5,176,190	6,539,105	0.104181	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,779,690	516,979	3,296,669	0.737390	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	1,069,110	3,214,968	4,284,078	0.019390	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,459,456	29,472,615	33,932,071	0.142483	0.000000	54.00
57.00	05700	CT SCAN	7,901,356	28,993,165	36,894,521	0.019001	0.000000	57.00
58.00	05800	MRI	1,226,181	5,278,496	6,504,677	0.048914	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,564,281	3,965,591	7,529,872	0.103841	0.000000	59.00
60.00	06000	LABORATORY	12,373,040	27,772,355	40,145,395	0.157714	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	480,433	478,400	958,833	0.399739	0.000000	62.00
64.00	06400	INTRAVENOUS THERAPY	13,033	3,251,223	3,264,256	0.292935	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	3,623,866	2,236,300	5,860,166	0.198458	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	3,728,857	8,844,796	12,573,653	0.172861	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,722,238	1,300,224	5,022,462	0.207165	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	606,747	267,260	874,007	0.440312	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	4,721,613	8,344,258	13,065,871	0.043954	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	129,795	6,929,112	7,058,907	0.078503	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,191,945	10,385,997	17,577,942	0.135204	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,261,919	4,616,479	9,878,398	0.263344	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,323,730	42,337,286	57,661,016	0.159333	0.000000	73.00
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0	0.000000	0.000000	76.00
76.02	03951	DIABETES CENTER	0	59,309	59,309	1.766511	0.000000	76.02
76.03	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	32,658	1,176,440	1,209,098	0.694181	0.000000	76.03
76.04	03952	PAIN CLINIC	24,544	1,603,005	1,627,549	0.140854	0.000000	76.04
76.05	03953	WOUND CENTER	14,972	1,576,665	1,591,637	0.301925	0.000000	76.05
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	5,418,445	27,400,562	32,819,007	0.150370	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	605,907	1,546,284	2,152,191	0.813769	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	110,075,787	255,417,906	365,493,693			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	110,075,787	255,417,906	365,493,693			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0052	Period: From 10/01/2016 To 09/30/2017	Worksheet C Part I Date/Time Prepared: 2/23/2018 1:47 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
45.00	04500 NURSING FACILITY			45.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000		62.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
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 PATIENT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.00	03950 THERAPEUTIC ACTIVITIES	0.000000		76.00
76.02	03951 DIABETES CENTER	0.000000		76.02
76.03	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000		76.03
76.04	03952 PAIN CLINIC	0.000000		76.04
76.05	03953 WOUND CENTER	0.000000		76.05
	OUTPATIENT SERVICE COST CENTERS			
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
	OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
	SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 14-0052	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part I Date/Time Prepared: 2/23/2018 1:47 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	1,256,667	0	1,256,667	10,197	123.24	30.00
31.00	INTENSIVE CARE UNIT	371,275		371,275	1,644	225.84	31.00
41.00	SUBPROVIDER - IRF	99,674	0	99,674	1,310	76.09	41.00
43.00	NURSERY	44,569		44,569	567	78.60	43.00
44.00	SKILLED NURSING FACILITY	106,411		106,411	3,728	28.54	44.00
45.00	NURSING FACILITY	10,819		10,819	311	34.79	45.00
200.00	Total (lines 30 through 199)	1,889,415		1,889,415	17,757		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	4,315	531,781				
31.00	INTENSIVE CARE UNIT	538	121,502				
41.00	SUBPROVIDER - IRF	871	66,274				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	2,400	68,496				
45.00	NURSING FACILITY	0	0				
200.00	Total (lines 30 through 199)	8,124	788,053				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0052	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part II Date/Time Prepared: 2/23/2018 1:47 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
Title XVIII								
Hospital								
PPS								
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	615,769	36,356,136	0.016937	3,310,475	56,070	50.00
51.00	05100	RECOVERY ROOM	41,317	6,539,105	0.006318	617,873	3,904	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	306,259	3,296,669	0.092900	5,710	530	52.00
53.00	05300	ANESTHESIOLOGY	5,840	4,284,078	0.001363	454,411	619	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	379,767	33,932,071	0.011192	2,224,153	24,893	54.00
57.00	05700	CT SCAN	37,112	36,894,521	0.001006	3,515,506	3,537	57.00
58.00	05800	MRI	23,092	6,504,677	0.003550	636,131	2,258	58.00
59.00	05900	CARDIAC CATHETERIZATION	60,958	7,529,872	0.008095	1,354,624	10,966	59.00
60.00	06000	LABORATORY	398,807	40,145,395	0.009934	5,542,263	55,057	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	18,911	958,833	0.019723	205,838	4,060	62.00
64.00	06400	INTRAVENOUS THERAPY	54,297	3,264,256	0.016634	1,640	27	64.00
65.00	06500	RESPIRATORY THERAPY	79,897	5,860,166	0.013634	1,692,709	23,078	65.00
66.00	06600	PHYSICAL THERAPY	120,077	12,573,653	0.009550	542,907	5,185	66.00
67.00	06700	OCCUPATIONAL THERAPY	64,163	5,022,462	0.012775	573,594	7,328	67.00
68.00	06800	SPEECH PATHOLOGY	15,420	874,007	0.017643	113,820	2,008	68.00
69.00	06900	ELECTROCARDIOLOGY	71,796	13,065,871	0.005495	2,782,871	15,292	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	41,741	7,058,907	0.005913	63,570	376	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	107,629	17,577,942	0.006123	3,230,151	19,778	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	115,164	9,878,398	0.011658	2,456,173	28,634	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	272,536	57,661,016	0.004727	6,070,373	28,695	73.00
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0.000000	0	0	76.00
76.02	03951	DIABETES CENTER	6,280	59,309	0.105886	0	0	76.02
76.03	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	33,376	1,209,098	0.027604	0	0	76.03
76.04	03952	PAIN CLINIC	15,562	1,627,549	0.009562	5,073	49	76.04
76.05	03953	WOUND CENTER	26,477	1,591,637	0.016635	0	0	76.05
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	408,133	32,819,007	0.012436	2,813,291	34,986	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	200,879	2,152,191	0.093337	279,294	26,068	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	3,521,259	348,736,826		38,492,450	353,398	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0052	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part III Date/Time Prepared: 2/23/2018 1:47 pm
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Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00	
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 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 + col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	10,197	0.00	4,315	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	1,644	0.00	538	31.00	
41.00	04100	SUBPROVIDER - IRF	0	0	1,310	0.00	871	41.00	
43.00	04300	NURSERY	0	0	567	0.00	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	3,728	0.00	2,400	44.00	
45.00	04500	NURSING FACILITY	0	0	311	0.00	0	45.00	
200.00		Total (lines 30 through 199)	0	0	17,757	0.00	8,124	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
41.00	04100	SUBPROVIDER - IRF	0						41.00
43.00	04300	NURSERY	0						43.00
44.00	04400	SKILLED NURSING FACILITY	0						44.00
45.00	04500	NURSING FACILITY	0						45.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0052

Period:
From 10/01/2016
To 09/30/2017

Worksheet D
Part IV
Date/Time Prepared:
2/23/2018 1:47 pm

Cost Center Description		Title XVIII				Hospital		PPS
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
		1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00	
57.00	05700	CT SCAN	0	0	0	0	57.00	
58.00	05800	MRI	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00	
60.00	06000	LABORATORY	0	0	0	0	60.00	
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00	
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0	0	76.00	
76.02	03951	DIABETES CENTER	0	0	0	0	76.02	
76.03	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	76.03	
76.04	03952	PAIN CLINIC	0	0	0	0	76.04	
76.05	03953	WOUND CENTER	0	0	0	0	76.05	
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00	
200.00		Total (lines 50 through 199)	0	0	0	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0052	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part IV Date/Time Prepared: 2/23/2018 1:47 pm
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Cost Center Description	Title XVIII			Hospital	PPS			
	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)			
	4.00	5.00	6.00	7.00	8.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	36,356,136	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	6,539,105	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,296,669	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	4,284,078	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	33,932,071	0.000000	54.00
57.00	05700	CT SCAN	0	0	0	36,894,521	0.000000	57.00
58.00	05800	MRI	0	0	0	6,504,677	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	7,529,872	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	40,145,395	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	958,833	0.000000	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	3,264,256	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	5,860,166	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	12,573,653	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	5,022,462	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	874,007	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	13,065,871	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	7,058,907	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	17,577,942	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	9,878,398	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	57,661,016	0.000000	73.00
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0	0	0.000000	76.00
76.02	03951	DIABETES CENTER	0	0	0	59,309	0.000000	76.02
76.03	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	1,209,098	0.000000	76.03
76.04	03952	PAIN CLINIC	0	0	0	1,627,549	0.000000	76.04
76.05	03953	WOUND CENTER	0	0	0	1,591,637	0.000000	76.05
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	32,819,007	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	2,152,191	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00		Total (lines 50 through 199)	0	0	0	348,736,826		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0052	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part IV Date/Time Prepared: 2/23/2018 1:47 pm
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Cost Center Description		Title XVIII				Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	0.000000	3,310,475	0	7,922,930	0	50.00	
51.00	05100 RECOVERY ROOM	0.000000	617,873	0	1,891,580	0	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	5,710	0	2,139	0	52.00	
53.00	05300 ANESTHESIOLOGY	0.000000	454,411	0	920,696	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	2,224,153	0	10,145,160	0	54.00	
57.00	05700 CT SCAN	0.000000	3,515,506	0	7,854,567	0	57.00	
58.00	05800 MRI	0.000000	636,131	0	1,432,772	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0.000000	1,354,624	0	1,324,343	0	59.00	
60.00	06000 LABORATORY	0.000000	5,542,263	0	4,804,239	0	60.00	
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	205,838	0	243,071	0	62.00	
64.00	06400 INTRAVENOUS THERAPY	0.000000	1,640	0	752,058	0	64.00	
65.00	06500 RESPIRATORY THERAPY	0.000000	1,692,709	0	1,402,475	0	65.00	
66.00	06600 PHYSICAL THERAPY	0.000000	542,907	0	28,901	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.000000	573,594	0	24,572	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0.000000	113,820	0	7,206	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	0.000000	2,782,871	0	2,946,745	0	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	63,570	0	1,925,739	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	3,230,151	0	2,788,881	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	2,456,173	0	1,426,022	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	6,070,373	0	16,121,147	0	73.00	
76.00	03950 THERAPEUTIC ACTIVITIES	0.000000	0	0	0	0	76.00	
76.02	03951 DIABETES CENTER	0.000000	0	0	0	0	76.02	
76.03	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	307,824	0	76.03	
76.04	03952 PAIN CLINIC	0.000000	5,073	0	394,057	0	76.04	
76.05	03953 WOUND CENTER	0.000000	0	0	95,120	0	76.05	
OUTPATIENT SERVICE COST CENTERS								
91.00	09100 EMERGENCY	0.000000	2,813,291	0	5,894,040	0	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	279,294	0	368,580	0	92.00	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500 AMBULANCE SERVICES						95.00	
200.00	Total (lines 50 through 199)		38,492,450	0	71,024,864	0	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0052	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part V Date/Time Prepared: 2/23/2018 1:47 pm
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		Title XVIII		Hospital		PPS	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		PPS Services (see inst.)
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.167896	7,922,930	0	0	1,330,228	50.00
51.00	05100 RECOVERY ROOM	0.104181	1,891,580	0	0	197,067	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.737390	2,139	0	0	1,577	52.00
53.00	05300 ANESTHESIOLOGY	0.019390	920,696	0	0	17,852	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.142483	10,145,160	0	0	1,445,513	54.00
57.00	05700 CT SCAN	0.019001	7,854,567	0	0	149,245	57.00
58.00	05800 MRI	0.048914	1,432,772	0	0	70,083	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.103841	1,324,343	0	0	137,521	59.00
60.00	06000 LABORATORY	0.157714	4,804,239	2,284	0	757,696	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.399739	243,071	0	0	97,165	62.00
64.00	06400 INTRAVENOUS THERAPY	0.292935	752,058	0	0	220,304	64.00
65.00	06500 RESPIRATORY THERAPY	0.198458	1,402,475	0	0	278,332	65.00
66.00	06600 PHYSICAL THERAPY	0.172861	28,901	0	0	4,996	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.207165	24,572	0	0	5,090	67.00
68.00	06800 SPEECH PATHOLOGY	0.440312	7,206	0	0	3,173	68.00
69.00	06900 ELECTROCARDIOLOGY	0.043954	2,946,745	0	0	129,521	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.078503	1,925,739	0	0	151,176	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.135204	2,788,881	0	0	377,068	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.263344	1,426,022	0	0	375,534	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.159333	16,121,147	0	189,540	2,568,631	73.00
76.00	03950 THERAPEUTIC ACTIVITIES	0.000000	0	0	0	0	76.00
76.02	03951 DIABETES CENTER	1.766511	0	0	0	0	76.02
76.03	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.694181	307,824	0	0	213,686	76.03
76.04	03952 PAIN CLINIC	0.140854	394,057	0	0	55,505	76.04
76.05	03953 WOUND CENTER	0.301925	95,120	0	0	28,719	76.05
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0.150370	5,894,040	0	0	886,287	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.813769	368,580	0	0	299,939	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0.000000		0			95.00
200.00	Subtotal (see instructions)		71,024,864	2,284	189,540	9,801,908	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00	Net Charges (line 200 - line 201)		71,024,864	2,284	189,540	9,801,908	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0052	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part V Date/Time Prepared: 2/23/2018 1:47 pm
Title XVIII		Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	360	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
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 PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	30,200		73.00
76.00 03950 THERAPEUTIC ACTIVITIES	0	0		76.00
76.02 03951 DIABETES CENTER	0	0		76.02
76.03 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.03
76.04 03952 PAIN CLINIC	0	0		76.04
76.05 03953 WOUND CENTER	0	0		76.05
OUTPATIENT SERVICE COST CENTERS				
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	360	30,200		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	360	30,200		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 14-0052 Component CCN: 14-T052	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part II Date/Time Prepared: 2/23/2018 1:47 pm
Title XVIII		Subprovider - IRF	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	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	615,769	36,356,136	0.016937	0	0	50.00
51.00	05100 RECOVERY ROOM	41,317	6,539,105	0.006318	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	306,259	3,296,669	0.092900	0	0	52.00
53.00	05300 ANESTHESIOLOGY	5,840	4,284,078	0.001363	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	379,767	33,932,071	0.011192	7,501	84	54.00
57.00	05700 CT SCAN	37,112	36,894,521	0.001006	16,339	16	57.00
58.00	05800 MRI	23,092	6,504,677	0.003550	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	60,958	7,529,872	0.008095	0	0	59.00
60.00	06000 LABORATORY	398,807	40,145,395	0.009934	185,725	1,845	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	18,911	958,833	0.019723	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	54,297	3,264,256	0.016634	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	79,897	5,860,166	0.013634	0	0	65.00
66.00	06600 PHYSICAL THERAPY	120,077	12,573,653	0.009550	662,870	6,330	66.00
67.00	06700 OCCUPATIONAL THERAPY	64,163	5,022,462	0.012775	656,915	8,392	67.00
68.00	06800 SPEECH PATHOLOGY	15,420	874,007	0.017643	139,179	2,456	68.00
69.00	06900 ELECTROCARDIOLOGY	71,796	13,065,871	0.005495	1,000	5	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	41,741	7,058,907	0.005913	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	107,629	17,577,942	0.006123	284	2	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	115,164	9,878,398	0.011658	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	272,536	57,661,016	0.004727	313,181	1,480	73.00
76.00	03950 THERAPEUTIC ACTIVITIES	0	0	0.000000	0	0	76.00
76.02	03951 DIABETES CENTER	6,280	59,309	0.105886	0	0	76.02
76.03	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	33,376	1,209,098	0.027604	20,353	562	76.03
76.04	03952 PAIN CLINIC	15,562	1,627,549	0.009562	0	0	76.04
76.05	03953 WOUND CENTER	26,477	1,591,637	0.016635	0	0	76.05
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	408,133	32,819,007	0.012436	5,698	71	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,152,191	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	3,320,380	348,736,826		2,009,045	21,243	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0052 Component CCN: 14-T052	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part IV Date/Time Prepared: 2/23/2018 1:47 pm
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	Title XVIII	Subprovider - IRF	PPS
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Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
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
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
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 PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0	0	0	76.00
76.02	03951	DIABETES CENTER	0	0	0	0	0	76.02
76.03	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	0	76.04
76.05	03953	WOUND CENTER	0	0	0	0	0	76.05
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0052 Component CCN: 14-T052	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part IV Date/Time Prepared: 2/23/2018 1:47 pm
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Title XVIII		Subprovider - IRF	PPS
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Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	36,356,136	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	6,539,105	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	3,296,669	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	4,284,078	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	33,932,071	0.000000	54.00
57.00 05700 CT SCAN	0	0	0	36,894,521	0.000000	57.00
58.00 05800 MRI	0	0	0	6,504,677	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	7,529,872	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	40,145,395	0.000000	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0.000000	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	958,833	0.000000	62.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	3,264,256	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	5,860,166	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	12,573,653	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	5,022,462	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	874,007	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	13,065,871	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	7,058,907	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	17,577,942	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	9,878,398	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	57,661,016	0.000000	73.00
76.00 03950 THERAPEUTIC ACTIVITIES	0	0	0	0	0.000000	76.00
76.02 03951 DIABETES CENTER	0	0	0	59,309	0.000000	76.02
76.03 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	1,209,098	0.000000	76.03
76.04 03952 PAIN CLINIC	0	0	0	1,627,549	0.000000	76.04
76.05 03953 WOUND CENTER	0	0	0	1,591,637	0.000000	76.05
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	0	0	0	32,819,007	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	2,152,191	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50 through 199)	0	0	0	348,736,826		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0052 Component CCN: 14-T052		Period: From 10/01/2016 To 09/30/2017		Worksheet D Part IV Date/Time Prepared: 2/23/2018 1:47 pm	
Title XVIII				Subprovider - IRF		PPS	
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000000	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	7,501	0	0	54.00
57.00	05700	CT SCAN	0.000000	16,339	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	185,725	0	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	662,870	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	656,915	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	139,179	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	1,000	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	284	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	313,181	0	0	73.00
76.00	03950	THERAPEUTIC ACTIVITIES	0.000000	0	0	0	76.00
76.02	03951	DIABETES CENTER	0.000000	0	0	0	76.02
76.03	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	20,353	0	0	76.03
76.04	03952	PAIN CLINIC	0.000000	0	0	0	76.04
76.05	03953	WOUND CENTER	0.000000	0	0	0	76.05
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0.000000	5,698	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50 through 199)		2,009,045	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0052 Component CCN: 14-5314	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part IV Date/Time Prepared: 2/23/2018 1:47 pm
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Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
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
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
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 PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0	0	0	76.00
76.02	03951	DIABETES CENTER	0	0	0	0	0	76.02
76.03	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	0	76.04
76.05	03953	WOUND CENTER	0	0	0	0	0	76.05
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0052 Component CCN: 14-5314	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part IV Date/Time Prepared: 2/23/2018 1:47 pm
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description			All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	36,356,136	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	6,539,105	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,296,669	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	4,284,078	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	33,932,071	0.000000	54.00
57.00	05700	CT SCAN	0	0	0	36,894,521	0.000000	57.00
58.00	05800	MRI	0	0	0	6,504,677	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	7,529,872	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	40,145,395	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	958,833	0.000000	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	3,264,256	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	5,860,166	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	12,573,653	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	5,022,462	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	874,007	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	13,065,871	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	7,058,907	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	17,577,942	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	9,878,398	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	57,661,016	0.000000	73.00
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0	0	0.000000	76.00
76.02	03951	DIABETES CENTER	0	0	0	59,309	0.000000	76.02
76.03	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	1,209,098	0.000000	76.03
76.04	03952	PAIN CLINIC	0	0	0	1,627,549	0.000000	76.04
76.05	03953	WOUND CENTER	0	0	0	1,591,637	0.000000	76.05
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	32,819,007	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	2,152,191	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	348,736,826		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0052 Component CCN: 14-5314		Period: From 10/01/2016 To 09/30/2017		Worksheet D Part IV Date/Time Prepared: 2/23/2018 1:47 pm	
				Title XVIII		Skilled Nursing Facility	
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000000	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	31,079	0	0	54.00
57.00	05700	CT SCAN	0.000000	0	0	0	57.00
58.00	05800	MRI	0.000000	5,058	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	309,540	0	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	1,623	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	1,311,787	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	1,268,799	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	159,832	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	1,935	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	2,783	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	984,485	0	0	73.00
76.00	03950	THERAPEUTIC ACTIVITIES	0.000000	0	0	0	76.00
76.02	03951	DIABETES CENTER	0.000000	0	0	0	76.02
76.03	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	76.03
76.04	03952	PAIN CLINIC	0.000000	0	0	0	76.04
76.05	03953	WOUND CENTER	0.000000	0	0	0	76.05
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0.000000	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50 through 199)		4,076,921	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0052	Period: From 10/01/2016 To 09/30/2017	Worksheet D-1 Date/Time Prepared: 2/23/2018 1:47 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		10,197	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		10,197	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		8,567	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)		4,315	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		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)		10,956,401	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)		10,956,401	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		10,956,401	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,074.47	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,636,338	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)		4,636,338	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0052		Period: From 10/01/2016 To 09/30/2017		Worksheet D-1 Date/Time Prepared: 2/23/2018 1:47 pm	
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)	PPS
42.00	NURSERY (title V & XIX only)	1.00	2.00	3.00	4.00	5.00	42.00
Intensive Care Type Inpatient Hospital Units		0	0	0.00	0	0	
43.00	INTENSIVE CARE UNIT	3,042,850	1,644	1,850.88	538	995,773	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					5,574,741	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					11,206,852	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)					653,283	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					353,398	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,006,681	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					10,200,171	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)					1,630	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,074.47	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,751,386	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0052		Period: From 10/01/2016 To 09/30/2017		Worksheet D-1 Date/Time Prepared: 2/23/2018 1:47 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	1,256,667	10,956,401	0.114697	1,751,386	200,879	90.00
91.00	Nursing School cost	0	10,956,401	0.000000	1,751,386	0	91.00
92.00	Allied health cost	0	10,956,401	0.000000	1,751,386	0	92.00
93.00	All other Medical Education	0	10,956,401	0.000000	1,751,386	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0052	Period: From 10/01/2016 To 09/30/2017	Worksheet D-1
		Component CCN: 14-T052		Date/Time Prepared: 2/23/2018 1:47 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		1,310	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		1,310	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		1,310	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)		871	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		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)		1,576,455	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)		1,576,455	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		1,576,455	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,203.40	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,048,161	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)		1,048,161	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0052		Period: From 10/01/2016 To 09/30/2017		Worksheet D-1	
		Component CCN: 14-T052				Date/Time Prepared: 2/23/2018 1:47 pm	
		Title XVIII		Subprovider - IRF		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	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					407,640		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,455,801		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)					66,274		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					21,243		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					87,517		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,368,284		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0052 Component CCN: 14-T052		Period: From 10/01/2016 To 09/30/2017		Worksheet D-1 Date/Time Prepared: 2/23/2018 1:47 pm	
		Title XVIII		Subprovider - IRF		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	99,674	1,576,455	0.063227	0	0	90.00
91.00	Nursing School cost	0	1,576,455	0.000000	0	0	91.00
92.00	Allied health cost	0	1,576,455	0.000000	0	0	92.00
93.00	All other Medical Education	0	1,576,455	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0052 Component CCN: 14-5314	Period: From 10/01/2016 To 09/30/2017	Worksheet D-1 Date/Time Prepared: 2/23/2018 1:47 pm
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,728	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,728	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		3,728	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)		2,400	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		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)		2,193,099	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)		2,193,099	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,193,099	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0052 Component CCN: 14-5314		Period: From 10/01/2016 To 09/30/2017		Worksheet D-1 Date/Time Prepared: 2/23/2018 1:47 pm	
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)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						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)						50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						54.00
55.00	Target amount per discharge						55.00
56.00	Target amount (line 54 x line 55)						56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00	Bonus payment (see instructions)						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						59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						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)						61.00
62.00	Relief payment (see instructions)						62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						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)						64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						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)						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)						68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						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)					2,193,099	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					588.28	71.00
72.00	Program routine service cost (line 9 x line 71)					1,411,872	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					1,411,872	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					0.00	76.00
77.00	Program capital-related costs (line 9 x line 76)					0	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					0	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0	80.00
81.00	Inpatient routine service cost per diem limitation					0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)					1,411,872	83.00
84.00	Program inpatient ancillary services (see instructions)					771,449	84.00
85.00	Utilization review - physician compensation (see instructions)					0	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					2,183,321	86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0052 Component CCN: 14-5314		Period: From 10/01/2016 To 09/30/2017		Worksheet D-1 Date/Time Prepared: 2/23/2018 1:47 pm	
		Title XVIII		Skilled Nursing Facility		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	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0052	Period: From 10/01/2016 To 09/30/2017	Worksheet D-3 Date/Time Prepared: 2/23/2018 1:47 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		3,965,820	30.00
31.00	03100	INTENSIVE CARE UNIT		1,402,876	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.167896	3,310,475	50.00
51.00	05100	RECOVERY ROOM	0.104181	617,873	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.737390	5,710	52.00
53.00	05300	ANESTHESIOLOGY	0.019390	454,411	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.142483	2,224,153	54.00
57.00	05700	CT SCAN	0.019001	3,515,506	57.00
58.00	05800	MRI	0.048914	636,131	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.103841	1,354,624	59.00
60.00	06000	LABORATORY	0.157962	5,542,263	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.399739	205,838	62.00
64.00	06400	INTRAVENOUS THERAPY	0.292935	1,640	64.00
65.00	06500	RESPIRATORY THERAPY	0.198458	1,692,709	65.00
66.00	06600	PHYSICAL THERAPY	0.172861	542,907	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.207165	573,594	67.00
68.00	06800	SPEECH PATHOLOGY	0.440312	113,820	68.00
69.00	06900	ELECTROCARDIOLOGY	0.043954	2,782,871	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.078503	63,570	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.135204	3,230,151	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.263344	2,456,173	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.159333	6,070,373	73.00
76.00	03950	THERAPEUTIC ACTIVITIES	0.000000	0	76.00
76.02	03951	DIABETES CENTER	1.766511	0	76.02
76.03	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.694181	0	76.03
76.04	03952	PAIN CLINIC	0.140854	5,073	76.04
76.05	03953	WOUND CENTER	0.301925	0	76.05
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.150370	2,813,291	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.813769	279,294	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		38,492,450	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)		38,492,450	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0052 Component CCN: 14-T052	Period: From 10/01/2016 To 09/30/2017	Worksheet D-3 Date/Time Prepared: 2/23/2018 1:47 pm	
		Title XVIII	Subprovider - IRF	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	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
41.00	04100 SUBPROVIDER - IRF		838,821		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.167896	0	0	50.00
51.00	05100 RECOVERY ROOM	0.104181	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.737390	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.019390	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.142483	7,501	1,069	54.00
57.00	05700 CT SCAN	0.019001	16,339	310	57.00
58.00	05800 MRI	0.048914	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.103841	0	0	59.00
60.00	06000 LABORATORY	0.157962	185,725	29,337	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.399739	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0.292935	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.198458	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.172861	662,870	114,584	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.207165	656,915	136,090	67.00
68.00	06800 SPEECH PATHOLOGY	0.440312	139,179	61,282	68.00
69.00	06900 ELECTROCARDIOLOGY	0.043954	1,000	44	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.078503	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.135204	284	38	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.263344	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.159333	313,181	49,900	73.00
76.00	03950 THERAPEUTIC ACTIVITIES	0.000000	0	0	76.00
76.02	03951 DIABETES CENTER	1.766511	0	0	76.02
76.03	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.694181	20,353	14,129	76.03
76.04	03952 PAIN CLINIC	0.140854	0	0	76.04
76.05	03953 WOUND CENTER	0.301925	0	0	76.05
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0.150370	5,698	857	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.813769	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		2,009,045	407,640	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)		2,009,045		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0052 Component CCN: 14-5314	Period: From 10/01/2016 To 09/30/2017	Worksheet D-3 Date/Time Prepared: 2/23/2018 1:47 pm	
		Title XVIII	Skilled Nursing Facility	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	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.167896	0	50.00
51.00	05100	RECOVERY ROOM	0.104181	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.737390	0	52.00
53.00	05300	ANESTHESIOLOGY	0.019390	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.142483	31,079	4,428 54.00
57.00	05700	CT SCAN	0.019001	0	57.00
58.00	05800	MRI	0.048914	5,058	247 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.103841	0	59.00
60.00	06000	LABORATORY	0.157714	309,540	48,819 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.399739	1,623	649 62.00
64.00	06400	INTRAVENOUS THERAPY	0.292935	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.198458	0	65.00
66.00	06600	PHYSICAL THERAPY	0.172861	1,311,787	226,757 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.207165	1,268,799	262,851 67.00
68.00	06800	SPEECH PATHOLOGY	0.440312	159,832	70,376 68.00
69.00	06900	ELECTROCARDIOLOGY	0.043954	1,935	85 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.078503	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.135204	2,783	376 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.263344	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.159333	984,485	156,861 73.00
76.00	03950	THERAPEUTIC ACTIVITIES	0.000000	0	76.00
76.02	03951	DIABETES CENTER	1.766511	0	76.02
76.03	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.694181	0	76.03
76.04	03952	PAIN CLINIC	0.140854	0	76.04
76.05	03953	WOUND CENTER	0.301925	0	76.05
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.150370	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.813769	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		4,076,921	771,449 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		4,076,921	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0052	Period: From 10/01/2016 To 09/30/2017	Worksheet E Part A Date/Time Prepared: 2/23/2018 1:47 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		8,992,093	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)		86,137	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		3,488,139	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		84.70	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.96	30.00
31.00	Percentage of Medicaid patient days (see instructions)		24.07	31.00
32.00	Sum of lines 30 and 31		30.03	32.00
33.00	Allowable disproportionate share percentage (see instructions)		13.98	33.00
34.00	Disproportionate share adjustment (see instructions)		314,274	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0052	Period: From 10/01/2016 To 09/30/2017	Worksheet E Part A Date/Time Prepared: 2/23/2018 1:47 pm	
		Title XVIII	Hospital	PPS	
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0	5,977,483,147	35.00
35.01	Factor 3 (see instructions)		0.000000000	0.000065359	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	390,684	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	390,684	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		390,684		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
			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)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		9,783,188		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)			9,783,188	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			727,590	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).			0	52.00
53.00	Nursing and Allied Health Managed Care payment			0	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).			0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			0	58.00
59.00	Total (sum of amounts on lines 49 through 58)			10,510,778	59.00
60.00	Primary payer payments			0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			10,510,778	61.00
62.00	Deductibles billed to program beneficiaries			1,066,380	62.00
63.00	Coinurance billed to program beneficiaries			27,734	63.00
64.00	Allowable bad debts (see instructions)			259,048	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			168,381	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			236,888	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			9,585,045	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)			0	70.50
70.87	Demonstration payment adjustment amount before sequestration			0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)			0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			31,905	70.93
70.94	HRR adjustment amount (see instructions)			-219,407	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0052	Period: From 10/01/2016 To 09/30/2017	Worksheet E Part A Date/Time Prepared: 2/23/2018 1:47 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		9,397,543	71.00
71.01	Sequestration adjustment (see instructions)		187,951	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		9,297,433	72.00
73.00	Tentative settlement (for contractor use only)		0	73.00
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		-87,841	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		235,960	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
			Prior to 10/1	On/After 10/1
			1.00	2.00
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)			0
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)		0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)		0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (line 209 plus line 210) (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0052	Period: From 10/01/2016 To 09/30/2017	Worksheet E Part B Date/Time Prepared: 2/23/2018 1:47 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		30,560	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		9,801,908	2.00
3.00	OPPS payments		8,962,686	3.00
4.00	Outlier payment (see instructions)		39,289	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		30,560	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		191,824	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)		191,824	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		191,824	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		161,264	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) (see instructions)		30,560	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		9,001,975	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
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)		1,797,861	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)		7,234,674	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		7,234,674	30.00
31.00	Primary payer payments		523	31.00
32.00	Subtotal (line 30 minus line 31)		7,234,151	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		419,548	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		272,706	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		380,879	36.00
37.00	Subtotal (see instructions)		7,506,857	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	RECONCILIATION		-69	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		7,506,788	40.00
40.01	Sequestration adjustment (see instructions)		150,136	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		7,420,009	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-63,357	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0052

Period:
From 10/01/2016
To 09/30/2017

Worksheet E-1
Part I
Date/Time Prepared:
2/23/2018 1:47 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		9,107,858		7,387,369	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	05/18/2017	189,575	05/18/2017	32,640	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		189,575		32,640	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)		9,297,433		7,420,009	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		87,841		63,357	6.02	
7.00	Total Medicare program liability (see instructions)		9,209,592		7,356,652	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: 14-0052 Component CCN: 14-T052	Period: From 10/01/2016 To 09/30/2017	Worksheet E-1 Part I Date/Time Prepared: 2/23/2018 1:47 pm	
		Title XVIII	Subprovider - IRF	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				0
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		1,051,194		0
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				0
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER	05/18/2017	14,138		0
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		14,138		0
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)		1,065,332		0
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)				0
Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0
5.02			0		0
5.03			0		0
Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				0
6.01	SETTLEMENT TO PROVIDER		1,405		0
6.02	SETTLEMENT TO PROGRAM		0		0
7.00	Total Medicare program liability (see instructions)		1,066,737		0
				Contractor Number	NPR Date (Mo/Day/Yr)
			0	1.00	2.00
8.00	Name of Contractor				0

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 14-0052 Component CCN: 14-5314		Period: From 10/01/2016 To 09/30/2017		Worksheet E-1 Part I Date/Time Prepared: 2/23/2018 1:47 pm	
		Title XVIII		Skilled Nursing Facility		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		951,454		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
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0		3.01
3.02			0		0		3.02
3.03			0		0		3.03
3.04			0		0		3.04
3.05			0		0		3.05
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0		3.50
3.51			0		0		3.51
3.52			0		0		3.52
3.53			0		0		3.53
3.54			0		0		3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0		3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		951,454		0		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		0		0		6.02
7.00	Total Medicare program liability (see instructions)		951,454		0		7.00
		0		Contractor Number	NPR Date (Mo/Day/Yr)		
				1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 14-0052	Period: From 10/01/2016 To 09/30/2017	Worksheet E-1 Part II Date/Time Prepared: 2/23/2018 1:47 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0052 Component CCN: 14-T052	Period: From 10/01/2016 To 09/30/2017	Worksheet E-3 Part III Date/Time Prepared: 2/23/2018 1:47 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			1,054,195 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0558 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			48,704 3.00
4.00	Outlier Payments			0 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			3.589041 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			1,102,899 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			1,102,899 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			1,102,899 19.00
20.00	Deductibles			14,392 20.00
21.00	Subtotal (line 19 minus line 20)			1,088,507 21.00
22.00	Coinsurance			0 22.00
23.00	Subtotal (line 21 minus line 22)			1,088,507 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			1,088,507 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			1,088,507 32.00
32.01	Sequestration adjustment (see instructions)			21,770 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			1,065,332 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			1,405 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0052 Component CCN: 14-5314	Period: From 10/01/2016 To 09/30/2017	Worksheet E-3 Part VI Date/Time Prepared: 2/23/2018 1:47 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		1,098,912	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		1,098,912	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		128,041	7.00
8.00	Allowable bad debts (see instructions)		0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		0	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)		970,871	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	14.50
14.99	Demonstration payment adjustment amount before sequestration		0	14.99
15.00	Subtotal (see instructions)		970,871	15.00
15.01	Sequestration adjustment (see instructions)		19,417	15.01
15.02	Demonstration payment adjustment amount after sequestration		0	15.02
16.00	Interim payments		951,454	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 15.02, 16, and 17)		0	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2		0	19.00

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

Provider CCN: 14-0052

Period:
From 10/01/2016
To 09/30/2017

Worksheet G

Date/Time Prepared:
2/23/2018 1:47 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	1,699,688	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	94,400,907	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-77,095,241	0	0	0	6.00
7.00	Inventory	2,438,331	0	0	0	7.00
8.00	Prepaid expenses	97,161	0	0	0	8.00
9.00	Other current assets	1,698,978	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	23,239,824	0	0	0	11.00
FIXED ASSETS						
12.00	Land	1,208,764	0	0	0	12.00
13.00	Land improvements	7,585,569	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	58,270,675	0	0	0	15.00
16.00	Accumulated depreciation	-46,706,789	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	-7,347,341	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	35,322,172	0	0	0	23.00
24.00	Accumulated depreciation	-29,755,457	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	212,721	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	18,790,314	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	6,664,795	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	6,420,102	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	13,084,897	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	55,115,035	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	1,145,893	0	0	0	37.00
38.00	Salaries, wages, and fees payable	161,842	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	43,565,686	0	0	0	40.00
41.00	Deferred income	53,347	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	30,321	0	0	0	43.00
44.00	Other current liabilities	6,456,215	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	51,413,304	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	24,448	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	36,677,519	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	36,701,967	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	88,115,271	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	-33,000,236	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	-33,000,236	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	55,115,035	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0052

Period:
From 10/01/2016
To 09/30/2017

Worksheet G-1

Date/Time Prepared:
2/23/2018 1:47 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		-20,992,366		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-13,288,214				2.00
3.00	Total (sum of line 1 and line 2)		-34,280,580		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00	INCREASE IN TEMPORARY RESTRICTED AS	85,361		0		0	6.00
7.00	OTHER	1,194,983		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)		1,280,344		0		10.00
11.00	Subtotal (line 3 plus line 10)		-33,000,236		0		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)		-33,000,236		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00	INCREASE IN TEMPORARY RESTRICTED AS		0				6.00
7.00	OTHER		0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	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: 14-0052

Period:
From 10/01/2016
To 09/30/2017

Worksheet G-2
Parts I & II
Date/Time Prepared:
2/23/2018 1:47 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	9,307,804		9,307,804	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	1,202,544		1,202,544	3.00
4.00	SUBPROVIDER				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	2,592,764		2,592,764	7.00
8.00	NURSING FACILITY	216,157		216,157	8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	13,319,269		13,319,269	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	3,437,598		3,437,598	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	3,437,598		3,437,598	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	16,756,867		16,756,867	17.00
18.00	Ancillary services	93,246,745	251,002,486	344,249,231	18.00
19.00	Outpatient services	72,174	4,415,419	4,487,593	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PROFESSIONAL FEES	59,946	1,109,137	1,169,083	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	110,135,732	256,527,042	366,662,774	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		83,427,008		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)		83,427,008		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0052

Period:
From 10/01/2016
To 09/30/2017

Worksheet G-3

Date/Time Prepared:
2/23/2018 1:47 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	366,662,774	1.00
2.00	Less contractual allowances and discounts on patients' accounts	290,639,504	2.00
3.00	Net patient revenues (line 1 minus line 2)	76,023,270	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	83,427,008	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-7,403,738	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	382,044	6.00
7.00	Income from investments	585,537	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	447,401	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	162,615	17.00
18.00	Revenue from sale of medical records and abstracts	467	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	222,004	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUES	597,661	24.00
24.01	E. H. R	266,580	24.01
25.00	Total other income (sum of lines 6-24)	2,664,309	25.00
26.00	Total (line 5 plus line 25)	-4,739,429	26.00
27.00	MINORITY INTEREST	8,548,785	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	8,548,785	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-13,288,214	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0052	Period: From 10/01/2016 To 09/30/2017	Worksheet L Parts I-III Date/Time Prepared: 2/23/2018 1:47 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		722,349	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		5,241	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)		28.18	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		727,590	12.00
		1.00		
PART II - PAYMENT UNDER REASONABLE COST				
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		
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
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