

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: 14-0135	Period: From 10/01/2016 To 09/30/2017	Worksheet S Parts I-III Date/Time Prepared: 12/21/2017 4:34 pm
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PART I - COST REPORT STATUS

Provider use only

1. Electronically filed cost report
 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
 (1) As Submitted
 (2) Settled without Audit
 (3) Settled with Audit
 (4) Reopened
 (5) Amended

6. Date Received:
 7. Contractor No.

8. Initial Report for this Provider CCN
 9. Final Report for this Provider CCN

10. NPR Date:
 11. Contractor's Vendor Code: 4
 12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.

Date: 12/21/2017 Time: 4:34 pm

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by DECATUR MEMORIAL HOSPITAL (14-0135) 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.

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

_____ Title

_____ Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	27,506	-27,205	0	0	1.00
2.00 Subprovider - IPF	0	59	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
200.00 Total	0	27,565	-27,205	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0135		Period: From 10/01/2016 To 09/30/2017		Worksheet S-2 Part I Date/Time Prepared: 12/21/2017 4:30 pm			
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 2300 N. EDWARD ST.			PO Box:				1.00			
2.00	City: DECATUR			State: IL		Zip Code: 62526		County: MACON			
		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		DECATUR MEMORIAL HOSPITAL	140135	19500	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF		DECATUR MEMORIAL HOSPITAL	14S135	19500	4	10/01/2015	N	P	O	4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA		DMH HHA	147206	19500		01/13/1982	N	P	N	12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice		DMH HOSPICE	141517	19500		06/30/1988				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)						2			21.00	
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						N	Y		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						1	N		23.00	
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	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.			4,498	719	0	8	1,563	103	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.			0	0	0	0	0		25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0135	Period: From 10/01/2016 To 09/30/2017	Worksheet S-2 Part I Date/Time Prepared: 12/21/2017 4:30 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.					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)	N				37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00	
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N			39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	Y			40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)	N	Y	N		45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N		46.00	
47.00	Is this a new hospital under 42 CFR 412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00	
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under 413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05

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	Y/N	IME	Direct GME	IME	Direct GME					
	1.00	2.00	3.00	4.00	5.00					
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)							61.06		
	Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count					
	1.00	2.00	3.00	4.00						
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.						0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.						0.00	0.00	61.20	
						1.00				
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)						0.00	62.00		
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)						0.00	62.01		
Teaching Hospitals that Claim Residents in Nonprovider Settings										
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)						Y	63.00		
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))					
			1.00	2.00	3.00					
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)						0.00	0.00	0.000000	64.00
		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)						6.46	6.32	0.505477	65.00

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))			
		1.00	2.00	3.00			
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000		66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	3600	4.02	10.75	0.272173 67.00	
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			Y		70.00	
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	N	0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N		75.00	
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	76.00
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.					N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N	94.00	

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		V		XIX			
		1.00		2.00			
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		97.00	
Rural Providers							
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N				105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N				106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.	N				107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N		109.00
				1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N		110.00	
				1.00	2.00	3.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				0	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y				116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N				117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2				118.00	
		Premiums		Losses		Insurance	
		1.00		2.00		3.00	
118.01	List amounts of malpractice premiums and paid losses:	0		0		0	
				1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02	
119.00	DO NOT USE THIS LINE					119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00	
122.00	Does the cost report contain state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y		5.00		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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0135		Period: From 10/01/2016 To 09/30/2017		Worksheet S-2 Part I Date/Time Prepared: 12/21/2017 4:30 pm	
		1.00	2.00				
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
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)	N				140.00	
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: NATIONAL GOVERNMENT SERVICES, INC	Contractor's Name: 00131		Contractor's Number: 00131		141.00	
142.00	Street: 8115 KNUE ROAD	PO Box:				142.00	
143.00	City: INDIANAPOLIS	State:		Zip Code: 46250		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00	
						1.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N		149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		N	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC	N		N		N	
						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	
		Name		County		State	
		0		1.00		2.00	
						Zip Code	
						3.00	
						CBSA	
						4.00	
						FTE/Campus	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.					Y	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0135	Period: From 10/01/2016 To 09/30/2017	Worksheet S-2 Part I Date/Time Prepared: 12/21/2017 4:30 pm	
			Beginning	Ending	
			1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)		07/01/2016	09/30/2016	170.00
			1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)		N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0135		Period: From 10/01/2016 To 09/30/2017		Worksheet S-2 Part II Date/Time Prepared: 12/21/2017 4:30 pm	
				Y/N	Date		
				1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)			N			1.00
				Y/N	Date	V/I	
				1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.			N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)			N			3.00
				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	C		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.			N			5.00
				Y/N	Legal Oper.		
				1.00	2.00		
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?			N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.			Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.			N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.			Y			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.			N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.			N			11.00
						Y/N	
						1.00	
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.					N	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					N	15.00
				Part A		Part B	
				Y/N	Date	Y/N	Date
				1.00	2.00	3.00	4.00
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)			N		N	
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)			Y	12/05/2017	Y	12/05/2017
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			N		N	19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0135	Period: From 10/01/2016 To 09/30/2017	Worksheet S-2 Part II Date/Time Prepared: 12/21/2017 4:30 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
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.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			Y	35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		N		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00		2.00	
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.	FRANK		PAGAN	41.00
42.00	Enter the employer/company name of the cost report preparer.	DECATUR MEMORIAL HOSPITAL			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(217) 876-2624		FRANKP@DMHHS.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0135

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

Worksheet S-2
Part II
Date/Time Prepared:
12/21/2017 4:30 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.	DI RECTOR OF REIMBURSEMENT & DEC SUPP	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: 14-0135

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

Worksheet S-3
Part I
Date/Time Prepared:
12/21/2017 4:30 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	150	54,750	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)		150	54,750	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	22	8,030	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	30	10,950	0.00	0	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)		202	73,730	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	20	7,300		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE	46.00	0	0			21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						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)		222				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0135

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

Worksheet S-3
Part I
Date/Time Prepared:
12/21/2017 4:30 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)	15,272	3,673	26,562			1.00
2.00 HMO and other (see instructions)	2,969	1,563				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	15,272	3,673	26,562			7.00
8.00 INTENSIVE CARE UNIT	2,434	755	5,497			8.00
9.00 CORONARY CARE UNIT	3,216	537	3,914			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		260	1,894			13.00
14.00 Total (see instructions)	20,922	5,225	37,867	14.77	1,684.49	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	2,971	394	4,331	0.00	28.59	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE			0	0.00	0.00	21.00
22.00 HOME HEALTH AGENCY	17,624	1,821	22,622	0.00	38.96	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	2,908	24	3,367	0.00	12.24	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)				14.77	1,764.28	27.00
28.00 Observation Bed Days		1,225	5,411			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			369			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	103	189			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0135

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

Worksheet S-3
Part I
Date/Time Prepared:
12/21/2017 4:30 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	4,585	1,440	8,962	1.00
2.00 HMO and other (see instructions)				541	0		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0		4,585	1,440	8,962	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0		231	35	357	16.00
17.00 SUBPROVIDER - IRF							17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY	0.00						19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE	0.00					0	21.00
22.00 HOME HEALTH AGENCY	0.00						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE	0.00						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							33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 14-0135		Period: From 10/01/2016 To 09/30/2017		Worksheet S-3 Part II Date/Time Prepared: 12/21/2017 4:30 pm	
	Worksheet A Line Number	Amount Reported	Reclassification 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 II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	123,604,394	0	123,604,394	3,669,702.00	33.68	1.00
2.00	Non-physician anesthetist Part A		5,005,289	0	5,005,289	48,270.00	103.69	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		1,044,677	0	1,044,677	6,434.00	162.37	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		23,927,232	0	23,927,232	132,929.00	180.00	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	893,072	893,072	31,366.00	28.47	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	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		16,891,309	-1,296,413	15,594,896	434,116.00	35.92	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract Labor: Direct Patient Care		2,840,682	0	2,840,682	41,940.75	67.73	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		115,540	0	115,540	410.00	281.80	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		0	0	0	0.00	0.00	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)		21,256,131	0	21,256,131			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		3,550,976	0	3,550,976			19.00
20.00	Non-physician anesthetist Part A		703,339	0	703,339			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		109,413	0	109,413			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		2,586,903	0	2,586,903			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		251,146	0	251,146			25.00
25.50	Home office wage-related		0	0	0			25.50
25.51	Related organization wage-related		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	386,016	0	386,016	16,058.00	24.04	26.00
27.00	Administrative & General	5.00	9,950,420	-249,954	9,700,466	380,370.00	25.50	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0135

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

Worksheet S-3
Part II
Date/Time Prepared:
12/21/2017 4:30 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	
28.00	Administrative & General under contract (see inst.)	1,325,665	0	1,325,665	11,119.00	119.23	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	1,220,875	0	1,220,875	62,254.00	19.61	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	1,528,337	0	1,528,337	130,853.00	11.68	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	1,783,422	-1,502,116	281,306	18,799.00	14.96	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	1,502,116	1,502,116	100,385.00	14.96	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	2,056,368	249,954	2,306,322	62,338.00	37.00	38.00
39.00	Central Services and Supply	608,087	0	608,087	34,174.00	17.79	39.00
40.00	Pharmacy	2,047,915	0	2,047,915	55,494.00	36.90	40.00
41.00	Medical Records & Medical Records Library	1,478,012	0	1,478,012	70,637.00	20.92	41.00
42.00	Social Service	0	0	0	0.00	0.00	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0135

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

Worksheet S-3
Part III
Date/Time Prepared:
12/21/2017 4:30 pm

	Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	95,997,538	-893,072	95,104,466	3,468,256.00	27.42	1.00
2.00	Excluded area salaries (see instructions)	16,891,309	-1,296,413	15,594,896	434,116.00	35.92	2.00
3.00	Subtotal salaries (line 1 minus line 2)	79,106,229	403,341	79,509,570	3,034,140.00	26.20	3.00
4.00	Subtotal other wages & related costs (see inst.)	2,956,222	0	2,956,222	42,350.75	69.80	4.00
5.00	Subtotal wage-related costs (see inst.)	21,365,544	0	21,365,544	0.00	26.87	5.00
6.00	Total (sum of lines 3 thru 5)	103,427,995	403,341	103,831,336	3,076,490.75	33.75	6.00
7.00	Total overhead cost (see instructions)	22,385,117	0	22,385,117	942,481.00	23.75	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0135	Period: From 10/01/2016 To 09/30/2017	Worksheet S-3 Part IV Date/Time Prepared: 12/21/2017 4:30 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			0 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)			2,075,625 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			1,132,294 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			15,149,677 8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)			0 8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)			0 8.02
8.03	Health Insurance (Purchased)			0 8.03
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			645,165 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			156,597 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)			655,823 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			615,358 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			7,870,902 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			90,858 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			65,608 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			28,457,907 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: 14-0135	Period: From 10/01/2016 To 09/30/2017	Worksheet S-3 Part V Date/Time Prepared: 12/21/2017 4:30 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		0	0 1.00
2.00	Hospital		0	0 2.00
3.00	Subprovider - IPF		0	0 3.00
4.00	Subprovider - IRF			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 9.00
10.00	Hospital-Based OLTC			0 10.00
11.00	Hospital-Based HHA		0	0 11.00
12.00	Separately Certified ASC			0 12.00
13.00	Hospital-Based Hospice		0	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	0 17.00
18.00	Other		0	0 18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 14-0135 Component CCN: 14-7206		Period: From 10/01/2016 To 09/30/2017		Worksheet S-4 Date/Time Prepared: 12/21/2017 4:30 pm PPS	
				Home Health Agency I		PPS	
				1.00			
0.00	County					0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	1,647	485	3,665	5,797 1.00	
2.00	Unduplicated Census Count (see instructions)	0.00	747.00	220.00	1,662.00	2,629.00 2.00	
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	0.00		0.00	0.00	0.00 3.00	
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00 4.00	
5.00	Other Administrative Personnel			8.43	0.00	8.43 5.00	
6.00	Direct Nursing Service			18.51	0.00	18.51 6.00	
7.00	Nursing Supervisor			0.00	0.00	0.00 7.00	
8.00	Physical Therapy Service			6.22	0.00	6.22 8.00	
9.00	Physical Therapy Supervisor			0.00	0.00	0.00 9.00	
10.00	Occupational Therapy Service			0.91	0.00	0.91 10.00	
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00 11.00	
12.00	Speech Pathology Service			0.11	0.00	0.11 12.00	
13.00	Speech Pathology Supervisor			0.00	0.00	0.00 13.00	
14.00	Medical Social Service			1.95	0.00	1.95 14.00	
15.00	Medical Social Service Supervisor			0.00	0.00	0.00 15.00	
16.00	Home Health Aide			2.78	0.00	2.78 16.00	
17.00	Home Health Aide Supervisor			0.00	0.00	0.00 17.00	
18.00	Other (specify)			0.00	0.00	0.00 18.00	
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			1		19.00	
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			19500		20.00	
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers	3.00	4.00	5.00	
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	6,486	1,077	256	134	7,953 21.00	
22.00	Skilled Nursing Visit Charges	1,232,340	204,630	47,310	12,730	1,497,010 22.00	
23.00	Physical Therapy Visits	4,729	129	74	58	4,990 23.00	
24.00	Physical Therapy Visit Charges	898,510	24,510	14,060	9,500	946,580 24.00	
25.00	Occupational Therapy Visits	479	26	1	1	507 25.00	
26.00	Occupational Therapy Visit Charges	91,010	4,940	190	190	96,330 26.00	
27.00	Speech Pathology Visits	52	10	3	0	65 27.00	
28.00	Speech Pathology Visit Charges	9,690	1,900	570	0	12,160 28.00	
29.00	Medical Social Service Visits	23	1	3	2	29 29.00	
30.00	Medical Social Service Visit Charges	4,370	190	570	380	5,510 30.00	
31.00	Home Health Aide Visits	1,439	194	3	27	1,663 31.00	
32.00	Home Health Aide Visit Charges	122,145	16,490	255	1,105	139,995 32.00	
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	13,208	1,437	340	222	15,207 33.00	
34.00	Other Charges	0	0	0	0	0 34.00	
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	2,358,065	252,660	62,955	23,905	2,697,585 35.00	
36.00	Total Number of Episodes (standard/non outlier)	838		122	13	973 36.00	
37.00	Total Number of Outlier Episodes		38		4	42 37.00	
38.00	Total Non-Routine Medical Supply Charges	88,618	18,409	5,367	458	112,852 38.00	

HOSPITAL-BASED HOSPI CE IDENTIFICATION DATA		Provider CCN: 14-0135 Hospice CCN: 14-1517	Period: From 10/01/2016 To 09/30/2017	Worksheet S-9 PARTS I THROUGH IV Date/Time Prepared: 12/21/2017 4:30 pm
		Hospice I		

	Unduplicated Days	Hospice I				Total (sum of cols. 1, 2 & 5)		
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility			All Other
		1.00	2.00	3.00	4.00			5.00
PART I - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015								
1.00	Hospice Continuous Home Care						1.00	
2.00	Hospice Routine Home Care						2.00	
3.00	Hospice Inpatient Respite Care						3.00	
4.00	Hospice General Inpatient Care						4.00	
5.00	Total Hospice Days						5.00	
Part II - CENSUS DATA FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015								
6.00	Number of patients receiving hospice care						6.00	
7.00	Total number of unduplicated Continuous Care hours billable to Medicare						7.00	
8.00	Average Length of Stay (line 5 / line 6)						8.00	
9.00	Unduplicated census count						9.00	

NOTE: Parts I and II, columns 1 and 2 also include the days reported in columns 3 and 4.

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	9,992	126	929	11,047	11.00
12.00	Hospice Inpatient Respite Care	0	0	0	0	12.00
13.00	Hospice General Inpatient Care	2,910	24	438	3,372	13.00
14.00	Total Hospice Days	12,902	150	1,367	14,419	14.00
PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
15.00	Hospice Inpatient Respite Care	0	0	0	0	15.00
16.00	Hospice General Inpatient Care	0	0	0	0	16.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-0135	Period: From 10/01/2016 To 09/30/2017	Worksheet S-10 Date/Time Prepared: 12/21/2017 4:30 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)		0.234017	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		11,528,711	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH or supplemental payments from Medicaid?		Y	4.00
5.00	If line 4 is no, then enter DSH or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		141,979,973	6.00
7.00	Medicaid cost (line 1 times line 6)		33,225,727	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)		21,697,016	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)		21,697,016	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)	6,957,406	1,978,625	8,936,031
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,628,151	1,978,625	3,606,776
22.00	Payments received from patients for amounts previously written off as charity care	123,049	342,414	465,463
23.00	Cost of charity care (line 21 minus line 22)	1,505,102	1,636,211	3,141,313
			1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		10,308,588	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		1,004,678	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		1,545,658	27.01
28.00	Non-Medicare bad debt expense (line 26 minus line 27.01)		8,762,930	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		2,591,655	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		5,732,968	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		27,429,984	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 14-0135	Period: From 10/01/2016 To 09/30/2017	Worksheet A Date/Time Prepared: 12/21/2017 4:30 pm		
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (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		28,491,871	28,491,871	-21,352,178	7,139,693	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	10,595,569	10,595,569	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	386,016	20,424,372	20,810,388	-296	20,810,092	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	9,950,420	19,691,371	29,641,791	10,513,600	40,155,391	5.00
7.00	00700	OPERATION OF PLANT	1,220,875	7,174,062	8,394,937	-2,219	8,392,718	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,058,160	1,058,160	-26	1,058,134	8.00
9.00	00900	HOUSEKEEPING	1,528,337	1,035,848	2,564,185	-9,724	2,554,461	9.00
10.00	01000	DIETARY	1,783,422	1,803,139	3,586,561	-3,026,963	559,598	10.00
11.00	01100	CAFETERIA	0	0	0	3,020,839	3,020,839	11.00
13.00	01300	NURSING ADMINISTRATION	2,056,368	1,197,936	3,254,304	243,511	3,497,815	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	608,087	3,522,595	4,130,682	-2,378,896	1,751,786	14.00
15.00	01500	PHARMACY	2,047,915	10,470,936	12,518,851	-9,782,603	2,736,248	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,478,012	1,150,014	2,628,026	-347	2,627,679	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	5,005,289	5,005,289	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	893,072	893,072	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	4,021,169	4,021,169	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	426,031	41,469	467,500	0	467,500	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	9,793,292	1,685,283	11,478,575	-301,001	11,177,574	30.00
31.00	03100	INTENSIVE CARE UNIT	3,084,157	496,904	3,581,061	-98,738	3,482,323	31.00
32.00	03200	CORONARY CARE UNIT	2,320,875	592,059	2,912,934	21,401	2,934,335	32.00
40.00	04000	SUBPROVIDER - IPF	1,361,057	576,857	1,937,914	-21,702	1,916,212	40.00
43.00	04300	NURSERY	0	51,063	51,063	-45,368	5,695	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,262,216	16,918,373	22,180,589	-14,989,218	7,191,371	50.00
50.01	05001	ORTHO MEDICAL	97,069	89,476	186,545	-80,779	105,766	50.01
51.00	05100	RECOVERY ROOM	746,681	81,033	827,714	-8,088	819,626	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	26,238	26,238	237,680	263,918	52.00
53.00	05300	ANESTHESIOLOGY	5,228,535	927,666	6,156,201	-5,241,167	915,034	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,442,141	8,872,009	14,314,150	-866,086	13,448,064	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,355,307	1,443,981	2,799,288	-35,478	2,763,810	55.00
60.00	06000	LABORATORY	2,872,326	4,832,833	7,705,159	-973,577	6,731,582	60.00
65.00	06500	RESPIRATORY THERAPY	918,011	178,853	1,096,864	-79,210	1,017,654	65.00
66.00	06600	PHYSICAL THERAPY	2,417,005	735,700	3,152,705	674,963	3,827,668	66.00
67.00	06700	OCCUPATIONAL THERAPY	437,987	57,489	495,476	-10,611	484,865	67.00
68.00	06800	SPEECH PATHOLOGY	267,261	33,971	301,232	-7,162	294,070	68.00
69.00	06900	ELECTROCARDIOLOGY	2,223,219	535,162	2,758,381	-35,547	2,722,834	69.00
69.01	06901	CATH LAB	739,656	3,527,882	4,267,538	-3,270,259	997,279	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	580,905	150,298	731,203	-42,343	688,860	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	10,774,225	10,774,225	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	15,228,107	15,228,107	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	9,337,301	9,337,301	73.00
74.00	07400	RENAL DIALYSIS	0	441,273	441,273	375,968	817,241	74.00
75.00	07500	ASC (NON-DISTINCT PART)	2,919,328	1,564,719	4,484,047	-914,908	3,569,139	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	4,529	1,103,001	1,107,530	-130,830	976,700	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	2,506,175	1,098,503	3,604,678	-62,592	3,542,086	90.01
90.02	09002	DMG PHYSICIAN GROUP	33,809,451	13,663,185	47,472,636	-1,284,337	46,188,299	90.02
91.00	09100	EMERGENCY	2,627,507	3,391,691	6,019,198	-168,176	5,851,022	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	2,473,742	556,073	3,029,815	-75,691	2,954,124	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	786,433	468,522	1,254,955	-489	1,254,466	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	111,760,348	160,161,870	271,922,218	5,646,085	277,568,303	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	123,381	791,315	914,696	0	914,696	190.00
190.01	19001	SUICLINIC	893,072	4,158,679	5,051,751	-4,914,241	137,510	190.01
190.02	19002	WOMEN'S CENTER	76,840	38,780	115,620	0	115,620	190.02
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.03
190.04	19004	NON HOSPITAL PHARMACIES	0	0	0	0	0	190.04
190.05	19005	RENTAL PROPERTY	0	929	929	0	929	190.05
190.06	19006	DECATUR DIGESTIVE CENTER	0	0	0	0	0	190.06
190.07	19007	DMH MEDICAL EQUIPMENT	518,987	962,090	1,481,077	0	1,481,077	190.07
190.08	19008	PULMONARY EXTENDED CARE	0	0	0	0	0	190.08
190.09	19009	SHORE	0	48,885	48,885	0	48,885	190.09
190.10	19010	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.10
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.11

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0135

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

Worksheet A
Date/Time Prepared:
12/21/2017 4:30 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		
190.12	19012	CCOP FISCAL INTERMEDIARY	170,664	3,742,120	3,912,784	0	3,912,784	190.12
190.13	19013	ELDERLY SERVICES	0	0	0	0	0	190.13
190.14	19014	REAL ESTATE MANAGEMENT	158,292	268,752	427,044	0	427,044	190.14
190.15	19015	CORPORATE HEALTH	2,229,309	1,977,551	4,206,860	0	4,206,860	190.15
190.16	19016	CANCER CARE INSTITUTE	228,750	104,958	333,708	0	333,708	190.16
190.17	19017	INTEGRATED CENTER	576,736	690,098	1,266,834	-691,844	574,990	190.17
190.18	19019	340B ADMINISTRATION	86,531	439,152	525,683	0	525,683	190.18
191.00	19100	RESEARCH	787,919	320,523	1,108,442	0	1,108,442	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	5,993,565	3,903,512	9,897,077	-40,000	9,857,077	192.00
200.00		TOTAL (SUM OF LINES 118-199)	123,604,394	177,609,214	301,213,608	0	301,213,608	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0135

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

Worksheet A
Date/Time Prepared:
12/21/2017 4:30 pm

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	-1,434	7,138,259	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	10,595,569	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-5,573,635	15,236,457	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-12,943,444	27,211,947	5.00
7.00	00700	OPERATION OF PLANT	-110	8,392,608	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,058,134	8.00
9.00	00900	HOUSEKEEPING	0	2,554,461	9.00
10.00	01000	DIETARY	-11,356	548,242	10.00
11.00	01100	CAFETERIA	-2,123,544	897,295	11.00
13.00	01300	NURSING ADMINISTRATION	-34,040	3,463,775	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,751,786	14.00
15.00	01500	PHARMACY	0	2,736,248	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-134,232	2,493,447	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	-5,005,289	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	893,072	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	4,021,169	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	467,500	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-89,742	11,087,832	30.00
31.00	03100	INTENSIVE CARE UNIT	-3,541	3,478,782	31.00
32.00	03200	CORONARY CARE UNIT	-37,812	2,896,523	32.00
40.00	04000	SUBPROVIDER - I PF	0	1,916,212	40.00
43.00	04300	NURSERY	0	5,695	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-127,123	7,064,248	50.00
50.01	05001	ORTHO MEDICAL	0	105,766	50.01
51.00	05100	RECOVERY ROOM	0	819,626	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	263,918	52.00
53.00	05300	ANESTHESIOLOGY	-270,369	644,665	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-45,384	13,402,680	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-16,853	2,746,957	55.00
60.00	06000	LABORATORY	0	6,731,582	60.00
65.00	06500	RESPIRATORY THERAPY	0	1,017,654	65.00
66.00	06600	PHYSICAL THERAPY	-51,562	3,776,106	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	484,865	67.00
68.00	06800	SPEECH PATHOLOGY	0	294,070	68.00
69.00	06900	ELECTROCARDIOLOGY	-2,500	2,720,334	69.00
69.01	06901	CATH LAB	-8,230	989,049	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	-22,092	666,768	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	-251,857	10,522,368	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	15,228,107	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	9,337,301	73.00
74.00	07400	RENAL DIALYSIS	-298,326	518,915	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	3,569,139	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-16,034	960,666	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	-516,861	3,025,225	90.01
90.02	09002	DMG PHYSICIAN GROUP	-25,595,811	20,592,488	90.02
91.00	09100	EMERGENCY	-3,068,466	2,782,556	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	-4,753	2,949,371	101.00
SPECIAL PURPOSE COST CENTERS					
116.00	11600	HOSPICE	0	1,254,466	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-56,254,400	221,313,903	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	914,696	190.00
190.01	19001	SIU CLINIC	0	137,510	190.01
190.02	19002	WOMEN'S CENTER	0	115,620	190.02
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	190.03
190.04	19004	NON HOSPITAL PHARMACIES	0	0	190.04
190.05	19005	RENTAL PROPERTY	0	929	190.05
190.06	19006	DECATUR DIGESTIVE CENTER	0	0	190.06
190.07	19007	DMH MEDICAL EQUIPMENT	0	1,481,077	190.07
190.08	19008	PULMONARY EXTENDED CARE	0	0	190.08
190.09	19009	SHORE	0	48,885	190.09
190.10	19010	PHYSICIAN RECRUITMENT	0	0	190.10
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	190.11
190.12	19012	CCOP FISCAL INTERMEDIARY	0	3,912,784	190.12
190.13	19013	ELDERLY SERVICES	0	0	190.13

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0135

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

Worksheet A
Date/Time Prepared:
12/21/2017 4:30 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
190.14	19014	REAL ESTATE MANAGEMENT	0	427,044	190.14
190.15	19015	CORPORATE HEALTH	0	4,206,860	190.15
190.16	19016	CANCER CARE INSTITUTE	0	333,708	190.16
190.17	19017	INTEGRATED CENTER	0	574,990	190.17
190.18	19019	340B ADMINISTRATION	0	525,683	190.18
191.00	19100	RESEARCH	0	1,108,442	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	9,857,077	192.00
200.00		TOTAL (SUM OF LINES 118-199)	-56,254,400	244,959,208	200.00

RECLASSIFICATIONS

Provider CCN: 14-0135

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

Worksheet A-6
Date/Time Prepared:
12/21/2017 4:30 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - CAPITAL RECLASS					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	10,581,101	1.00
2.00		0.00	0	0	2.00
				10,581,101	
B - CAPA-STATE BED TAX					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	10,771,242	1.00
			0	10,771,242	
C - ANESTHESIA - RN SALARY					
1.00	NONPHYSICIAN ANESTHETISTS	19.00	5,005,289	0	1.00
			5,005,289	0	
D - DRUGS CHARGED TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	9,337,301	1.00
			0	9,337,301	
E - MEDICAL EDUCATION					
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	893,072	0	1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	4,021,169	2.00
			893,072	4,021,169	
F - HHA DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	165	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	14,468	2.00
			0	14,633	
G - CAFETERIA RECLASS					
1.00	CAFETERIA	11.00	1,502,116	1,518,723	1.00
			1,502,116	1,518,723	
H - CHIEF NURSING SALARY					
1.00	NURSING ADMINISTRATION	13.00	249,954	0	1.00
			249,954	0	
I - INTEGRATIVE CENTER					
1.00	PHYSICAL THERAPY	66.00	363,341	328,503	1.00
			363,341	328,503	
J - PROVIDER BASED PHYSICIANS					
1.00	CORONARY CARE UNIT	32.00	62,500	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	100,000	0	2.00
3.00	OPERATING ROOM	50.00	177,000	0	3.00
4.00	RENAL DIALYSIS	74.00	240,000	0	4.00
5.00	ADULTS & PEDIATRICS	30.00	34,375	0	5.00
6.00	RENAL DIALYSIS	74.00	69,000	0	6.00
7.00	RENAL DIALYSIS	74.00	71,167	0	7.00
8.00	ADULTS & PEDIATRICS	30.00	40,000	0	8.00
9.00	ADULTS & PEDIATRICS	30.00	36,667	0	9.00
10.00	INTENSIVE CARE UNIT	31.00	25,000	0	10.00
11.00	ELECTROENCEPHALOGRAPHY	70.00	25,000	0	11.00
			880,709	0	
K - LABOR AND DELIVERY					
1.00	DELIVERY ROOM & LABOR ROOM	52.00	231,700	31,597	1.00
			231,700	31,597	
L - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	26,002,332	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00

Provider CCN: 14-0135

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

Worksheet A-6

Date/Time Prepared:
12/21/2017 4:30 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
	0		0	26,002,332		
M - IMPLANTABLE DEVICES						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	15,228,107		1.00
	0		0	15,228,107		
500.00	Grand Total: Increases		9,126,181	77,834,708		500.00

RECLASSIFICATIONS

Provider CCN: 14-0135

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

Worksheet A-6
Date/Time Prepared:
12/21/2017 4:30 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - CAPITAL RECLASS							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	10,581,101	9	1.00	
2.00		0.00	0	0	9	2.00	
	O		0	10,581,101			
B - CAPA-STATE BED TAX							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	10,771,242	13	1.00	
	O		0	10,771,242			
C - ANESTHESIA - RN SALARY							
1.00	ANESTHESIOLOGY	53.00	5,005,289	0	0	1.00	
	O		5,005,289	0			
D - DRUGS CHARGED TO PATIENTS							
1.00	PHARMACY	15.00	0	9,337,301	0	1.00	
	O		0	9,337,301			
E - MEDICAL EDUCATION							
1.00	SIU CLINIC	190.01	893,072	0	0	1.00	
2.00	SIU CLINIC	190.01	0	4,021,169	0	2.00	
	O		893,072	4,021,169			
F - HHA DEPRECIATION							
1.00	HOME HEALTH AGENCY	101.00	0	165	9	1.00	
2.00	HOME HEALTH AGENCY	101.00	0	14,468	9	2.00	
	O		0	14,633			
G - CAFETERIA RECLASS							
1.00	DIETARY	10.00	1,502,116	1,518,723	0	1.00	
	O		1,502,116	1,518,723			
H - CHIEF NURSING SALARY							
1.00	ADMINISTRATIVE & GENERAL	5.00	249,954	0	0	1.00	
	O		249,954	0			
I - INTEGRATIVE CENTER							
1.00	INTEGRATED CENTER	190.17	363,341	328,503	0	1.00	
	O		363,341	328,503			
J - PROVIDER BASED PHYSICIANS							
1.00	DMG PHYSICIAN GROUP	90.02	62,500	0	0	1.00	
2.00	DMG PHYSICIAN GROUP	90.02	100,000	0	0	2.00	
3.00	DMG PHYSICIAN GROUP	90.02	177,000	0	0	3.00	
4.00	DMG PHYSICIAN GROUP	90.02	240,000	0	0	4.00	
5.00	DMG PHYSICIAN GROUP	90.02	34,375	0	0	5.00	
6.00	DMG PHYSICIAN GROUP	90.02	69,000	0	0	6.00	
7.00	DMG PHYSICIAN GROUP	90.02	71,167	0	0	7.00	
8.00	PHYSICIANS' PRIVATE OFFICES	192.00	40,000	0	0	8.00	
9.00	DMG PHYSICIAN GROUP	90.02	36,667	0	0	9.00	
10.00	DMG PHYSICIAN GROUP	90.02	25,000	0	0	10.00	
11.00	DMG PHYSICIAN GROUP	90.02	25,000	0	0	11.00	
	O		880,709	0			
K - LABOR AND DELIVERY							
1.00	ADULTS & PEDIATRICS	30.00	231,700	31,597	0	1.00	
	O		231,700	31,597			
L - MEDICAL SUPPLIES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	296	0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	7,688	0	2.00	
3.00	OPERATION OF PLANT	7.00	0	2,219	0	3.00	
4.00	LAUNDRY & LINEN SERVICE	8.00	0	26	0	4.00	
5.00	HOUSEKEEPING	9.00	0	9,724	0	5.00	
6.00	DIETARY	10.00	0	6,124	0	6.00	
7.00	NURSING ADMINISTRATION	13.00	0	6,443	0	7.00	
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,378,896	0	8.00	
9.00	PHARMACY	15.00	0	445,302	0	9.00	
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	347	0	10.00	
11.00	ADULTS & PEDIATRICS	30.00	0	248,746	0	11.00	
12.00	INTENSIVE CARE UNIT	31.00	0	123,738	0	12.00	
13.00	CORONARY CARE UNIT	32.00	0	41,099	0	13.00	
14.00	SUBPROVIDER - IPF	40.00	0	21,702	0	14.00	
15.00	NURSERY	43.00	0	45,368	0	15.00	
16.00	OPERATING ROOM	50.00	0	15,166,218	0	16.00	
17.00	ORTHO MEDICAL	50.01	0	80,779	0	17.00	
18.00	RECOVERY ROOM	51.00	0	8,088	0	18.00	
19.00	DELIVERY ROOM & LABOR ROOM	52.00	0	25,617	0	19.00	
20.00	ANESTHESIOLOGY	53.00	0	235,878	0	20.00	
21.00	RADIOLOGY-DIAGNOSTIC	54.00	0	866,086	0	21.00	
22.00	RADIOLOGY-THERAPEUTIC	55.00	0	35,478	0	22.00	
23.00	LABORATORY	60.00	0	973,577	0	23.00	
24.00	RESPIRATORY THERAPY	65.00	0	79,210	0	24.00	
25.00	PHYSICAL THERAPY	66.00	0	16,881	0	25.00	
26.00	OCCUPATIONAL THERAPY	67.00	0	10,611	0	26.00	
27.00	SPEECH PATHOLOGY	68.00	0	7,162	0	27.00	

RECLASSIFICATIONS

Provider CCN: 14-0135

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

Worksheet A-6

Date/Time Prepared:
12/21/2017 4:30 pm

Decreases								
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.				
6.00	7.00	8.00	9.00	10.00				
28.00	ELECTROCARDIOLOGY	69.00	0	35,547	0		28.00	
29.00	CATH LAB	69.01	0	3,270,259	0		29.00	
30.00	ELECTROENCEPHALOGRAPHY	70.00	0	67,343	0		30.00	
31.00	RENAL DIALYSIS	74.00	0	4,199	0		31.00	
32.00	ASC (NON-DISTINCT PART)	75.00	0	914,908	0		32.00	
33.00	CLINIC	90.00	0	130,830	0		33.00	
34.00	DMG EXPRESS CARE PHYSICIAN GROUP	90.01	0	62,592	0		34.00	
35.00	DMG PHYSICIAN GROUP	90.02	0	443,628	0		35.00	
36.00	EMERGENCY	91.00	0	168,176	0		36.00	
37.00	HOME HEALTH AGENCY	101.00	0	61,058	0		37.00	
38.00	HOSPICE	116.00	0	489	0		38.00	
			0	26,002,332				
M - IMPLANTABLE DEVICES								
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	15,228,107	0		1.00	
			0	15,228,107				
500.00	Grand Total: Decreases		9,126,181	77,834,708			500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0135

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

Worksheet A-7
Part I
Date/Time Prepared:
12/21/2017 4:30 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	1,337,264	0	0	0	1.00
2.00	Land Improvements	9,004,070	361,874	0	361,874	2.00
3.00	Buildings and Fixtures	175,490,588	7,667,229	0	7,667,229	3.00
4.00	Building Improvements	2,800,786	22,825	0	22,825	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	233,036,629	12,788,844	0	12,788,844	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	421,669,337	20,840,772	0	20,840,772	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	421,669,337	20,840,772	0	20,840,772	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,337,264	0			1.00
2.00	Land Improvements	9,365,944	0			2.00
3.00	Buildings and Fixtures	183,157,817	0			3.00
4.00	Building Improvements	2,823,611	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	245,825,473	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	442,510,109	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	442,510,109	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0135

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

Worksheet A-7
Part II
Date/Time Prepared:
12/21/2017 4:30 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	17,437,790	0	253,433	0	10,771,242	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	17,437,790	0	253,433	0	10,771,242	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	29,406	28,491,871				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	29,406	28,491,871				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0135

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

Worksheet A-7
Part III
Date/Time Prepared:
12/21/2017 4:30 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	196,684,636	0	196,684,636	0.444475	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	245,825,473	0	245,825,473	0.555525	0	2.00
3.00	Total (sum of lines 1-2)	442,510,109	0	442,510,109	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col.s. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	6,856,854	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	10,595,569	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	17,452,423	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of col.s. 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	251,999	0	0	29,406	7,138,259	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	10,595,569	2.00
3.00	Total (sum of lines 1-2)	251,999	0	0	29,406	17,733,828	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0135

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

Worksheet A-8

Date/Time Prepared:
12/21/2017 4:30 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	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-1,434	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B	-511	ADMINISTRATIVE & GENERAL	5.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)	B	-251,857	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00 Television and radio service (chapter 21)		0		0.00	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-29,590,052			0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	0			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-2,091,433	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	-134,232	MEDICAL RECORDS & LIBRARY	16.00	0	16.00
17.00 Sale of drugs to other than patients		0		0.00	0	17.00
18.00 Sale of medical records and abstracts		0		0.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines	B	-32,111	CAFETERIA	11.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist	A	-5,005,289	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant		0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00 A&G - OTHER REVENUE	B	-996,743	ADMINISTRATIVE & GENERAL	5.00	0	33.00
33.01 MISC TELEPHONE REVENUE	B	-108,709	ADMINISTRATIVE & GENERAL	5.00	0	33.01

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.02 MISC ACCOUNTING REVENUE	B	-110,754	ADMINISTRATIVE & GENERAL		5.00	0 33.02
33.03 OPERATION OF PLANT - OTHER REV	B	-110	OPERATION OF PLANT		7.00	0 33.03
33.04 DIET-OTHER REVENUE	B	-11,356	DIETARY		10.00	0 33.04
33.05 NURSING ADMIN - OTHER REVENUE	B	-34,040	NURSING ADMINISTRATION		13.00	0 33.05
33.06 PEDS-OTHER REVENUE	B	-4,228	ADULTS & PEDIATRICS		30.00	0 33.06
33.07 OBGY-OTHER REVENUE	B	-1,725	ADULTS & PEDIATRICS		30.00	0 33.07
33.08 RENT INCOME	B	-952	OPERATING ROOM		50.00	0 33.08
33.09 XRAY-OTHER REVENUE	B	-45,144	RADIOLOGY-DIAGNOSTIC		54.00	0 33.09
33.10 SIUR-OTHER REVENUE	B	-1,513	CLINIC		90.00	0 33.10
33.11 CANC-OTHER REVENUE	B	-12,855	RADIOLOGY-THERAPEUTIC		55.00	0 33.11
33.12 SPOR-OTHER REVENUE	B	-50,120	PHYSICAL THERAPY		66.00	0 33.12
33.13 DMG - OTHER REVENUE	B	-176,173	DMG PHYSICIAN GROUP		90.02	0 33.13
33.14 ER - OTHER REVENUE	B	-14,516	EMERGENCY		91.00	0 33.14
33.15 HHA - OTHER REVENUE	B	-4,005	HOME HEALTH AGENCY		101.00	0 33.15
33.16 NON-ALLOWABLE DUES	A	-515	ADMINISTRATIVE & GENERAL		5.00	0 33.16
33.17 HOSPITAL LOBBYING DUES	A	-83,895	ADMINISTRATIVE & GENERAL		5.00	0 33.17
33.18 HOME CARE & HOSPICE LOBBYING DUES	A	-748	HOME HEALTH AGENCY		101.00	0 33.18
33.19 ADVERTISING	A	-701,944	ADMINISTRATIVE & GENERAL		5.00	0 33.19
33.20 DMG ADVERTISING	A	-3,059	DMG PHYSICIAN GROUP		90.02	0 33.20
33.21 NON-ALLOWABLE MARKETING	A	-212,913	ADMINISTRATIVE & GENERAL		5.00	0 33.21
33.22 CRNA BENEFITS	A	-406,602	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.22
33.23 CRNA ACCRUALS	A	26,368	ANESTHESIOLOGY		53.00	0 33.23
33.24 CRNA FICA	A	-296,737	ANESTHESIOLOGY		53.00	0 33.24
33.25 ILLINOIS PROVIDER TAX EXP	A	-10,727,460	ADMINISTRATIVE & GENERAL		5.00	0 33.25
33.26 SELF INSURANCE	A	-5,167,033	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.26
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-56,254,400				50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0135

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

Worksheet A-8-2

Date/Time Prepared:
12/21/2017 4:30 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	31.00	INTENSIVE CARE UNIT	25,000	0	25,000	197,500	226	1.00
2.00	90.00	CLINIC	4,900	0	4,900	179,000	25	2.00
3.00	90.02	DMG PHYSICIAN GROUP	80,650	58,150	22,500	179,000	150	3.00
4.00	30.00	ADULTS & PEDIATRICS	3,813	0	3,813	179,000	16	4.00
5.00	66.00	PHYSICAL THERAPY	2,217	0	2,217	179,000	9	5.00
6.00	70.00	ELECTROENCEPHALOGRAPHY	24,975	1,034	23,941	179,000	99	6.00
7.00	74.00	RENAL DIALYSIS	69,000	0	69,000	179,000	312	7.00
8.00	30.00	ADULTS & PEDIATRICS	100,000	0	100,000	179,000	520	8.00
9.00	91.00	EMERGENCY	47,840	0	47,840	179,000	225	9.00
10.00	30.00	ADULTS & PEDIATRICS	36,667	0	36,667	179,000	327	10.00
11.00	90.01	DMG EXPRESS CARE PHYSICIAN GROUP	521,610	503,277	18,333	179,000	419	11.00
12.00	74.00	RENAL DIALYSIS	240,000	0	240,000	179,000	327	12.00
13.00	32.00	CORONARY CARE UNIT	62,500	0	62,500	197,500	260	13.00
14.00	30.00	ADULTS & PEDIATRICS	34,375	0	34,375	179,000	383	14.00
15.00	30.00	ADULTS & PEDIATRICS	40,000	0	40,000	179,000	277	15.00
16.00	74.00	RENAL DIALYSIS	71,167	0	71,167	179,000	312	16.00
17.00	50.00	OPERATING ROOM	177,000	0	177,000	246,400	900	17.00
18.00	70.00	ELECTROENCEPHALOGRAPHY	25,000	0	25,000	179,000	225	18.00
19.00	90.01	DMG EXPRESS CARE PHYSICIAN GROUP	13,584	13,584	0	179,000	0	19.00
20.00	90.02	DMG PHYSICIAN GROUP	23,141,290	23,141,290	0	179,000	0	20.00
21.00	91.00	EMERGENCY	209,636	209,636	0	179,000	0	21.00
22.00	55.00	RADIOLOGY-THERAPEUTIC	9,750	1,000	8,750	271,900	44	22.00
23.00	69.01	CATH LAB	11,500	0	11,500	179,000	38	23.00
24.00	90.00	CLINIC	20,550	0	20,550	179,000	102	24.00
25.00	50.00	OPERATING ROOM	60,000	0	60,000	246,400	160	25.00
26.00	50.00	OPERATING ROOM	14,740	14,740	0	246,400	0	26.00
27.00	54.00	RADIOLOGY-DIAGNOSTIC	240	240	0	271,900	0	27.00
28.00	69.00	ELECTROCARDIOLOGY	2,500	2,500	0	179,000	0	28.00
29.00	90.02	DMG PHYSICIAN GROUP	2,207,548	2,207,548	0	179,000	0	29.00
30.00	91.00	EMERGENCY	2,815,837	2,815,837	0	179,000	0	30.00
200.00			30,073,889	28,968,836	1,105,053		5,356	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	31.00	INTENSIVE CARE UNIT	21,459	1,073	0	0	0	1.00
2.00	90.00	CLINIC	2,151	108	0	0	0	2.00
3.00	90.02	DMG PHYSICIAN GROUP	12,909	645	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	1,377	69	0	0	0	4.00
5.00	66.00	PHYSICAL THERAPY	775	39	0	0	0	5.00
6.00	70.00	ELECTROENCEPHALOGRAPHY	8,520	426	0	0	0	6.00
7.00	74.00	RENAL DIALYSIS	26,850	1,343	0	0	0	7.00
8.00	30.00	ADULTS & PEDIATRICS	44,750	2,238	0	0	0	8.00
9.00	91.00	EMERGENCY	19,363	968	0	0	0	9.00
10.00	30.00	ADULTS & PEDIATRICS	28,141	1,407	0	0	0	10.00
11.00	90.01	DMG EXPRESS CARE PHYSICIAN GROUP	36,058	1,803	0	0	0	11.00
12.00	74.00	RENAL DIALYSIS	28,141	1,407	0	0	0	12.00
13.00	32.00	CORONARY CARE UNIT	24,688	1,234	0	0	0	13.00
14.00	30.00	ADULTS & PEDIATRICS	32,960	1,648	0	0	0	14.00
15.00	30.00	ADULTS & PEDIATRICS	23,838	1,192	0	0	0	15.00
16.00	74.00	RENAL DIALYSIS	26,850	1,343	0	0	0	16.00
17.00	50.00	OPERATING ROOM	106,615	5,331	0	0	0	17.00
18.00	70.00	ELECTROENCEPHALOGRAPHY	19,363	968	0	0	0	18.00
19.00	90.01	DMG EXPRESS CARE PHYSICIAN GROUP	0	0	0	0	0	19.00
20.00	90.02	DMG PHYSICIAN GROUP	0	0	0	0	0	20.00
21.00	91.00	EMERGENCY	0	0	0	0	0	21.00
22.00	55.00	RADIOLOGY-THERAPEUTIC	5,752	288	0	0	0	22.00
23.00	69.01	CATH LAB	3,270	164	0	0	0	23.00
24.00	90.00	CLINIC	8,778	439	0	0	0	24.00
25.00	50.00	OPERATING ROOM	18,954	948	0	0	0	25.00
26.00	50.00	OPERATING ROOM	0	0	0	0	0	26.00
27.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	27.00
28.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	28.00
29.00	90.02	DMG PHYSICIAN GROUP	0	0	0	0	0	29.00
30.00	91.00	EMERGENCY	0	0	0	0	0	30.00
200.00			501,562	25,081	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0135

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

Worksheet A-8-2

Date/Time Prepared:
12/21/2017 4:30 pm

	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	31.00	INTENSIVE CARE UNIT	0	21,459	3,541	3,541		1.00
2.00	90.00	CLINIC	0	2,151	2,749	2,749		2.00
3.00	90.02	DMG PHYSICIAN GROUP	0	12,909	9,591	67,741		3.00
4.00	30.00	ADULTS & PEDIATRICS	0	1,377	2,436	2,436		4.00
5.00	66.00	PHYSICAL THERAPY	0	775	1,442	1,442		5.00
6.00	70.00	ELECTROENCEPHALOGRAPHY	0	8,520	15,421	16,455		6.00
7.00	74.00	RENAL DIALYSIS	0	26,850	42,150	42,150		7.00
8.00	30.00	ADULTS & PEDIATRICS	0	44,750	55,250	55,250		8.00
9.00	91.00	EMERGENCY	0	19,363	28,477	28,477		9.00
10.00	30.00	ADULTS & PEDIATRICS	0	28,141	8,526	8,526		10.00
11.00	90.01	DMG EXPRESS CARE PHYSICIAN GROUP	0	36,058	0	503,277		11.00
12.00	74.00	RENAL DIALYSIS	0	28,141	211,859	211,859		12.00
13.00	32.00	CORONARY CARE UNIT	0	24,688	37,812	37,812		13.00
14.00	30.00	ADULTS & PEDIATRICS	0	32,960	1,415	1,415		14.00
15.00	30.00	ADULTS & PEDIATRICS	0	23,838	16,162	16,162		15.00
16.00	74.00	RENAL DIALYSIS	0	26,850	44,317	44,317		16.00
17.00	50.00	OPERATING ROOM	0	106,615	70,385	70,385		17.00
18.00	70.00	ELECTROENCEPHALOGRAPHY	0	19,363	5,637	5,637		18.00
19.00	90.01	DMG EXPRESS CARE PHYSICIAN GROUP	0	0	0	13,584		19.00
20.00	90.02	DMG PHYSICIAN GROUP	0	0	0	23,141,290		20.00
21.00	91.00	EMERGENCY	0	0	0	209,636		21.00
22.00	55.00	RADIOLOGY-THERAPEUTIC	0	5,752	2,998	3,998		22.00
23.00	69.01	CATH LAB	0	3,270	8,230	8,230		23.00
24.00	90.00	CLINIC	0	8,778	11,772	11,772		24.00
25.00	50.00	OPERATING ROOM	0	18,954	41,046	41,046		25.00
26.00	50.00	OPERATING ROOM	0	0	0	14,740		26.00
27.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	240		27.00
28.00	69.00	ELECTROCARDIOLOGY	0	0	0	2,500		28.00
29.00	90.02	DMG PHYSICIAN GROUP	0	0	0	2,207,548		29.00
30.00	91.00	EMERGENCY	0	0	0	2,815,837		30.00
200.00			0	501,562	621,216	29,590,052		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0135

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

Worksheet B
Part I
Date/Time Prepared:
12/21/2017 4:30 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	7,138,259	7,138,259			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	10,595,569		10,595,569		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	15,236,457	64,675	509	15,301,641	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	27,211,947	543,603	4,005,799	1,794,014	5.00
7.00 00700	OPERATION OF PLANT	8,392,608	437,588	328,429	225,790	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,058,134	95,525	0	0	8.00
9.00 00900	HOUSEKEEPING	2,554,461	878,896	11,187	282,652	9.00
10.00 01000	DIETARY	548,242	74,027	88,891	52,025	10.00
11.00 01100	CAFETERIA	897,295	377,528	0	277,803	11.00
13.00 01300	NURSING ADMINISTRATION	3,463,775	83,500	316,078	426,533	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	1,751,786	235,562	140,051	112,460	14.00
15.00 01500	PHARMACY	2,736,248	35,526	42,644	378,743	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,493,447	56,325	5,247	273,345	16.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	893,072	0	0	165,166	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	4,021,169	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	467,500	0	482	78,791	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	11,087,832	1,019,480	97,168	1,807,320	30.00
31.00 03100	INTENSIVE CARE UNIT	3,478,782	161,869	45,840	575,011	31.00
32.00 03200	CORONARY CARE UNIT	2,896,523	157,710	3,953	440,784	32.00
40.00 04000	SUBPROVIDER - IPF	1,916,212	190,305	8,450	251,715	40.00
43.00 04300	NURSERY	5,695	19,084	7,912	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	7,064,248	609,022	1,745,227	1,005,934	50.00
50.01 05001	ORTHO MEDICAL	105,766	17,641	10,810	17,952	50.01
51.00 05100	RECOVERY ROOM	819,626	29,605	9,303	138,092	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	263,918	37,636	0	42,851	52.00
53.00 05300	ANESTHESIOLOGY	644,665	30,850	224,490	41,287	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	13,402,680	405,782	1,432,182	1,006,475	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	2,746,957	111,754	526,462	250,652	55.00
60.00 06000	LABORATORY	6,731,582	157,861	266,293	531,211	60.00
65.00 06500	RESPIRATORY THERAPY	1,017,654	0	29,699	169,778	65.00
66.00 06600	PHYSICAL THERAPY	3,776,106	137,837	23,333	514,200	66.00
67.00 06700	OCCUPATIONAL THERAPY	484,865	8,563	7,605	81,002	67.00
68.00 06800	SPEECH PATHOLOGY	294,070	10,142	0	49,428	68.00
69.00 06900	ELECTROCARDIOLOGY	2,720,334	164,162	195,425	411,164	69.00
69.01 06901	CATH LAB	989,049	173,605	384,602	136,793	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	666,768	26,599	71,337	112,057	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,522,368	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	15,228,107	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	9,337,301	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	518,915	0	17,117	70,308	74.00
75.00 07500	ASC (NON-DISTINCT PART)	3,569,139	71,431	176,145	539,903	75.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	960,666	0	20,460	838	90.00
90.01 09001	DMG EXPRESS CARE PHYSICIAN GROUP	3,025,225	0	0	0	90.01
90.02 09002	DMG PHYSICIAN GROUP	20,592,488	0	0	0	90.02
91.00 09100	EMERGENCY	2,782,556	455,457	36,732	485,934	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	2,949,371	62,155	14,372	457,496	101.00
SPECIAL PURPOSE COST CENTERS						
116.00 11600	HOSPICE	1,254,466	0	0	145,444	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	221,313,903	6,941,305	10,294,234	13,350,951	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	914,696	52,954	2,642	22,818	190.00
190.01 19001	SIU CLINIC	137,510	0	453	0	190.01
190.02 19002	WOMEN'S CENTER	115,620	0	0	14,211	190.02
190.03 19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	190.03
190.04 19004	NON HOSPITAL PHARMACIES	0	0	0	0	190.04
190.05 19005	RENTAL PROPERTY	929	98,227	0	0	190.05
190.06 19006	DECATUR DIGESTIVE CENTER	0	0	0	0	190.06
190.07 19007	DMH MEDICAL EQUIPMENT	1,481,077	0	61,843	95,982	190.07
190.08 19008	PULMONARY EXTENDED CARE	0	11,948	0	0	190.08

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0135

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

Worksheet B
Part I
Date/Time Prepared:
12/21/2017 4:30 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
190.09 19009 SHORE	48,885	0	0	0	48,885	190.09
190.10 19010 PHYSICIAN RECRUITMENT	0	0	273	0	273	190.10
190.11 19003 GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.11
190.12 19012 CCOP FISCAL INTERMEDIARY	3,912,784	0	34	31,563	3,944,381	190.12
190.13 19013 ELDERLY SERVICES	0	0	0	0	0	190.13
190.14 19014 REAL ESTATE MANAGEMENT	427,044	0	0	29,275	456,319	190.14
190.15 19015 CORPORATE HEALTH	4,206,860	0	64,853	412,291	4,684,004	190.15
190.16 19016 CANCER CARE INSTITUTE	333,708	7,287	41,245	42,305	424,545	190.16
190.17 19017 INTEGRATED CENTER	574,990	0	4,930	39,465	619,385	190.17
190.18 19019 340B ADMINISTRATION	525,683	0	0	16,003	541,686	190.18
191.00 19100 RESEARCH	1,108,442	26,538	7,787	145,719	1,288,486	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	9,857,077	0	117,275	1,101,058	11,075,410	192.00
200.00 Cross Foot Adjustments					0	200.00
201.00 Negative Cost Centers					0	201.00
202.00 TOTAL (sum lines 118-201)	244,959,208	7,138,259	10,595,569	15,301,641	244,959,208	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0135	Period: From 10/01/2016 To 09/30/2017	Worksheet B Part I Date/Time Prepared: 12/21/2017 4:30 pm		
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			5.00	7.00	8.00	9.00	10.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	33,555,363				5.00
7.00	00700	OPERATION OF PLANT	1,489,551	10,873,966			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	183,116	170,496	1,507,271		8.00
9.00	00900	HOUSEKEEPING	591,603	1,568,691	0	5,887,490	9.00
10.00	01000	DIETARY	121,137	132,127	775	85,157	1,102,381
11.00	01100	CAFETERIA	246,442	673,829	0	434,292	0
13.00	01300	NURSING ADMINISTRATION	680,916	149,035	0	96,055	0
14.00	01400	CENTRAL SERVICES & SUPPLY	355,524	420,442	0	270,981	0
15.00	01500	PHARMACY	506,838	63,408	0	40,867	0
16.00	01600	MEDICAL RECORDS & LIBRARY	448,935	100,531	0	64,794	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	167,970	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	638,264	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	86,787	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	2,224,037	1,819,612	331,375	1,172,763	688,912
31.00	03100	INTENSIVE CARE UNIT	676,411	288,912	122,131	186,208	90,901
32.00	03200	CORONARY CARE UNIT	555,378	281,487	95,306	181,422	111,399
40.00	04000	SUBPROVIDER - IPF	375,654	339,665	0	218,919	105,721
43.00	04300	NURSERY	5,189	34,061	6,712	21,953	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,654,628	1,087,009	251,698	700,592	7,879
50.01	05001	ORTHO MEDICAL	24,153	31,487	595	20,294	0
51.00	05100	RECOVERY ROOM	158,190	52,840	33,751	34,056	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	54,666	67,174	0	43,295	0
53.00	05300	ANESTHESIOLOGY	149,408	55,062	0	35,488	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,578,840	724,257	204,233	466,794	9,478
55.00	05500	RADIOLOGY-THERAPEUTIC	577,100	199,463	33,763	128,557	0
60.00	06000	LABORATORY	1,220,118	281,758	0	181,597	0
65.00	06500	RESPIRATORY THERAPY	193,190	0	495	0	0
66.00	06600	PHYSICAL THERAPY	706,565	246,017	47,454	158,561	0
67.00	06700	OCCUPATIONAL THERAPY	92,384	15,283	0	9,850	0
68.00	06800	SPEECH PATHOLOGY	56,132	18,101	0	11,666	0
69.00	06900	ELECTROCARDIOLOGY	554,126	293,003	80,524	188,845	0
69.01	06901	CATH LAB	267,302	309,858	0	199,708	4,912
70.00	07000	ELECTROENCEPHALOGRAPHY	139,165	47,475	32,284	30,598	58
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,670,173	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,417,097	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	1,482,072	0	0	0	0
74.00	07400	RENAL DIALYSIS	96,242	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	691,509	127,493	134,699	82,171	47,779
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	155,863	0	17,697	0	0
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	480,182	0	1,861	0	0
90.02	09002	DMG PHYSICIAN GROUP	3,268,640	0	3,989	0	0
91.00	09100	EMERGENCY	596,918	812,920	85,815	523,938	35,342
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	552,905	110,936	0	71,500	0
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	222,202	0	1,381	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	29,413,522	10,522,432	1,486,538	5,660,921	1,102,381
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	157,632	94,515	0	60,917	0
190.01	19001	SIU CLINIC	21,898	0	0	0	0
190.02	19002	WOMEN'S CENTER	20,608	0	0	0	0
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0
190.04	19004	NON HOSPITAL PHARMACIES	0	0	0	0	0
190.05	19005	RENTAL PROPERTY	15,739	175,320	0	112,996	0
190.06	19006	DECATUR DIGESTIVE CENTER	0	0	0	0	0
190.07	19007	DMH MEDICAL EQUIPMENT	260,136	0	0	0	0
190.08	19008	PULMONARY EXTENDED CARE	1,896	21,326	0	13,745	0
190.09	19009	SHORE	7,759	0	0	0	0
190.10	19010	PHYSICIAN RECRUITMENT	43	0	0	0	0
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0
190.12	19012	CCOP FISCAL INTERMEDIARY	626,076	0	0	0	0
190.13	19013	ELDERLY SERVICES	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0135

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

Worksheet B
Part I
Date/Time Prepared:
12/21/2017 4:30 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
190.14	19014	REAL ESTATE MANAGEMENT	72,430	0	0	0	0	0
190.15	19015	CORPORATE HEALTH	743,473	0	3,966	0	0	0
190.16	19016	CANCER CARE INSTITUTE	67,386	13,007	0	8,383	0	0
190.17	19017	INTEGRATED CENTER	98,313	0	13,250	0	0	0
190.18	19019	340B ADMINISTRATION	85,980	0	0	0	0	0
191.00	19100	RESEARCH	204,516	47,366	0	30,528	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,757,956	0	3,517	0	0	0
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	33,555,363	10,873,966	1,507,271	5,887,490	1,102,381	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0135

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

Worksheet B
Part I
Date/Time Prepared:
12/21/2017 4:30 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	2,907,189					11.00
13.00	01300	59,204	5,275,096				13.00
14.00	01400	33,577	0	3,320,383			14.00
15.00	01500	54,524	0	1,931	3,860,729		15.00
16.00	01600	69,402	0	147	0	3,512,173	16.00
19.00	01900	0	0	0	0	0	19.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	6,070	0	233	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	369,512	3,097,874	3,686	0	96,016	30.00
31.00	03100	109,029	914,118	1,979	0	32,589	31.00
32.00	03200	82,073	688,121	1,616	0	27,474	32.00
40.00	04000	58,428	463,365	1,120	0	22,343	40.00
43.00	04300	0	0	325	0	1,375	43.00
44.00	04400	0	0	0	0	0	44.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	187,198	0	23,225	14,328	552,531	50.00
50.01	05001	2,984	0	130	0	2,968	50.01
51.00	05100	21,642	0	288	0	32,369	51.00
52.00	05200	0	0	65	0	19,066	52.00
53.00	05300	49,804	0	26,093	0	8,969	53.00
54.00	05400	202,382	0	203,295	786,316	714,553	54.00
55.00	05500	34,946	0	890	442	69,773	55.00
60.00	06000	129,138	0	225,806	0	505,283	60.00
65.00	06500	33,781	0	1,456	0	82,583	65.00
66.00	06600	87,386	0	785	0	74,226	66.00
67.00	06700	12,425	0	84	0	34,132	67.00
68.00	06800	6,581	0	5	0	9,332	68.00
69.00	06900	72,713	0	1,729	72,039	134,795	69.00
69.01	06901	19,701	0	10,991	17,902	111,004	69.01
70.00	07000	22,766	0	1,834	0	30,987	70.00
71.00	07100	0	0	1,124,840	0	98,572	71.00
72.00	07200	0	0	1,589,837	0	86,621	72.00
73.00	07300	0	0	0	2,569,564	137,969	73.00
74.00	07400	0	0	15	0	5,903	74.00
75.00	07500	90,431	111,618	2,698	1,283	94,467	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	87	0	37,488	90.00
90.01	09001	57,672	0	501	16,278	18,253	90.01
90.02	09002	524,768	0	4,427	225,317	223,672	90.02
91.00	09100	103,797	0	2,083	0	224,177	91.00
92.00	09200	0	0	0	0	0	92.00
92.01	09201	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	79,620	0	309	0	14,869	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	25,014	0	1,116	14,203	7,814	116.00
118.00	11800	2,606,568	5,275,096	3,233,626	3,717,672	3,512,173	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	9,728	0	43,078	0	0	190.00
190.01	19001	30,839	0	0	0	0	190.01
190.02	19002	2,698	0	183	0	0	190.02
190.03	19011	0	0	0	0	0	190.03
190.04	19004	0	0	0	0	0	190.04
190.05	19005	0	0	0	0	0	190.05
190.06	19006	0	0	0	0	0	190.06
190.07	19007	25,832	0	3,341	0	0	190.07
190.08	19008	0	0	0	0	0	190.08
190.09	19009	0	0	42	0	0	190.09
190.10	19010	0	0	0	0	0	190.10
190.11	19003	0	0	0	0	0	190.11
190.12	19012	6,008	0	10	0	0	190.12

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0135

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

Worksheet B
Part I
Date/Time Prepared:
12/21/2017 4:30 pm

Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
190.13	19013	ELDERLY SERVICES	0	0	0	0	0	190.13
190.14	19014	REAL ESTATE MANAGEMENT	6,131	0	29	0	0	190.14
190.15	19015	CORPORATE HEALTH	78,701	0	29,097	27,169	0	190.15
190.16	19016	CANCER CARE INSTITUTE	8,583	0	57	0	0	190.16
190.17	19017	INTEGRATED CENTER	23,379	0	6,984	0	0	190.17
190.18	19019	340B ADMINISTRATION	2,595	0	9	82,011	0	190.18
191.00	19100	RESEARCH	33,618	0	1,410	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	72,509	0	2,517	33,877	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,907,189	5,275,096	3,320,383	3,860,729	3,512,173	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0135

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

Worksheet B
Part I
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Cost Center Description	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
		19.00	21.00		
GENERAL SERVICE COST CENTERS					
1.00 00100 CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500 ADMINISTRATIVE & GENERAL					5.00
7.00 00700 OPERATION OF PLANT					7.00
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
11.00 01100 CAFETERIA					11.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY					16.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0				19.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV		1,226,208			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV			4,659,433		22.00
23.00 02300 PARAMED PRGM-(SPECIFY)				639,863	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	0	1,226,208	4,659,433	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	32.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	40.00
43.00 04300 NURSERY	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	44.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	0	0	0	50.00
50.01 05001 ORTHO MEDICAL	0	0	0	0	50.01
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	639,863	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
60.00 06000 LABORATORY	0	0	0	0	60.00
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
69.01 06901 CATH LAB	0	0	0	0	69.01
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
74.00 07400 RENAL DIALYSIS	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0	0	0	0	90.00
90.01 09001 DMG EXPRESS CARE PHYSICIAN GROUP	0	0	0	0	90.01
90.02 09002 DMG PHYSICIAN GROUP	0	0	0	0	90.02
91.00 09100 EMERGENCY	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
116.00 11600 HOSPICE	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	1,226,208	4,659,433	639,863	118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01 19001 SIU CLINIC	0	0	0	0	190.01
190.02 19002 WOMEN'S CENTER	0	0	0	0	190.02
190.03 19011 GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	190.03
190.04 19004 NON HOSPITAL PHARMACIES	0	0	0	0	190.04
190.05 19005 RENTAL PROPERTY	0	0	0	0	190.05
190.06 19006 DECATUR DIGESTIVE CENTER	0	0	0	0	190.06
190.07 19007 DMH MEDICAL EQUIPMENT	0	0	0	0	190.07
190.08 19008 PULMONARY EXTENDED CARE	0	0	0	0	190.08
190.09 19009 SHORE	0	0	0	0	190.09
190.10 19010 PHYSICIAN RECRUITMENT	0	0	0	0	190.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0135

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

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Cost Center Description	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	
		SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
		19.00	21.00			
190.11 19003 GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.11
190.12 19012 CCOP FISCAL INTERMEDIARY	0	0	0	0	4,576,475	190.12
190.13 19013 ELDERLY SERVICES	0	0	0	0	0	190.13
190.14 19014 REAL ESTATE MANAGEMENT	0	0	0	0	534,909	190.14
190.15 19015 CORPORATE HEALTH	0	0	0	0	5,566,410	190.15
190.16 19016 CANCER CARE INSTITUTE	0	0	0	0	521,961	190.16
190.17 19017 INTEGRATED CENTER	0	0	0	0	761,311	190.17
190.18 19019 340B ADMINISTRATION	0	0	0	0	712,281	190.18
191.00 19100 RESEARCH	0	0	0	0	1,605,924	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	12,945,786	192.00
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	1,226,208	4,659,433	639,863	244,959,208	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0135

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

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Part I
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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
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-5,885,641	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	40.00
43.00	04300	NURSERY	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
50.01	05001	ORTHO MEDICAL	0	50.01
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	-467,841	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
60.00	06000	LABORATORY	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
69.01	06901	CATH LAB	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0	90.01
90.02	09002	DMG PHYSICIAN GROUP	0	90.02
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	92.01
OTHER REIMBURSABLE COST CENTERS				
101.00	10100	HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS				
116.00	11600	HOSPICE	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-6,353,482	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
190.01	19001	SIU CLINIC	0	190.01
190.02	19002	WOMEN'S CENTER	0	190.02
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	190.03
190.04	19004	NON HOSPITAL PHARMACIES	0	190.04
190.05	19005	RENTAL PROPERTY	0	190.05
190.06	19006	DECATUR DIGESTIVE CENTER	0	190.06
190.07	19007	DMH MEDICAL EQUIPMENT	0	190.07
190.08	19008	PULMONARY EXTENDED CARE	0	190.08
190.09	19009	SHORE	0	190.09
190.10	19010	PHYSICIAN RECRUITMENT	0	190.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0135

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

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Part I
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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	190.11
190.12	19012	CCOP FISCAL INTERMEDIARY	0	4,576,475	190.12
190.13	19013	ELDERLY SERVICES	0	0	190.13
190.14	19014	REAL ESTATE MANAGEMENT	0	534,909	190.14
190.15	19015	CORPORATE HEALTH	0	5,566,410	190.15
190.16	19016	CANCER CARE INSTITUTE	0	521,961	190.16
190.17	19017	INTEGRATED CENTER	0	761,311	190.17
190.18	19019	340B ADMINISTRATION	0	712,281	190.18
191.00	19100	RESEARCH	0	1,605,924	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	12,945,786	192.00
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	-6,353,482	238,605,726	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0135

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		Subtotal	EMPLOYEE BENEFITS DEPARTMENT		
			BLDG & FIXT	MVBLE EQUIP				
			0	1.00				2.00
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	64,675	509	65,184	65,184	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	543,603	4,005,799	4,549,402	7,644	5.00
7.00	00700	OPERATION OF PLANT	0	437,588	328,429	766,017	962	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	95,525	0	95,525	0	8.00
9.00	00900	HOUSEKEEPING	0	878,896	11,187	890,083	1,204	9.00
10.00	01000	DIETARY	0	74,027	88,891	162,918	222	10.00
11.00	01100	CAFETERIA	0	377,528	0	377,528	1,184	11.00
13.00	01300	NURSING ADMINISTRATION	0	83,500	316,078	399,578	1,817	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	235,562	140,051	375,613	479	14.00
15.00	01500	PHARMACY	0	35,526	42,644	78,170	1,614	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	56,325	5,247	61,572	1,165	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	704	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	482	482	336	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	1,019,480	97,168	1,116,648	7,688	30.00
31.00	03100	INTENSIVE CARE UNIT	0	161,869	45,840	207,709	2,450	31.00
32.00	03200	CORONARY CARE UNIT	0	157,710	3,953	161,663	1,878	32.00
40.00	04000	SUBPROVIDER - I PF	0	190,305	8,450	198,755	1,073	40.00
43.00	04300	NURSERY	0	19,084	7,912	26,996	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	609,022	1,745,227	2,354,249	4,286	50.00
50.01	05001	ORTHO MEDICAL	0	17,641	10,810	28,451	76	50.01
51.00	05100	RECOVERY ROOM	0	29,605	9,303	38,908	588	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	37,636	0	37,636	183	52.00
53.00	05300	ANESTHESIOLOGY	0	30,850	224,490	255,340	176	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	405,782	1,432,182	1,837,964	4,288	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	111,754	526,462	638,216	1,068	55.00
60.00	06000	LABORATORY	0	157,861	266,293	424,154	2,263	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	29,699	29,699	723	65.00
66.00	06600	PHYSICAL THERAPY	0	137,837	23,333	161,170	2,191	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	8,563	7,605	16,168	345	67.00
68.00	06800	SPEECH PATHOLOGY	0	10,142	0	10,142	211	68.00
69.00	06900	ELECTROCARDIOLOGY	0	164,162	195,425	359,587	1,752	69.00
69.01	06901	CATH LAB	0	173,605	384,602	558,207	583	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	26,599	71,337	97,936	477	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
74.00	07400	RENAL DIALYSIS	0	0	17,117	17,117	300	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	71,431	176,145	247,576	2,300	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	20,460	20,460	4	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0	0	0	0	0	90.01
90.02	09002	DMG PHYSICIAN GROUP	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	455,457	36,732	492,189	2,070	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	62,155	14,372	76,527	1,949	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	0	620	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	6,941,305	10,294,234	17,235,539	56,873	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	52,954	2,642	55,596	97	190.00
190.01	19001	SIU CLINIC	0	0	453	453	0	190.01
190.02	19002	WOMEN'S CENTER	0	0	0	0	61	190.02
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.03
190.04	19004	NON HOSPITAL PHARMACIES	0	0	0	0	0	190.04
190.05	19005	RENTAL PROPERTY	0	98,227	0	98,227	0	190.05
190.06	19006	DECATUR DIGESTIVE CENTER	0	0	0	0	0	190.06
190.07	19007	DMH MEDICAL EQUIPMENT	0	0	61,843	61,843	409	190.07
190.08	19008	PULMONARY EXTENDED CARE	0	11,948	0	11,948	0	190.08
190.09	19009	SHORE	0	0	0	0	0	190.09

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0135

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

Worksheet B
Part II
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
190.10 19010 PHYSICIAN RECRUITMENT	0	0	273	273	0	190.10
190.11 19003 GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.11
190.12 19012 CCOP FISCAL INTERMEDIARY	0	0	34	34	134	190.12
190.13 19013 ELDERLY SERVICES	0	0	0	0	0	190.13
190.14 19014 REAL ESTATE MANAGEMENT	0	0	0	0	125	190.14
190.15 19015 CORPORATE HEALTH	0	0	64,853	64,853	1,757	190.15
190.16 19016 CANCER CARE INSTITUTE	0	7,287	41,245	48,532	180	190.16
190.17 19017 INTEGRATED CENTER	0	0	4,930	4,930	168	190.17
190.18 19019 340B ADMINISTRATION	0	0	0	0	68	190.18
191.00 19100 RESEARCH	0	26,538	7,787	34,325	621	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	117,275	117,275	4,691	192.00
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers				0		201.00
202.00 TOTAL (sum lines 118-201)	0	7,138,259	10,595,569	17,733,828	65,184	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0135	Period: From 10/01/2016 To 09/30/2017	Worksheet B Part II Date/Time Prepared: 12/21/2017 4:30 pm		
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			5.00	7.00	8.00	9.00	10.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	4,557,046				5.00
7.00	00700	OPERATION OF PLANT	202,290	969,269			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	24,868	15,197	135,590		8.00
9.00	00900	HOUSEKEEPING	80,343	139,828	0	1,111,458	9.00
10.00	01000	DIETARY	16,451	11,777	70	16,076	207,514
11.00	01100	CAFETERIA	33,468	60,063	0	81,987	0
13.00	01300	NURSING ADMINISTRATION	92,473	13,285	0	18,134	0
14.00	01400	CENTRAL SERVICES & SUPPLY	48,282	37,477	0	51,157	0
15.00	01500	PHARMACY	68,832	5,652	0	7,715	0
16.00	01600	MEDICAL RECORDS & LIBRARY	60,968	8,961	0	12,232	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	22,811	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	86,680	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	11,786	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	302,038	162,193	29,808	221,398	129,682
31.00	03100	INTENSIVE CARE UNIT	91,861	25,753	10,987	35,153	17,111
32.00	03200	CORONARY CARE UNIT	75,424	25,091	8,574	34,249	20,970
40.00	04000	SUBPROVIDER - IPF	51,016	30,277	0	41,328	19,901
43.00	04300	NURSERY	705	3,036	604	4,144	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	224,709	96,892	22,642	132,260	1,483
50.01	05001	ORTHO MEDICAL	3,280	2,807	54	3,831	0
51.00	05100	RECOVERY ROOM	21,483	4,710	3,036	6,429	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,424	5,988	0	8,173	0
53.00	05300	ANESTHESIOLOGY	20,290	4,908	0	6,700	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	350,223	64,558	18,372	88,123	1,784
55.00	05500	RADIOLOGY-THERAPEUTIC	78,374	17,780	3,037	24,269	0
60.00	06000	LABORATORY	165,700	25,115	0	34,282	0
65.00	06500	RESPIRATORY THERAPY	26,236	0	45	0	0
66.00	06600	PHYSICAL THERAPY	95,956	21,929	4,269	29,934	0
67.00	06700	OCCUPATIONAL THERAPY	12,546	1,362	0	1,860	0
68.00	06800	SPEECH PATHOLOGY	7,623	1,613	0	2,202	0
69.00	06900	ELECTROCARDIOLOGY	75,254	26,117	7,244	35,651	0
69.01	06901	CATH LAB	36,301	27,620	0	37,701	925
70.00	07000	ELECTROENCEPHALOGRAPHY	18,899	4,232	2,904	5,776	11
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	226,820	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	328,257	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	201,275	0	0	0	0
74.00	07400	RENAL DIALYSIS	13,070	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	93,911	11,364	12,117	15,512	8,994
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	21,167	0	1,592	0	0
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	65,212	0	167	0	0
90.02	09002	DMG PHYSICIAN GROUP	443,923	0	359	0	0
91.00	09100	EMERGENCY	81,065	72,461	7,720	98,911	6,653
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	75,088	9,889	0	13,498	0
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	30,176	0	124	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,994,558	937,935	133,725	1,068,685	207,514
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	21,407	8,425	0	11,500	0
190.01	19001	SIU CLINIC	2,974	0	0	0	0
190.02	19002	WOMEN'S CENTER	2,799	0	0	0	0
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0
190.04	19004	NON HOSPITAL PHARMACIES	0	0	0	0	0
190.05	19005	RENTAL PROPERTY	2,137	15,627	0	21,332	0
190.06	19006	DECATUR DIGESTIVE CENTER	0	0	0	0	0
190.07	19007	DMH MEDICAL EQUIPMENT	35,328	0	0	0	0
190.08	19008	PULMONARY EXTENDED CARE	258	1,901	0	2,595	0
190.09	19009	SHORE	1,054	0	0	0	0
190.10	19010	PHYSICIAN RECRUITMENT	6	0	0	0	0
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0
190.12	19012	CCOP FISCAL INTERMEDIARY	85,025	0	0	0	0
190.13	19013	ELDERLY SERVICES	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0135		Period: From 10/01/2016 To 09/30/2017		Worksheet B Part II Date/Time Prepared: 12/21/2017 4:30 pm		
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
			5.00	7.00	8.00	9.00	10.00		
190.14	19014	REAL ESTATE MANAGEMENT	9,836	0	0	0	0	0	190.14
190.15	19015	CORPORATE HEALTH	100,968	0	357	0	0	0	190.15
190.16	19016	CANCER CARE INSTITUTE	9,151	1,159	0	1,583	0	0	190.16
190.17	19017	INTEGRATED CENTER	13,351	0	1,192	0	0	0	190.17
190.18	19019	340B ADMINISTRATION	11,677	0	0	0	0	0	190.18
191.00	19100	RESEARCH	27,775	4,222	0	5,763	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	238,742	0	316	0	0	0	192.00
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 118-201)	4,557,046	969,269	135,590	1,111,458	207,514	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0135		Period: From 10/01/2016 To 09/30/2017		Worksheet B Part II Date/Time Prepared: 12/21/2017 4:30 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	554,230					11.00
13.00	01300	NURSING ADMINISTRATION	11,287	536,574				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,401	0	519,409			14.00
15.00	01500	PHARMACY	10,395	0	302	172,680		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	13,231	0	23	0	158,152	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	1,157	0	37	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	70,444	315,109	577	0	4,334	30.00
31.00	03100	INTENSIVE CARE UNIT	20,785	92,983	310	0	1,471	31.00
32.00	03200	CORONARY CARE UNIT	15,646	69,995	253	0	1,240	32.00
40.00	04000	SUBPROVIDER - IPF	11,139	47,133	175	0	1,008	40.00
43.00	04300	NURSERY	0	0	51	0	62	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	35,688	0	3,633	641	24,938	50.00
50.01	05001	ORTHO MEDICAL	569	0	20	0	134	50.01
51.00	05100	RECOVERY ROOM	4,126	0	45	0	1,461	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	10	0	861	52.00
53.00	05300	ANESTHESIOLOGY	9,495	0	4,082	0	405	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	38,582	0	31,802	35,171	31,883	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,662	0	139	20	3,149	55.00
60.00	06000	LABORATORY	24,619	0	35,324	0	22,805	60.00
65.00	06500	RESPIRATORY THERAPY	6,440	0	228	0	3,727	65.00
66.00	06600	PHYSICAL THERAPY	16,659	0	123	0	3,350	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,369	0	13	0	1,541	67.00
68.00	06800	SPEECH PATHOLOGY	1,255	0	1	0	421	68.00
69.00	06900	ELECTROCARDIOLOGY	13,862	0	270	3,222	6,084	69.00
69.01	06901	CATH LAB	3,756	0	1,719	801	5,010	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	4,340	0	287	0	1,399	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	175,965	0	4,449	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	248,687	0	3,910	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	114,929	6,227	73.00
74.00	07400	RENAL DIALYSIS	0	0	2	0	266	74.00
75.00	07500	ASC (NON-DISTINCT PART)	17,240	11,354	422	57	4,264	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	14	0	1,692	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	10,995	0	78	728	824	90.01
90.02	09002	DMG PHYSICIAN GROUP	100,041	0	693	10,078	10,095	90.02
91.00	09100	EMERGENCY	19,788	0	326	0	10,118	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	15,179	0	48	0	671	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	4,769	0	175	635	353	116.00
118.00	11800	SUBTOTALS (SUM OF LINES 1-117)	496,919	536,574	505,834	166,282	158,152	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,855	0	6,739	0	0	190.00
190.01	19001	SUICLINIC	5,879	0	0	0	0	190.01
190.02	19002	WOMEN'S CENTER	514	0	29	0	0	190.02
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.03
190.04	19004	NON HOSPITAL PHARMACIES	0	0	0	0	0	190.04
190.05	19005	RENTAL PROPERTY	0	0	0	0	0	190.05
190.06	19006	DECATUR DIGESTIVE CENTER	0	0	0	0	0	190.06
190.07	19007	DMH MEDICAL EQUIPMENT	4,925	0	523	0	0	190.07
190.08	19008	PULMONARY EXTENDED CARE	0	0	0	0	0	190.08
190.09	19009	SHORE	0	0	7	0	0	190.09
190.10	19010	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.10
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.11
190.12	19012	CCOP FISCAL INTERMEDIARY	1,145	0	2	0	0	190.12

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0135

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

Worksheet B
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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
190.13	19013	ELDERLY SERVICES	0	0	0	0	0	190.13
190.14	19014	REAL ESTATE MANAGEMENT	1,169	0	5	0	0	190.14
190.15	19015	CORPORATE HEALTH	15,004	0	4,552	1,215	0	190.15
190.16	19016	CANCER CARE INSTITUTE	1,636	0	9	0	0	190.16
190.17	19017	INTEGRATED CENTER	4,457	0	1,093	0	0	190.17
190.18	19019	340B ADMINISTRATION	495	0	1	3,668	0	190.18
191.00	19100	RESEARCH	6,409	0	221	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	13,823	0	394	1,515	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	554,230	536,574	519,409	172,680	158,152	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0135

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

Worksheet B
Part II
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Cost Center Description	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
		19.00	21.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0				19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV		23,515			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV			86,680		22.00
23.00 02300	PARAMED PRGM-(SPECIFY)				13,798	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS				2,359,919	30.00
31.00 03100	INTENSIVE CARE UNIT				506,573	31.00
32.00 03200	CORONARY CARE UNIT				414,983	32.00
40.00 04000	SUBPROVIDER - IPF				401,805	40.00
43.00 04300	NURSERY				35,598	43.00
44.00 04400	SKILLED NURSING FACILITY				0	44.00
46.00 04600	OTHER LONG TERM CARE				0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM				2,901,421	50.00
50.01 05001	ORTHO MEDICAL				39,222	50.01
51.00 05100	RECOVERY ROOM				80,786	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM				60,275	52.00
53.00 05300	ANESTHESIOLOGY				301,396	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC				2,502,750	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC				772,714	55.00
60.00 06000	LABORATORY				734,262	60.00
65.00 06500	RESPIRATORY THERAPY				67,098	65.00
66.00 06600	PHYSICAL THERAPY				335,581	66.00
67.00 06700	OCCUPATIONAL THERAPY				36,204	67.00
68.00 06800	SPEECH PATHOLOGY				23,468	68.00
69.00 06900	ELECTROCARDIOLOGY				529,043	69.00
69.01 06901	CATH LAB				672,623	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY				136,261	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT				407,234	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS				580,854	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS				322,431	73.00
74.00 07400	RENAL DIALYSIS				30,755	74.00
75.00 07500	ASC (NON-DISTINCT PART)				425,111	75.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC				44,929	90.00
90.01 09001	DMG EXPRESS CARE PHYSICIAN GROUP				78,004	90.01
90.02 09002	DMG PHYSICIAN GROUP				565,189	90.02
91.00 09100	EMERGENCY				791,301	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)				0	92.01
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY				192,849	101.00
SPECIAL PURPOSE COST CENTERS						
116.00 11600	HOSPICE				36,852	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	16,387,491	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				105,619	190.00
190.01 19001	SU CLINIC				9,306	190.01
190.02 19002	WOMEN'S CENTER				3,403	190.02
190.03 19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE				0	190.03
190.04 19004	NON HOSPITAL PHARMACIES				0	190.04
190.05 19005	RENTAL PROPERTY				137,323	190.05
190.06 19006	DECATUR DIGESTIVE CENTER				0	190.06
190.07 19007	DMH MEDICAL EQUIPMENT				103,028	190.07
190.08 19008	PULMONARY EXTENDED CARE				16,702	190.08
190.09 19009	SHORE				1,061	190.09
190.10 19010	PHYSICIAN RECRUITMENT				279	190.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0135

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

Worksheet B
Part II
Date/Time Prepared:
12/21/2017 4:30 pm

Cost Center Description	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	
		SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
		19.00	21.00			
190.11 19003 GIFT, FLOWER, COFFEE SHOP, & CANTEE					0	190.11
190.12 19012 CCOP FISCAL INTERMEDIARY					86,340	190.12
190.13 19013 ELDERLY SERVICES					0	190.13
190.14 19014 REAL ESTATE MANAGEMENT					11,135	190.14
190.15 19015 CORPORATE HEALTH					188,706	190.15
190.16 19016 CANCER CARE INSTITUTE					62,250	190.16
190.17 19017 INTEGRATED CENTER					25,191	190.17
190.18 19019 340B ADMINISTRATION					15,909	190.18
191.00 19100 RESEARCH					79,336	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES					376,756	192.00
200.00 Cross Foot Adjustments	0	23,515	86,680	13,798	123,993	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	23,515	86,680	13,798	17,733,828	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0135	Period: From 10/01/2016 To 09/30/2017	Worksheet B Part II Date/Time Prepared: 12/21/2017 4:30 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
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	40.00
43.00	04300	NURSERY	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
50.01	05001	ORTHO MEDICAL	0	50.01
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
60.00	06000	LABORATORY	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
69.01	06901	CATH LAB	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0	90.01
90.02	09002	DMG PHYSICAL GROUP	0	90.02
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	92.01
OTHER REIMBURSABLE COST CENTERS				
101.00	10100	HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS				
116.00	11600	HOSPICE	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
190.01	19001	SIU CLINIC	0	190.01
190.02	19002	WOMEN'S CENTER	0	190.02
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	190.03
190.04	19004	NON HOSPITAL PHARMACIES	0	190.04
190.05	19005	RENTAL PROPERTY	0	190.05
190.06	19006	DECATUR DIGESTIVE CENTER	0	190.06
190.07	19007	DMH MEDICAL EQUIPMENT	0	190.07
190.08	19008	PULMONARY EXTENDED CARE	0	190.08
190.09	19009	SHORE	0	190.09
190.10	19010	PHYSICIAN RECRUITMENT	0	190.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0135

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

Worksheet B
Part II
Date/Time Prepared:
12/21/2017 4:30 pm

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	190.11
190.12	19012	CCOP FISCAL INTERMEDIARY	0	86,340	190.12
190.13	19013	ELDERLY SERVICES	0	0	190.13
190.14	19014	REAL ESTATE MANAGEMENT	0	11,135	190.14
190.15	19015	CORPORATE HEALTH	0	188,706	190.15
190.16	19016	CANCER CARE INSTITUTE	0	62,250	190.16
190.17	19017	INTEGRATED CENTER	0	25,191	190.17
190.18	19019	340B ADMINISTRATION	0	15,909	190.18
191.00	19100	RESEARCH	0	79,336	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	376,756	192.00
200.00		Cross Foot Adjustments	0	123,993	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	17,733,828	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0135

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

Worksheet B-1
Date/Time Prepared:
12/21/2017 4:30 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	470,182				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		10,665,978			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	4,260	512	82,738,172		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	35,806	4,032,418	9,700,466	-33,555,363	5.00
7.00 00700	OPERATION OF PLANT	28,823	330,611	1,220,875	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	6,292	0	0	0	8.00
9.00 00900	HOUSEKEEPING	57,891	11,261	1,528,337	0	9.00
10.00 01000	DIETARY	4,876	89,482	281,306	0	10.00
11.00 01100	CAFETERIA	24,867	0	1,502,116	0	11.00
13.00 01300	NURSING ADMINISTRATION	5,500	318,178	2,306,322	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	15,516	140,982	608,087	0	14.00
15.00 01500	PHARMACY	2,340	42,927	2,047,915	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	3,710	5,282	1,478,012	0	16.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	893,072	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	485	426,031	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	67,151	97,814	9,772,634	0	30.00
31.00 03100	INTENSIVE CARE UNIT	10,662	46,145	3,109,157	0	31.00
32.00 03200	CORONARY CARE UNIT	10,388	3,979	2,383,375	0	32.00
40.00 04000	SUBPROVIDER - I PF	12,535	8,506	1,361,057	0	40.00
43.00 04300	NURSERY	1,257	7,965	0	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	40,115	1,756,824	5,439,216	0	50.00
50.01 05001	ORTHO MEDICAL	1,162	10,882	97,069	0	50.01
51.00 05100	RECOVERY ROOM	1,950	9,365	746,681	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,479	0	231,700	0	52.00
53.00 05300	ANESTHESIOLOGY	2,032	225,982	223,246	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	26,728	1,441,699	5,442,141	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	7,361	529,960	1,355,307	0	55.00
60.00 06000	LABORATORY	10,398	268,062	2,872,326	0	60.00
65.00 06500	RESPIRATORY THERAPY	0	29,896	918,011	0	65.00
66.00 06600	PHYSICAL THERAPY	9,079	23,488	2,780,346	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	564	7,656	437,987	0	67.00
68.00 06800	SPEECH PATHOLOGY	668	0	267,261	0	68.00
69.00 06900	ELECTROCARDIOLOGY	10,813	196,724	2,223,219	0	69.00
69.01 06901	CATH LAB	11,435	387,158	739,656	0	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	1,752	71,811	605,905	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
74.00 07400	RENAL DIALYSIS	0	17,231	380,167	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	4,705	177,315	2,919,328	0	75.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	20,596	4,529	0	90.00
90.01 09001	DMG EXPRESS CARE PHYSICIAN GROUP	0	0	0	0	90.01
90.02 09002	DMG PHYSICIAN GROUP	0	0	0	0	90.02
91.00 09100	EMERGENCY	30,000	36,976	2,627,507	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	4,094	14,468	2,473,742	0	101.00
SPECIAL PURPOSE COST CENTERS						
116.00 11600	HOSPICE	0	0	786,433	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	457,209	10,362,640	72,190,539	-33,555,363	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,488	2,660	123,381	0	190.00
190.01 19001	SIU CLINIC	0	456	0	0	190.01
190.02 19002	WOMEN'S CENTER	0	0	76,840	0	190.02
190.03 19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	190.03
190.04 19004	NON HOSPITAL PHARMACIES	0	0	0	0	190.04
190.05 19005	RENTAL PROPERTY	6,470	0	0	0	190.05
190.06 19006	DECATUR DIGESTIVE CENTER	0	0	0	0	190.06
190.07 19007	DMH MEDICAL EQUIPMENT	0	62,254	518,987	0	190.07
190.08 19008	PULMONARY EXTENDED CARE	787	0	0	0	190.08

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0135

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

Worksheet B-1

Date/Time Prepared:
12/21/2017 4:30 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
190.09 19009 SHORE	0	0	0	0	48,885	190.09
190.10 19010 PHYSICIAN RECRUITMENT	0	275	0	0	273	190.10
190.11 19003 GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.11
190.12 19012 CCOP FISCAL INTERMEDIARY	0	34	170,664	0	3,944,381	190.12
190.13 19013 ELDERLY SERVICES	0	0	0	0	0	190.13
190.14 19014 REAL ESTATE MANAGEMENT	0	0	158,292	0	456,319	190.14
190.15 19015 CORPORATE HEALTH	0	65,284	2,229,309	0	4,684,004	190.15
190.16 19016 CANCER CARE INSTITUTE	480	41,519	228,750	0	424,545	190.16
190.17 19017 INTEGRATED CENTER	0	4,963	213,395	0	619,385	190.17
190.18 19019 340B ADMINISTRATION	0	0	86,531	0	541,686	190.18
191.00 19100 RESEARCH	1,748	7,839	787,919	0	1,288,486	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	118,054	5,953,565	0	11,075,410	192.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	7,138,259	10,595,569	15,301,641		33,555,363	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	15.181906	0.993399	0.184941		0.158726	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			65,184		4,557,046	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000788		0.021556	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0135

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

Worksheet B-1

Date/Time Prepared:
12/21/2017 4:30 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE)		
		7.00	8.00	9.00	10.00	11.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
7.00	00700	OPERATION OF PLANT	401,293				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	6,292	1,509,541			8.00	
9.00	00900	HOUSEKEEPING	57,891	0	337,110		9.00	
10.00	01000	DIETARY	4,876	776	4,876	133,751	10.00	
11.00	01100	CAFETERIA	24,867	0	24,867	0	142,255	11.00
13.00	01300	NURSING ADMINISTRATION	5,500	0	5,500	0	2,897	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	15,516	0	15,516	0	1,643	14.00
15.00	01500	PHARMACY	2,340	0	2,340	0	2,668	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,710	0	3,710	0	3,396	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	297	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	67,151	331,873	67,151	83,585	18,081	30.00
31.00	03100	INTENSIVE CARE UNIT	10,662	122,315	10,662	11,029	5,335	31.00
32.00	03200	CORONARY CARE UNIT	10,388	95,450	10,388	13,516	4,016	32.00
40.00	04000	SUBPROVIDER - IPF	12,535	0	12,535	12,827	2,859	40.00
43.00	04300	NURSERY	1,257	6,722	1,257	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	40,115	252,077	40,115	956	9,160	50.00
50.01	05001	ORTHO MEDICAL	1,162	596	1,162	0	146	50.01
51.00	05100	RECOVERY ROOM	1,950	33,802	1,950	0	1,059	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,479	0	2,479	0	0	52.00
53.00	05300	ANESTHESIOLOGY	2,032	0	2,032	0	2,437	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,728	204,541	26,728	1,150	9,903	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	7,361	33,814	7,361	0	1,710	55.00
60.00	06000	LABORATORY	10,398	0	10,398	0	6,319	60.00
65.00	06500	RESPIRATORY THERAPY	0	496	0	0	1,653	65.00
66.00	06600	PHYSICAL THERAPY	9,079	47,525	9,079	0	4,276	66.00
67.00	06700	OCCUPATIONAL THERAPY	564	0	564	0	608	67.00
68.00	06800	SPEECH PATHOLOGY	668	0	668	0	322	68.00
69.00	06900	ELECTROCARDIOLOGY	10,813	80,645	10,813	0	3,558	69.00
69.01	06901	CATH LAB	11,435	0	11,435	596	964	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,752	32,333	1,752	7	1,114	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
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	4,705	134,902	4,705	5,797	4,425	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	17,724	0	0	0	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0	1,864	0	0	2,822	90.01
90.02	09002	DMG PHYSICIAN GROUP	0	3,995	0	0	25,678	90.02
91.00	09100	EMERGENCY	30,000	85,944	30,000	4,288	5,079	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	4,094	0	4,094	0	3,896	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	1,383	0	0	1,224	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	388,320	1,488,777	324,137	133,751	127,545	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,488	0	3,488	0	476	190.00
190.01	19001	SUICINIC	0	0	0	0	1,509	190.01
190.02	19002	WOMEN'S CENTER	0	0	0	0	132	190.02
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.03
190.04	19004	NON HOSPITAL PHARMACIES	0	0	0	0	0	190.04
190.05	19005	RENTAL PROPERTY	6,470	0	6,470	0	0	190.05
190.06	19006	DECATUR DIGESTIVE CENTER	0	0	0	0	0	190.06
190.07	19007	DMH MEDICAL EQUIPMENT	0	0	0	0	1,264	190.07
190.08	19008	PULMONARY EXTENDED CARE	787	0	787	0	0	190.08
190.09	19009	SHORE	0	0	0	0	0	190.09
190.10	19010	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.10
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.11

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0135

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

Worksheet B-1

Date/Time Prepared:
12/21/2017 4:30 pm

Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE)	
			7.00	8.00	9.00	10.00	11.00	
190.12	19012	CCOP FISCAL INTERMEDIARY	0	0	0	0	294	190.12
190.13	19013	ELDERLY SERVICES	0	0	0	0	0	190.13
190.14	19014	REAL ESTATE MANAGEMENT	0	0	0	0	300	190.14
190.15	19015	CORPORATE HEALTH	0	3,972	0	0	3,851	190.15
190.16	19016	CANCER CARE INSTITUTE	480	0	480	0	420	190.16
190.17	19017	INTEGRATED CENTER	0	13,270	0	0	1,144	190.17
190.18	19019	340B ADMINISTRATION	0	0	0	0	127	190.18
191.00	19100	RESEARCH	1,748	0	1,748	0	1,645	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	3,522	0	0	3,548	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	10,873,966	1,507,271	5,887,490	1,102,381	2,907,189	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	27.097323	0.998496	17.464596	8.242039	20.436463	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	969,269	135,590	1,111,458	207,514	554,230	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	2.415365	0.089822	3.297019	1.551495	3.896032	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0135

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

Worksheet B-1

Date/Time Prepared:
12/21/2017 4:30 pm

Cost Center Description		NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		13.00	14.00	15.00	16.00	19.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
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	642,030					13.00
14.00	01400	0	31,804,088				14.00
15.00	01500	0	18,500	14,029,133			15.00
16.00	01600	0	1,404	0	885,577,853		16.00
19.00	01900	0	0	0	0	0	19.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	2,235	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	377,041	35,310	0	24,209,725	0	30.00
31.00	03100	111,257	18,953	0	8,217,064	0	31.00
32.00	03200	83,751	15,482	0	6,927,323	0	32.00
40.00	04000	56,396	10,732	0	5,633,561	0	40.00
43.00	04300	0	3,117	0	346,571	0	43.00
44.00	04400	0	0	0	0	0	44.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	222,460	52,064	139,316,977	0	50.00
50.01	05001	0	1,243	0	748,392	0	50.01
51.00	05100	0	2,758	0	8,161,498	0	51.00
52.00	05200	0	621	0	4,807,429	0	52.00
53.00	05300	0	249,931	0	2,261,405	0	53.00
54.00	05400	0	1,947,249	2,857,315	180,177,123	0	54.00
55.00	05500	0	8,528	1,606	17,592,897	0	55.00
60.00	06000	0	2,162,869	0	127,403,626	0	60.00
65.00	06500	0	13,943	0	20,822,654	0	65.00
66.00	06600	0	7,517	0	18,715,673	0	66.00
67.00	06700	0	802	0	8,606,152	0	67.00
68.00	06800	0	45	0	2,352,915	0	68.00
69.00	06900	0	16,558	261,774	33,987,578	0	69.00
69.01	06901	0	105,275	65,054	27,988,838	0	69.01
70.00	07000	0	17,570	0	7,813,276	0	70.00
71.00	07100	0	10,774,225	0	24,854,253	0	71.00
72.00	07200	0	15,228,107	0	21,840,918	0	72.00
73.00	07300	0	0	9,337,301	34,787,939	0	73.00
74.00	07400	0	148	0	1,488,481	0	74.00
75.00	07500	13,585	25,844	4,662	23,819,092	0	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	838	0	9,452,364	0	90.00
90.01	09001	0	4,798	59,150	4,602,466	0	90.01
90.02	09002	0	42,408	818,758	56,397,492	0	90.02
91.00	09100	0	19,956	0	56,524,740	0	91.00
92.00	09200	0	0	0	0	0	92.00
92.01	09201	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	0	2,959	0	3,749,182	0	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	0	10,691	51,610	1,970,249	0	116.00
118.00		642,030	30,973,076	13,509,294	885,577,853	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	412,622	0	0	0	190.00
190.01	19001	0	0	0	0	0	190.01
190.02	19002	0	1,757	0	0	0	190.02
190.03	19011	0	0	0	0	0	190.03
190.04	19004	0	0	0	0	0	190.04
190.05	19005	0	0	0	0	0	190.05
190.06	19006	0	0	0	0	0	190.06
190.07	19007	0	31,999	0	0	0	190.07
190.08	19008	0	0	0	0	0	190.08
190.09	19009	0	405	0	0	0	190.09
190.10	19010	0	0	0	0	0	190.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0135

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

Worksheet B-1

Date/Time Prepared:
12/21/2017 4:30 pm

Cost Center Description		NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		13.00	14.00	15.00	16.00	19.00	
190.11	19003 GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.11
190.12	19012 CCOP FISCAL INTERMEDIARY	0	95	0	0	0	190.12
190.13	19013 ELDERLY SERVICES	0	0	0	0	0	190.13
190.14	19014 REAL ESTATE MANAGEMENT	0	276	0	0	0	190.14
190.15	19015 CORPORATE HEALTH	0	278,708	98,726	0	0	190.15
190.16	19016 CANCER CARE INSTITUTE	0	546	0	0	0	190.16
190.17	19017 INTEGRATED CENTER	0	66,899	0	0	0	190.17
190.18	19019 340B ADMINISTRATION	0	90	298,011	0	0	190.18
191.00	19100 RESEARCH	0	13,504	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	24,111	123,102	0	0	192.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	5,275,096	3,320,383	3,860,729	3,512,173	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	8.216276	0.104401	0.275194	0.003966	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	536,574	519,409	172,680	158,152	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.835746	0.016332	0.012309	0.000179	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0135

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

Worksheet B-1
Date/Time Prepared:
12/21/2017 4:30 pm

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES APPRV (TIME SPENT)	SERVICES-OTHER PRGM COSTS APPRV (TIME SPENT)			
	21.00	22.00	23.00		
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00 00500	ADMINISTRATIVE & GENERAL				5.00
7.00 00700	OPERATION OF PLANT				7.00
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
13.00 01300	NURSING ADMINISTRATION				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00
15.00 01500	PHARMACY				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY				16.00
19.00 01900	NONPHYSICIAN ANESTHETISTS				19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	100			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		100		22.00
23.00 02300	PARAMED PRGM-(SPECIFY)			100	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	100	100	0	30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	32.00
40.00 04000	SUBPROVIDER - I/PF	0	0	0	40.00
43.00 04300	NURSERY	0	0	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	44.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	0	0	0	50.00
50.01 05001	ORTHO MEDICAL	0	0	0	50.01
51.00 05100	RECOVERY ROOM	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	100	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
60.00 06000	LABORATORY	0	0	0	60.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	69.00
69.01 06901	CATH LAB	0	0	0	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00 09000	CLINIC	0	0	0	90.00
90.01 09001	DMG EXPRESS CARE PHYSICIAN GROUP	0	0	0	90.01
90.02 09002	DMG PHYSICIAN GROUP	0	0	0	90.02
91.00 09100	EMERGENCY	0	0	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
101.00 10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
116.00 11600	HOSPICE	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	100	100	100	118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
190.01 19001	SIU CLINIC	0	0	0	190.01
190.02 19002	WOMEN'S CENTER	0	0	0	190.02
190.03 19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	190.03
190.04 19004	NON HOSPITAL PHARMACIES	0	0	0	190.04
190.05 19005	RENTAL PROPERTY	0	0	0	190.05
190.06 19006	DECATUR DIGESTIVE CENTER	0	0	0	190.06
190.07 19007	DMH MEDICAL EQUIPMENT	0	0	0	190.07
190.08 19008	PULMONARY EXTENDED CARE	0	0	0	190.08
190.09 19009	SHORE	0	0	0	190.09

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0135

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

Worksheet B-1

Date/Time Prepared:
12/21/2017 4:30 pm

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES APPRV (TIME SPENT)	SERVICES-OTHER PRGM COSTS APPRV (TIME SPENT)			
	21.00	22.00	23.00		
190.10 19010	PHYSICIAN RECRUITMENT	0	0	0	190.10
190.11 19003	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	190.11
190.12 19012	CCOP FISCAL INTERMEDIARY	0	0	0	190.12
190.13 19013	ELDERLY SERVICES	0	0	0	190.13
190.14 19014	REAL ESTATE MANAGEMENT	0	0	0	190.14
190.15 19015	CORPORATE HEALTH	0	0	0	190.15
190.16 19016	CANCER CARE INSTITUTE	0	0	0	190.16
190.17 19017	INTEGRATED CENTER	0	0	0	190.17
190.18 19019	340B ADMINISTRATION	0	0	0	190.18
191.00 19100	RESEARCH	0	0	0	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
200.00	Cross Foot Adjustments				200.00
201.00	Negative Cost Centers				201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,226,208	4,659,433	639,863	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	12,262.080000	46,594.330000	6,398.630000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	23,515	86,680	13,798	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	235.150000	866.800000	137.980000	205.00

Provider CCN: 14-0135

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

Worksheet B-2

Date/Time Prepared:
12/21/2017 4:30 pm

	Description	Worksheet		Amount	
		Part	Line No.		
	1.00	2.00	3.00	4.00	
1.00	ADJ FOR EPO COSTS IN RENAL DIALYSIS		1 74.00	0	1.00
2.00	ADJ FOR EPO COSTS IN HOME PROGRAM		1 94.00	0	2.00
3.00	ADJ FOR ARANESP COSTS IN RENAL DIALYSIS		1 74.00	0	3.00
4.00	ADJ FOR ARANESP COSTS IN HOME PROGRAM		1 94.00	0	4.00
5.00	ADJ FOR ESA COSTS IN RENAL DIALYSIS		1 74.00	0	5.00
6.00	ADJ FOR ESA COSTS IN HOME PROGRAM		1 94.00	0	6.00
7.00	ADJ FOR NURSING/CRNA TUITION REC'D		1 53.00	-467,841	7.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0135

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

Worksheet C
Part I
Date/Time Prepared:
12/21/2017 4:30 pm

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
				Total Costs	RCE			
					Di sallowance	Total Costs		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	23,815,587		23,815,587	83,789	23,899,376	30.00
31.00	03100	INTENSIVE CARE UNIT	6,683,780		6,683,780	3,541	6,687,321	31.00
32.00	03200	CORONARY CARE UNIT	5,523,246		5,523,246	37,812	5,561,058	32.00
40.00	04000	SUBPROVIDER - IPF	3,951,897		3,951,897	0	3,951,897	40.00
43.00	04300	NURSERY	102,306		102,306	0	102,306	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	14,903,519		14,903,519	111,431	15,014,950	50.00
50.01	05001	ORTHO MEDICAL	234,780		234,780	0	234,780	50.01
51.00	05100	RECOVERY ROOM	1,329,762		1,329,762	0	1,329,762	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	528,671		528,671	0	528,671	52.00
53.00	05300	ANESTHESIOLOGY	1,438,138		1,438,138	0	1,438,138	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,137,267		22,137,267	0	22,137,267	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,680,759		4,680,759	2,998	4,683,757	55.00
60.00	06000	LABORATORY	10,230,647		10,230,647	0	10,230,647	60.00
65.00	06500	RESPIRATORY THERAPY	1,528,636	0	1,528,636	0	1,528,636	65.00
66.00	06600	PHYSICAL THERAPY	5,772,470	0	5,772,470	1,442	5,773,912	66.00
67.00	06700	OCCUPATIONAL THERAPY	746,193	0	746,193	0	746,193	67.00
68.00	06800	SPEECH PATHOLOGY	455,457	0	455,457	0	455,457	68.00
69.00	06900	ELECTROCARDIOLOGY	4,888,859		4,888,859	0	4,888,859	69.00
69.01	06901	CATH LAB	2,625,427		2,625,427	8,230	2,633,657	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,181,928		1,181,928	21,058	1,202,986	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,415,953		13,415,953	0	13,415,953	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,321,662		19,321,662	0	19,321,662	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,526,906		13,526,906	0	13,526,906	73.00
74.00	07400	RENAL DIALYSIS	708,500		708,500	298,326	1,006,826	74.00
75.00	07500	ASC (NON-DISTINCT PART)	5,740,766		5,740,766	0	5,740,766	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,193,099		1,193,099	14,521	1,207,620	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	3,599,972		3,599,972	0	3,599,972	90.01
90.02	09002	DMG PHYSICIAN GROUP	24,843,301		24,843,301	9,591	24,852,892	90.02
91.00	09100	EMERGENCY	6,145,669		6,145,669	28,477	6,174,146	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,044,668		4,044,668	0	4,044,668	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0		0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	4,313,533		4,313,533		4,313,533	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	1,671,640		1,671,640		1,671,640	116.00
200.00		Subtotal (see instructions)	211,284,998	0	211,284,998	621,216	211,906,214	200.00
201.00		Less Observation Beds	4,044,668		4,044,668		4,044,668	201.00
202.00		Total (see instructions)	207,240,330	0	207,240,330	621,216	207,861,546	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0135

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

Worksheet C
Part I
Date/Time Prepared:
12/21/2017 4:30 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
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	19,852,103		19,852,103			30.00
31.00	03100	INTENSIVE CARE UNIT	8,217,064		8,217,064			31.00
32.00	03200	CORONARY CARE UNIT	6,927,323		6,927,323			32.00
40.00	04000	SUBPROVIDER - IPF	5,633,561		5,633,561			40.00
43.00	04300	NURSERY	346,571		346,571			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
46.00	04600	OTHER LONG TERM CARE	0		0			46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	52,716,223	86,600,754	139,316,977	0.106976	0.000000	50.00
50.01	05001	ORTHO MEDICAL	38,142	710,250	748,392	0.313713	0.000000	50.01
51.00	05100	RECOVERY ROOM	4,194,473	3,967,025	8,161,498	0.162931	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,471,635	335,794	4,807,429	0.109970	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	865,821	1,395,584	2,261,405	0.635949	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	41,530,876	138,646,247	180,177,123	0.122864	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	153,831	17,439,066	17,592,897	0.266060	0.000000	55.00
60.00	06000	LABORATORY	51,004,240	76,399,386	127,403,626	0.080301	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	19,317,142	1,505,512	20,822,654	0.073412	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	4,046,329	14,669,344	18,715,673	0.308430	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,863,487	6,742,665	8,606,152	0.086705	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	686,358	1,666,557	2,352,915	0.193571	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	8,939,870	25,047,708	33,987,578	0.143843	0.000000	69.00
69.01	06901	CATH LAB	11,374,213	16,614,625	27,988,838	0.093803	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	631,844	7,181,432	7,813,276	0.151272	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,426,995	13,427,258	24,854,253	0.539785	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,872,147	7,968,771	21,840,918	0.884654	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,974,411	16,813,528	34,787,939	0.388839	0.000000	73.00
74.00	07400	RENAL DIALYSIS	1,356,138	132,343	1,488,481	0.475989	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	2,096,641	21,722,451	23,819,092	0.241015	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	976,792	8,475,572	9,452,364	0.126222	0.000000	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0	4,602,466	4,602,466	0.782183	0.000000	90.01
90.02	09002	DMG PHYSICIAN GROUP	0	56,397,492	56,397,492	0.440504	0.000000	90.02
91.00	09100	EMERGENCY	13,993,857	42,530,883	56,524,740	0.108725	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	765,395	3,592,227	4,357,622	0.928182	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	3,749,182	3,749,182			101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	1,970,249	1,970,249			116.00
200.00		Subtotal (see instructions)	305,273,482	580,304,371	885,577,853			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	305,273,482	580,304,371	885,577,853			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0135	Period: From 10/01/2016 To 09/30/2017	Worksheet C Part I Date/Time Prepared: 12/21/2017 4:30 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
32.00	03200	CORONARY CARE UNIT			32.00
40.00	04000	SUBPROVIDER - I/PF			40.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
46.00	04600	OTHER LONG TERM CARE			46.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.107775		50.00
50.01	05001	ORTHO MEDICAL	0.313713		50.01
51.00	05100	RECOVERY ROOM	0.162931		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.109970		52.00
53.00	05300	ANESTHESIOLOGY	0.635949		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.122864		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.266230		55.00
60.00	06000	LABORATORY	0.080301		60.00
65.00	06500	RESPIRATORY THERAPY	0.073412		65.00
66.00	06600	PHYSICAL THERAPY	0.308507		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.086705		67.00
68.00	06800	SPEECH PATHOLOGY	0.193571		68.00
69.00	06900	ELECTROCARDIOLOGY	0.143843		69.00
69.01	06901	CATH LAB	0.094097		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.153967		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.539785		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.884654		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.388839		73.00
74.00	07400	RENAL DIALYSIS	0.676412		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.241015		75.00
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0.127759		90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0.782183		90.01
90.02	09002	DMG PHYSICIAN GROUP	0.440674		90.02
91.00	09100	EMERGENCY	0.109229		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.928182		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
		OTHER REIMBURSABLE COST CENTERS			
101.00	10100	HOME HEALTH AGENCY			101.00
		SPECIAL PURPOSE COST CENTERS			
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0135

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

Worksheet C
Part I
Date/Time Prepared:
12/21/2017 4:30 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	23,815,587		23,815,587	83,789	23,899,376	30.00
31.00	03100	INTENSIVE CARE UNIT	6,683,780		6,683,780	3,541	6,687,321	31.00
32.00	03200	CORONARY CARE UNIT	5,523,246		5,523,246	37,812	5,561,058	32.00
40.00	04000	SUBPROVIDER - IPF	3,951,897		3,951,897	0	3,951,897	40.00
43.00	04300	NURSERY	102,306		102,306	0	102,306	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	14,903,519		14,903,519	111,431	15,014,950	50.00
50.01	05001	ORTHO MEDICAL	234,780		234,780	0	234,780	50.01
51.00	05100	RECOVERY ROOM	1,329,762		1,329,762	0	1,329,762	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	528,671		528,671	0	528,671	52.00
53.00	05300	ANESTHESIOLOGY	1,438,138		1,438,138	0	1,438,138	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,137,267		22,137,267	0	22,137,267	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,680,759		4,680,759	2,998	4,683,757	55.00
60.00	06000	LABORATORY	10,230,647		10,230,647	0	10,230,647	60.00
65.00	06500	RESPIRATORY THERAPY	1,528,636	0	1,528,636	0	1,528,636	65.00
66.00	06600	PHYSICAL THERAPY	5,772,470	0	5,772,470	1,442	5,773,912	66.00
67.00	06700	OCCUPATIONAL THERAPY	746,193	0	746,193	0	746,193	67.00
68.00	06800	SPEECH PATHOLOGY	455,457	0	455,457	0	455,457	68.00
69.00	06900	ELECTROCARDIOLOGY	4,888,859		4,888,859	0	4,888,859	69.00
69.01	06901	CATH LAB	2,625,427		2,625,427	8,230	2,633,657	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,181,928		1,181,928	21,058	1,202,986	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,415,953		13,415,953	0	13,415,953	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,321,662		19,321,662	0	19,321,662	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,526,906		13,526,906	0	13,526,906	73.00
74.00	07400	RENAL DIALYSIS	708,500		708,500	298,326	1,006,826	74.00
75.00	07500	ASC (NON-DISTINCT PART)	5,740,766		5,740,766	0	5,740,766	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,193,099		1,193,099	14,521	1,207,620	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	3,599,972		3,599,972	0	3,599,972	90.01
90.02	09002	DMG PHYSICIAN GROUP	24,843,301		24,843,301	9,591	24,852,892	90.02
91.00	09100	EMERGENCY	6,145,669		6,145,669	28,477	6,174,146	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,044,668		4,044,668	0	4,044,668	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0		0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	4,313,533		4,313,533		4,313,533	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	1,671,640		1,671,640		1,671,640	116.00
200.00		Subtotal (see instructions)	211,284,998	0	211,284,998	621,216	211,906,214	200.00
201.00		Less Observation Beds	4,044,668		4,044,668		4,044,668	201.00
202.00		Total (see instructions)	207,240,330	0	207,240,330	621,216	207,861,546	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0135

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

Worksheet C
Part I
Date/Time Prepared:
12/21/2017 4:30 pm

		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	19,852,103		19,852,103		30.00
31.00	03100	INTENSIVE CARE UNIT	8,217,064		8,217,064		31.00
32.00	03200	CORONARY CARE UNIT	6,927,323		6,927,323		32.00
40.00	04000	SUBPROVIDER - IPF	5,633,561		5,633,561		40.00
43.00	04300	NURSERY	346,571		346,571		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
46.00	04600	OTHER LONG TERM CARE	0		0		46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	52,716,223	86,600,754	139,316,977	0.106976	50.00
50.01	05001	ORTHO MEDICAL	38,142	710,250	748,392	0.313713	50.01
51.00	05100	RECOVERY ROOM	4,194,473	3,967,025	8,161,498	0.162931	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,471,635	335,794	4,807,429	0.109970	52.00
53.00	05300	ANESTHESIOLOGY	865,821	1,395,584	2,261,405	0.635949	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	41,530,876	138,646,247	180,177,123	0.122864	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	153,831	17,439,066	17,592,897	0.266060	55.00
60.00	06000	LABORATORY	51,004,240	76,399,386	127,403,626	0.080301	60.00
65.00	06500	RESPIRATORY THERAPY	19,317,142	1,505,512	20,822,654	0.073412	65.00
66.00	06600	PHYSICAL THERAPY	4,046,329	14,669,344	18,715,673	0.308430	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,863,487	6,742,665	8,606,152	0.086705	67.00
68.00	06800	SPEECH PATHOLOGY	686,358	1,666,557	2,352,915	0.193571	68.00
69.00	06900	ELECTROCARDIOLOGY	8,939,870	25,047,708	33,987,578	0.143843	69.00
69.01	06901	CATH LAB	11,374,213	16,614,625	27,988,838	0.093803	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	631,844	7,181,432	7,813,276	0.151272	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,426,995	13,427,258	24,854,253	0.539785	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,872,147	7,968,771	21,840,918	0.884654	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,974,411	16,813,528	34,787,939	0.388839	73.00
74.00	07400	RENAL DIALYSIS	1,356,138	132,343	1,488,481	0.475989	74.00
75.00	07500	ASC (NON-DISTINCT PART)	2,096,641	21,722,451	23,819,092	0.241015	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	976,792	8,475,572	9,452,364	0.126222	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0	4,602,466	4,602,466	0.782183	90.01
90.02	09002	DMG PHYSICIAN GROUP	0	56,397,492	56,397,492	0.440504	90.02
91.00	09100	EMERGENCY	13,993,857	42,530,883	56,524,740	0.108725	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	765,395	3,592,227	4,357,622	0.928182	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	3,749,182	3,749,182		101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	1,970,249	1,970,249		116.00
200.00		Subtotal (see instructions)	305,273,482	580,304,371	885,577,853		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	305,273,482	580,304,371	885,577,853		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0135	Period: From 10/01/2016 To 09/30/2017	Worksheet C Part I Date/Time Prepared: 12/21/2017 4:30 pm
Cost Center Description			PPS Inpatient Ratio 11.00	Title XIX	Hospital Cost
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
40.00	04000	SUBPROVIDER - I/PF			40.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
46.00	04600	OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
50.01	05001	ORTHO MEDICAL	0.000000		50.01
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
60.00	06000	LABORATORY	0.000000		60.00
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
69.01	06901	CATH LAB	0.000000		69.01
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
74.00	07400	RENAL DIALYSIS	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0.000000		90.01
90.02	09002	DMG PHYSICIAN GROUP	0.000000		90.02
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 14-0135	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part I Date/Time Prepared: 12/21/2017 4:30 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)	
		1.00	2.00	3.00	4.00	5.00	
Title XVIII Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	2,359,919	0	2,359,919	31,973	73.81	30.00
31.00	INTENSIVE CARE UNIT	506,573		506,573	5,497	92.15	31.00
32.00	CORONARY CARE UNIT	414,983		414,983	3,914	106.03	32.00
40.00	SUBPROVIDER - IPF	401,805	0	401,805	4,331	92.77	40.00
43.00	NURSERY	35,598		35,598	1,894	18.80	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (lines 30-199)	3,718,878		3,718,878	47,609		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	15,272	1,127,226				
31.00	INTENSIVE CARE UNIT	2,434	224,293				
32.00	CORONARY CARE UNIT	3,216	340,992				
40.00	SUBPROVIDER - IPF	2,971	275,620				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	0	0				
200.00	Total (lines 30-199)	23,893	1,968,131				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0135	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part II Date/Time Prepared: 12/21/2017 4:30 pm
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Cost Center Description		Title XVIII			Hospital	PPS		
		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	2,901,421	139,316,977	0.020826	27,786,389	578,679	50.00
50.01	05001	ORTHO MEDICAL	39,222	748,392	0.052408	25,616	1,342	50.01
51.00	05100	RECOVERY ROOM	80,786	8,161,498	0.009898	2,577,020	25,507	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	60,275	4,807,429	0.012538	31,086	390	52.00
53.00	05300	ANESTHESIOLOGY	301,396	2,261,405	0.133278	463,919	61,830	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,502,750	180,177,123	0.013890	24,101,463	334,769	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	772,714	17,592,897	0.043922	0	0	55.00
60.00	06000	LABORATORY	734,262	127,403,626	0.005763	28,484,016	164,153	60.00
65.00	06500	RESPIRATORY THERAPY	67,098	20,822,654	0.003222	12,590,457	40,566	65.00
66.00	06600	PHYSICAL THERAPY	335,581	18,715,673	0.017930	2,628,877	47,136	66.00
67.00	06700	OCCUPATIONAL THERAPY	36,204	8,606,152	0.004207	1,138,461	4,790	67.00
68.00	06800	SPEECH PATHOLOGY	23,468	2,352,915	0.009974	466,403	4,652	68.00
69.00	06900	ELECTROCARDIOLOGY	529,043	33,987,578	0.015566	6,169,788	96,039	69.00
69.01	06901	CATH LAB	672,623	27,988,838	0.024032	6,920,058	166,303	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	136,261	7,813,276	0.017440	369,924	6,451	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	407,234	24,854,253	0.016385	6,681,397	109,475	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	580,854	21,840,918	0.026595	7,569,780	201,318	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	322,431	34,787,939	0.009268	10,012,205	92,793	73.00
74.00	07400	RENAL DIALYSIS	30,755	1,488,481	0.020662	1,152,962	23,823	74.00
75.00	07500	ASC (NON-DISTINCT PART)	425,111	23,819,092	0.017847	40,127	716	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	44,929	9,452,364	0.004753	113,322	539	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	78,004	4,602,466	0.016948	0	0	90.01
90.02	09002	DMG PHYSICIAN GROUP	565,189	56,397,492	0.010022	0	0	90.02
91.00	09100	EMERGENCY	791,301	56,524,740	0.013999	8,270,164	115,774	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	399,387	4,357,622	0.091653	563,750	51,669	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
200.00		Total (lines 50-199)	12,838,299	838,881,800		148,157,184	2,128,714	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0135	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part III Date/Time Prepared: 12/21/2017 4:30 pm
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Cost Center Description			Title XVIII				Hospital	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	PPS
			1.00	2.00	3.00	4.00	5.00	
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
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	31,973	0.00	15,272	0		30.00
31.00	03100	INTENSIVE CARE UNIT	5,497	0.00	2,434	0		31.00
32.00	03200	CORONARY CARE UNIT	3,914	0.00	3,216	0		32.00
40.00	04000	SUBPROVIDER - I/PF	4,331	0.00	2,971	0		40.00
43.00	04300	NURSERY	1,894	0.00	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0		44.00
200.00		Total (lines 30-199)	47,609		23,893	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0135	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part IV Date/Time Prepared: 12/21/2017 4:30 pm
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Cost Center Description		Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col . 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
		1.00	2.00	3.00	4.00		5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
50.01	05001	ORTHO MEDICAL	0	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	172,022	0	172,022	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
69.01	06901	CATH LAB	0	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0	0	0	0	0	0	90.01
90.02	09002	DMG PHYSICIAN GROUP	0	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	0	92.01
200.00		Total (lines 50-199)	0	0	172,022	0	172,022	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0135	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part IV Date/Time Prepared: 12/21/2017 4:30 pm
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Cost Center Description		Title XVIII			Hospital		PPS
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	139,316,977	0.000000	0.000000	27,786,389	50.00
50.01	05001 ORTHO MEDICAL	0	748,392	0.000000	0.000000	25,616	50.01
51.00	05100 RECOVERY ROOM	0	8,161,498	0.000000	0.000000	2,577,020	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	4,807,429	0.000000	0.000000	31,086	52.00
53.00	05300 ANESTHESIOLOGY	172,022	2,261,405	0.076069	0.076069	463,919	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	180,177,123	0.000000	0.000000	24,101,463	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	17,592,897	0.000000	0.000000	0	55.00
60.00	06000 LABORATORY	0	127,403,626	0.000000	0.000000	28,484,016	60.00
65.00	06500 RESPIRATORY THERAPY	0	20,822,654	0.000000	0.000000	12,590,457	65.00
66.00	06600 PHYSICAL THERAPY	0	18,715,673	0.000000	0.000000	2,628,877	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	8,606,152	0.000000	0.000000	1,138,461	67.00
68.00	06800 SPEECH PATHOLOGY	0	2,352,915	0.000000	0.000000	466,403	68.00
69.00	06900 ELECTROCARDIOLOGY	0	33,987,578	0.000000	0.000000	6,169,788	69.00
69.01	06901 CATH LAB	0	27,988,838	0.000000	0.000000	6,920,058	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	7,813,276	0.000000	0.000000	369,924	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	24,854,253	0.000000	0.000000	6,681,397	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	21,840,918	0.000000	0.000000	7,569,780	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	34,787,939	0.000000	0.000000	10,012,205	73.00
74.00	07400 RENAL DIALYSIS	0	1,488,481	0.000000	0.000000	1,152,962	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	23,819,092	0.000000	0.000000	40,127	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	9,452,364	0.000000	0.000000	113,322	90.00
90.01	09001 DMG EXPRESS CARE PHYSICIAN GROUP	0	4,602,466	0.000000	0.000000	0	90.01
90.02	09002 DMG PHYSICIAN GROUP	0	56,397,492	0.000000	0.000000	0	90.02
91.00	09100 EMERGENCY	0	56,524,740	0.000000	0.000000	8,270,164	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	4,357,622	0.000000	0.000000	563,750	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0.000000	0	92.01
200.00	Total (Lines 50-199)	172,022	838,881,800			148,157,184	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0135

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

Worksheet D
Part IV
Date/Time Prepared:
12/21/2017 4:30 pm

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	28,296,644	0	50.00
50.01	05001 ORTHO MEDICAL	0	200,244	0	50.01
51.00	05100 RECOVERY ROOM	0	1,027,450	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	843	0	52.00
53.00	05300 ANESTHESIOLOGY	35,290	466,537	35,489	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	53,980,793	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	8,912,401	0	55.00
60.00	06000 LABORATORY	0	14,036,993	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	512,194	0	65.00
66.00	06600 PHYSICAL THERAPY	0	140,016	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	73,689	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	15,212	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	11,547,499	0	69.00
69.01	06901 CATH LAB	0	10,601,293	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	2,362,943	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	5,701,836	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	4,411,629	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	8,249,791	0	73.00
74.00	07400 RENAL DIALYSIS	0	108,805	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	9,359,838	0	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	4,940,579	0	90.00
90.01	09001 DMG EXPRESS CARE PHYSICIAN GROUP	0	1,111,158	0	90.01
90.02	09002 DMG PHYSICIAN GROUP	0	4,566,228	0	90.02
91.00	09100 EMERGENCY	0	10,757,889	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,212,452	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
200.00	Total (lines 50-199)	35,290	182,594,956	35,489	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0135	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part V Date/Time Prepared: 12/21/2017 4:30 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.106976	28,296,644	0	0	3,027,062	50.00
50.01	05001	ORTHO MEDICAL	0.313713	200,244	0	0	62,819	50.01
51.00	05100	RECOVERY ROOM	0.162931	1,027,450	0	0	167,403	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.109970	843	0	0	93	52.00
53.00	05300	ANESTHESIOLOGY	0.635949	466,537	0	0	296,694	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.122864	53,980,793	0	0	6,632,296	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.266060	8,912,401	0	0	2,371,233	55.00
60.00	06000	LABORATORY	0.080301	14,036,993	7,603	0	1,127,185	60.00
65.00	06500	RESPIRATORY THERAPY	0.073412	512,194	0	0	37,601	65.00
66.00	06600	PHYSICAL THERAPY	0.308430	140,016	0	0	43,185	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.086705	73,689	0	0	6,389	67.00
68.00	06800	SPEECH PATHOLOGY	0.193571	15,212	0	0	2,945	68.00
69.00	06900	ELECTROCARDIOLOGY	0.143843	11,547,499	0	0	1,661,027	69.00
69.01	06901	CATH LAB	0.093803	10,601,293	0	0	994,433	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.151272	2,362,943	0	0	357,447	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.539785	5,701,836	0	0	3,077,766	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.884654	4,411,629	0	0	3,902,765	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.388839	8,249,791	148	67,768	3,207,840	73.00
74.00	07400	RENAL DIALYSIS	0.475989	108,805	0	0	51,790	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.241015	9,359,838	0	0	2,255,861	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.126222	4,940,579	0	0	623,610	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0.782183	1,111,158	0	0	869,129	90.01
90.02	09002	DMG PHYSICIAN GROUP	0.440504	4,566,228	0	0	2,011,442	90.02
91.00	09100	EMERGENCY	0.108725	10,757,889	0	0	1,169,651	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.928182	1,212,452	0	0	1,125,376	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
200.00		Subtotal (see instructions)		182,594,956	7,751	67,768	35,083,042	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		182,594,956	7,751	67,768	35,083,042	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0135	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part V Date/Time Prepared: 12/21/2017 4:30 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
50.01 05001 ORTHO MEDICAL	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
60.00 06000 LABORATORY	611	0		60.00
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
69.01 06901 CATH LAB	0	0		69.01
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	58	26,351		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 DMG EXPRESS CARE PHYSICIAN GROUP	0	0		90.01
90.02 09002 DMG PHYSICIAN GROUP	0	0		90.02
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
200.00 Subtotal (see instructions)	669	26,351		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	669	26,351		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 14-0135 Component CCN: 14-S135	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part II Date/Time Prepared: 12/21/2017 4:30 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,901,421	139,316,977	0.020826	6,169	128	50.00
50.01	05001 ORTHO MEDICAL	39,222	748,392	0.052408	0	0	50.01
51.00	05100 RECOVERY ROOM	80,786	8,161,498	0.009898	988	10	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	60,275	4,807,429	0.012538	0	0	52.00
53.00	05300 ANESTHESIOLOGY	301,396	2,261,405	0.133278	120	16	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,502,750	180,177,123	0.013890	247,366	3,436	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	772,714	17,592,897	0.043922	1	0	55.00
60.00	06000 LABORATORY	734,262	127,403,626	0.005763	557,202	3,211	60.00
65.00	06500 RESPIRATORY THERAPY	67,098	20,822,654	0.003222	155,300	500	65.00
66.00	06600 PHYSICAL THERAPY	335,581	18,715,673	0.017930	54,494	977	66.00
67.00	06700 OCCUPATIONAL THERAPY	36,204	8,606,152	0.004207	20,676	87	67.00
68.00	06800 SPEECH PATHOLOGY	23,468	2,352,915	0.009974	14,896	149	68.00
69.00	06900 ELECTROCARDIOLOGY	529,043	33,987,578	0.015566	13,175	205	69.00
69.01	06901 CATH LAB	672,623	27,988,838	0.024032	4,743	114	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	136,261	7,813,276	0.017440	5,409	94	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	407,234	24,854,253	0.016385	6,983	114	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	580,854	21,840,918	0.026595	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	322,431	34,787,939	0.009268	260,365	2,413	73.00
74.00	07400 RENAL DIALYSIS	30,755	1,488,481	0.020662	41	1	74.00
75.00	07500 ASC (NON-DISTINCT PART)	425,111	23,819,092	0.017847	58	1	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	44,929	9,452,364	0.004753	381	2	90.00
90.01	09001 DMG EXPRESS CARE PHYSICIAN GROUP	78,004	4,602,466	0.016948	0	0	90.01
90.02	09002 DMG PHYSICIAN GROUP	565,189	56,397,492	0.010022	0	0	90.02
91.00	09100 EMERGENCY	791,301	56,524,740	0.013999	76,336	1,069	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	4,357,622	0.000000	5,988	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
200.00	Total (lines 50-199)	12,438,912	838,881,800		1,430,691	12,527	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0135 Component CCN: 14-S135	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part IV Date/Time Prepared: 12/21/2017 4:30 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001 ORTHO MEDICAL	0	0	0	0	0	50.01
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	639,863	0	639,863	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
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
69.01	06901 CATH LAB	0	0	0	0	0	69.01
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
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 DMG EXPRESS CARE PHYSICIAN GROUP	0	0	0	0	0	90.01
90.02	09002 DMG PHYSICIAN GROUP	0	0	0	0	0	90.02
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
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
200.00	Total (lines 50-199)	0	0	639,863	0	639,863	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0135 Component CCN: 14-S135	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part IV Date/Time Prepared: 12/21/2017 4:30 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges	
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 ÷ col. 7)		
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	139,316,977	0.000000	0.000000	6,169	50.00
50.01 05001 ORTHO MEDICAL	0	748,392	0.000000	0.000000	0	50.01
51.00 05100 RECOVERY ROOM	0	8,161,498	0.000000	0.000000	988	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	4,807,429	0.000000	0.000000	0	52.00
53.00 05300 ANESTHESIOLOGY	639,863	2,261,405	0.282949	0.282949	120	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	180,177,123	0.000000	0.000000	247,366	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	17,592,897	0.000000	0.000000	1	55.00
60.00 06000 LABORATORY	0	127,403,626	0.000000	0.000000	557,202	60.00
65.00 06500 RESPIRATORY THERAPY	0	20,822,654	0.000000	0.000000	155,300	65.00
66.00 06600 PHYSICAL THERAPY	0	18,715,673	0.000000	0.000000	54,494	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	8,606,152	0.000000	0.000000	20,676	67.00
68.00 06800 SPEECH PATHOLOGY	0	2,352,915	0.000000	0.000000	14,896	68.00
69.00 06900 ELECTROCARDIOLOGY	0	33,987,578	0.000000	0.000000	13,175	69.00
69.01 06901 CATH LAB	0	27,988,838	0.000000	0.000000	4,743	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	7,813,276	0.000000	0.000000	5,409	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	24,854,253	0.000000	0.000000	6,983	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	21,840,918	0.000000	0.000000	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	34,787,939	0.000000	0.000000	260,365	73.00
74.00 07400 RENAL DIALYSIS	0	1,488,481	0.000000	0.000000	41	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	23,819,092	0.000000	0.000000	58	75.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	9,452,364	0.000000	0.000000	381	90.00
90.01 09001 DMG EXPRESS CARE PHYSICIAN GROUP	0	4,602,466	0.000000	0.000000	0	90.01
90.02 09002 DMG PHYSICIAN GROUP	0	56,397,492	0.000000	0.000000	0	90.02
91.00 09100 EMERGENCY	0	56,524,740	0.000000	0.000000	76,336	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	4,357,622	0.000000	0.000000	5,988	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0.000000	0	92.01
200.00 Total (lines 50-199)	639,863	838,881,800			1,430,691	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0135 Component CCN: 14-S135	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part IV Date/Time Prepared: 12/21/2017 4:30 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.01	05001 ORTHO MEDICAL	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	34	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
60.00	06000 LABORATORY	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
69.01	06901 CATH LAB	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 DMG EXPRESS CARE PHYSICIAN GROUP	0	0	0	90.01
90.02	09002 DMG PHYSICIAN GROUP	0	0	0	90.02
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
200.00	Total (lines 50-199)	34	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0135	Period: From 10/01/2016 To 09/30/2017	Worksheet D-1 Date/Time Prepared: 12/21/2017 4:30 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)		31,973	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		31,973	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)		26,562	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)		15,272	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)		23,899,376	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)		23,899,376	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)		23,899,376	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)		747.49	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		11,415,667	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)		11,415,667	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0135		Period: From 10/01/2016 To 09/30/2017		Worksheet D-1 Date/Time Prepared: 12/21/2017 4:30 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)	
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	42.00
43.00	INTENSIVE CARE UNIT	6,687,321	5,497	1,216.54	2,434	2,961,058	43.00
44.00	CORONARY CARE UNIT	5,561,058	3,914	1,420.81	3,216	4,569,325	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)					28,916,360	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					47,862,410	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)					1,692,511	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,164,004	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,856,515	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					44,005,895	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)					5,411	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					747.49	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,044,668	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0135		Period: From 10/01/2016 To 09/30/2017		Worksheet D-1 Date/Time Prepared: 12/21/2017 4:30 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	2,359,919	23,899,376	0.098744	4,044,668	399,387	90.00
91.00	Nursing School cost	0	23,899,376	0.000000	4,044,668	0	91.00
92.00	Allied health cost	0	23,899,376	0.000000	4,044,668	0	92.00
93.00	All other Medical Education	0	23,899,376	0.000000	4,044,668	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0135 Component CCN: 14-S135	Period: From 10/01/2016 To 09/30/2017	Worksheet D-1 Date/Time Prepared: 12/21/2017 4:30 pm
		Title XVIII	Subprovider - IPF	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)		4,331	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,331	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)		4,331	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)		2,971	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)		3,951,897	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)		3,951,897	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)		3,951,897	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)		912.47	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,710,948	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,710,948	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0135 Component CCN: 14-S135		Period: From 10/01/2016 To 09/30/2017		Worksheet D-1 Date/Time Prepared: 12/21/2017 4:30 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)		
	Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)				
	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	0	0	0.00	0	0	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)				231,097		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				2,942,045		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)				275,620		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				12,561		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				288,181		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				2,653,864		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: 14-0135 Component CCN: 14-S135		Period: From 10/01/2016 To 09/30/2017		Worksheet D-1 Date/Time Prepared: 12/21/2017 4:30 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	401,805	3,951,897	0.101674	0	0	90.00
91.00	Nursing School cost	0	3,951,897	0.000000	0	0	91.00
92.00	Allied health cost	0	3,951,897	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,951,897	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0135	Period: From 10/01/2016 To 09/30/2017	Worksheet D-3 Date/Time Prepared: 12/21/2017 4:30 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		9,465,200		30.00
31.00	03100 INTENSIVE CARE UNIT		4,836,834		31.00
32.00	03200 CORONARY CARE UNIT		3,201,117		32.00
40.00	04000 SUBPROVIDER - I/PF		0		40.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.107775	27,786,389	2,994,678	50.00
50.01	05001 ORTHO MEDICAL	0.313713	25,616	8,036	50.01
51.00	05100 RECOVERY ROOM	0.162931	2,577,020	419,876	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.109970	31,086	3,419	52.00
53.00	05300 ANESTHESIOLOGY	0.635949	463,919	295,029	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.122864	24,101,463	2,961,202	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.266230	0	0	55.00
60.00	06000 LABORATORY	0.080301	28,484,016	2,287,295	60.00
65.00	06500 RESPIRATORY THERAPY	0.073412	12,590,457	924,291	65.00
66.00	06600 PHYSICAL THERAPY	0.308507	2,628,877	811,027	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.086705	1,138,461	98,710	67.00
68.00	06800 SPEECH PATHOLOGY	0.193571	466,403	90,282	68.00
69.00	06900 ELECTROCARDIOLOGY	0.143843	6,169,788	887,481	69.00
69.01	06901 CATH LAB	0.094097	6,920,058	651,157	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.153967	369,924	56,956	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.539785	6,681,397	3,606,518	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.884654	7,569,780	6,696,636	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.388839	10,012,205	3,893,136	73.00
74.00	07400 RENAL DIALYSIS	0.676412	1,152,962	779,877	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.241015	40,127	9,671	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.127759	113,322	14,478	90.00
90.01	09001 DMG EXPRESS CARE PHYSICIAN GROUP	0.782183	0	0	90.01
90.02	09002 DMG PHYSICIAN GROUP	0.440674	0	0	90.02
91.00	09100 EMERGENCY	0.109229	8,270,164	903,342	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.928182	563,750	523,263	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	92.01
200.00	Total (sum of lines 50 through 94 and 96 through 98)		148,157,184	28,916,360	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		148,157,184		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0135 Component CCN: 14-S135	Period: From 10/01/2016 To 09/30/2017	Worksheet D-3 Date/Time Prepared: 12/21/2017 4:30 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - IPF		3,770,525	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.107775	6,169	665 50.00
50.01	05001	ORTHO MEDICAL	0.313713	0	0 50.01
51.00	05100	RECOVERY ROOM	0.162931	988	161 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.109970	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.635949	120	76 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.122864	247,366	30,392 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.266230	1	0 55.00
60.00	06000	LABORATORY	0.080301	557,202	44,744 60.00
65.00	06500	RESPIRATORY THERAPY	0.073412	155,300	11,401 65.00
66.00	06600	PHYSICAL THERAPY	0.308507	54,494	16,812 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.086705	20,676	1,793 67.00
68.00	06800	SPEECH PATHOLOGY	0.193571	14,896	2,883 68.00
69.00	06900	ELECTROCARDIOLOGY	0.143843	13,175	1,895 69.00
69.01	06901	CATH LAB	0.094097	4,743	446 69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.153967	5,409	833 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.539785	6,983	3,769 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.884654	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.388839	260,365	101,240 73.00
74.00	07400	RENAL DIALYSIS	0.676412	41	28 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.241015	58	14 75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.127759	381	49 90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0.782183	0	0 90.01
90.02	09002	DMG PHYSICIAN GROUP	0.440674	0	0 90.02
91.00	09100	EMERGENCY	0.109229	76,336	8,338 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.928182	5,988	5,558 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0 92.01
200.00		Total (sum of lines 50 through 94 and 96 through 98)		1,430,691	231,097 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		1,430,691	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0135	Period: From 10/01/2016 To 09/30/2017	Worksheet E Part A Date/Time Prepared: 12/21/2017 4:30 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)		38,759,128	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)		382,628	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		5,222,387	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		187.18	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)		5.81	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 Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		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)		5.81	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		14.77	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)		5.81	12.00
13.00	Total allowable FTE count for the prior year.		5.81	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.		5.81	14.00
15.00	Sum of lines 12 through 14 divided by 3.		5.81	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		5.81	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.031040	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.031078	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.031040	21.00
22.00	IME payment adjustment (see instructions)		651,812	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		87,825	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		7.20	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		8.96	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)		7.20	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.038466	26.00
27.00	IME payments adjustment factor. (see instructions)		0.010167	27.00
28.00	IME add-on adjustment amount (see instructions)		394,064	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		53,096	28.01
29.00	Total IME payment (sum of lines 22 and 28)		1,045,876	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		140,921	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.23	30.00
31.00	Percentage of Medicaid patient days (see instructions)		17.93	31.00
32.00	Sum of lines 30 and 31		23.16	32.00
33.00	Allowable disproportionate share percentage (see instructions)		8.33	33.00
34.00	Disproportionate share adjustment (see instructions)		807,159	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0135	Period: From 10/01/2016 To 09/30/2017	Worksheet E Part A Date/Time Prepared: 12/21/2017 4:30 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	0	35.00
35.01	Factor 3 (see instructions)		0.000000000	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	1,472,027	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	1,472,027	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,472,027		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)		42,466,818		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)			42,607,739	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			3,421,857	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).			446,441	52.00
53.00	Nursing and Allied Health Managed Care payment			32,838	53.00
54.00	Special add-on payments for new technologies			1,036	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)			35,290	58.00
59.00	Total (sum of amounts on lines 49 through 58)			46,545,201	59.00
60.00	Primary payer payments			26,659	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			46,518,542	61.00
62.00	Deductibles billed to program beneficiaries			4,362,785	62.00
63.00	Coinurance billed to program beneficiaries			141,862	63.00
64.00	Allowable bad debts (see instructions)			728,777	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			473,705	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			479,263	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			42,487,600	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.50	RURAL DEMONSTRATION PROJECT			0	70.50
70.88	SCH or MDH volume decrease adjustment			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)			0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			129,591	70.93
70.94	HRR adjustment amount (see instructions)			-46,509	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0135	Period: From 10/01/2016 To 09/30/2017	Worksheet E Part A Date/Time Prepared: 12/21/2017 4:30 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)			460,011	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			42,110,671	71.00
71.01	Sequestration adjustment (see instructions)			842,213	71.01
72.00	Interim payments			41,240,952	72.00
73.00	Tentative settlement (for contractor use only)			0	73.00
74.00	Balance due provider (Program) (line 71 minus lines 71.01, 72, and 73)			27,506	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0	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	100.00
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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0135	Period: From 10/01/2016 To 09/30/2017	Worksheet E Part B Date/Time Prepared: 12/21/2017 4: 30 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		27,020	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		35,047,553	2.00
3.00	PPS payments		36,331,129	3.00
4.00	Outlier payment (see instructions)		126,736	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		35,489	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		27,020	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		75,519	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)		75,519	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)		75,519	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		48,499	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		27,020	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		36,493,354	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)		7,176,804	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)		29,343,570	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		308,592	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)		29,652,162	30.00
31.00	Primary payer payments		11,068	31.00
32.00	Subtotal (line 30 minus line 31)		29,641,094	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)		816,881	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		530,973	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		466,675	36.00
37.00	Subtotal (see instructions)		30,172,067	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		30,172,067	40.00
40.01	Sequestration adjustment (see instructions)		603,441	40.01
41.00	Interim payments		29,595,831	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-27,205	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: 14-0135

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

Worksheet E-1
Part I
Date/Time Prepared:
12/21/2017 4:30 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		41,240,952		29,595,831	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)		41,240,952		29,595,831	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		27,506		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		27,205	6.02	
7.00	Total Medicare program liability (see instructions)		41,268,458		29,568,626	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: 14-0135
Component CCN: 14-S135

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

Worksheet E-1
Part I
Date/Time Prepared:
12/21/2017 4:30 pm

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		2,272,554		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)		2,272,554		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		59		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,272,613		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 14-0135	Period: From 10/01/2016 To 09/30/2017	Worksheet E-1 Part II Date/Time Prepared: 12/21/2017 4:30 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: 14-0135 Component CCN: 14-S135	Period: From 10/01/2016 To 09/30/2017	Worksheet E-3 Part II Date/Time Prepared: 12/21/2017 4:30 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			2,508,251 1.00
2.00	Net IPF PPS Outlier Payments			11,580 2.00
3.00	Net IPF PPS ECT Payments			0 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			11.865753 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			2,519,831 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			2,519,831 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			2,519,831 18.00
19.00	Deductibles			194,999 19.00
20.00	Subtotal (line 18 minus line 19)			2,324,832 20.00
21.00	Coinsurance			5,873 21.00
22.00	Subtotal (line 20 minus line 21)			2,318,959 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			0 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 25.00
26.00	Subtotal (sum of lines 22 and 24)			2,318,959 26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			34 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Recovery of Accelerated Depreciation			0 30.99
31.00	Total amount payable to the provider (see instructions)			2,318,993 31.00
31.01	Sequestration adjustment (see instructions)			46,380 31.01
32.00	Interim payments			2,272,554 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)			59 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			11,580 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0135	Period: From 10/01/2016 To 09/30/2017	Worksheet E-4 Date/Time Prepared: 12/21/2017 4:30 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			7.19	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			7.19	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			14.77	6.00
7.00	Enter the lesser of line 5 or line 6			7.19	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	14.77	0.00	14.77	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	7.19	0.00	7.19	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	7.19	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	7.19	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	7.19	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	7.19	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	7.19	0.00		17.00
18.00	Per resident amount	83,510.32	0.00		18.00
19.00	Approved amount for resident costs	600,439	0	600,439	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			5.82	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			7.58	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			5.82	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			95,496.34	23.00
24.00	Multiply line 22 time line 23			555,789	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			1,156,228	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	23,893	2,969		26.00
27.00	Total Inpatient Days (see instructions)	40,493	40,493		27.00
28.00	Ratio of inpatient days to total inpatient days	0.590053	0.073321		28.00
29.00	Program direct GME amount	682,236	84,776		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		11,979		30.00
31.00	Net Program direct GME amount			755,033	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0135	Period: From 10/01/2016 To 09/30/2017	Worksheet E-4 Date/Time Prepared: 12/21/2017 4:30 pm
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		1,488,481	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		50,804,455	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		26,659	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		50,777,796	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		35,110,062	42.00
43.00	Primary payer payments (see instructions)		11,068	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		35,098,994	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		85,876,790	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.591287	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.408713	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		755,033	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		446,441	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		308,592	50.00

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

Provider CCN: 14-0135

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

Worksheet G

Date/Time Prepared:
12/21/2017 4:30 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	7,275,306	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	50,422,208	0	0	0	4.00
5.00	Other receivable	63,895	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	3,249,490	0	0	0	7.00
8.00	Prepaid expenses	2,848,863	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	65,186	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	63,924,948	0	0	0	11.00
FIXED ASSETS						
12.00	Land	108,176,939	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	0	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	108,176,939	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	30,292,717	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	148,922,593	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	179,215,310	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	351,317,197	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	4,108,444	0	0	0	37.00
38.00	Salaries, wages, and fees payable	15,470,638	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	6,836,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	17,325	0	0	0	43.00
44.00	Other current liabilities	21,250,360	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	47,682,767	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	4,041,393	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	35,544,845	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	39,586,238	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	87,269,005	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	264,048,192				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	264,048,192	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	351,317,197	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0135

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

Worksheet G-1

Date/Time Prepared:
12/21/2017 4:30 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		268,436,571		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-11,575,741			2.00
3.00	Total (sum of line 1 and line 2)		256,860,830		0	3.00
4.00	ADDITIONS	7,187,362		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		7,187,362		0	10.00
11.00	Subtotal (line 3 plus line 10)		264,048,192		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		264,048,192		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		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0135

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
12/21/2017 4:30 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	20,560,244		20,560,244	1.00
2.00	SUBPROVIDER - IPF	5,657,176		5,657,176	2.00
3.00	SUBPROVIDER - IRF				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	0		0	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	26,217,420		26,217,420	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	8,427,523		8,427,523	11.00
12.00	CORONARY CARE UNIT	7,946,698		7,946,698	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)	16,374,221		16,374,221	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	42,591,641		42,591,641	17.00
18.00	Ancillary services	253,885,085	469,906,015	723,791,100	18.00
19.00	Outpatient services	15,108,355	144,561,358	159,669,713	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		3,749,182	3,749,182	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	1,970,249	1,970,249	26.00
27.00	NON-REIMBURSABLE REVENUES	6,149,329	24,187,249	30,336,578	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	317,734,410	644,374,053	962,108,463	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		301,213,608		29.00
30.00	NORV-GAIN/LOSS-CAPITAL EQUIPMENT	0			30.00
31.00	NET ASSETS RELEASED FROM RESTRICTION	133,990			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)		133,990		36.00
37.00	RESTRICTED DISBURSEMENTS - OTHER REV	95			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)		95		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		301,347,503		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0135

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

Worksheet G-3

Date/Time Prepared:
12/21/2017 4:30 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	962,108,463	1.00
2.00	Less contractual allowances and discounts on patients' accounts	686,161,600	2.00
3.00	Net patient revenues (line 1 minus line 2)	275,946,863	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	301,347,503	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-25,400,640	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER INCOME	13,690,918	24.00
24.01	NET ASSETS RELEASED	133,981	24.01
24.02		0	24.02
25.00	Total other income (sum of lines 6-24)	13,824,899	25.00
26.00	Total (line 5 plus line 25)	-11,575,741	26.00
27.00		0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-11,575,741	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 14-0135

Period: From 10/01/2016

Worksheet H

HHA CCN: 14-7206

To 09/30/2017

Date/Time Prepared: 12/21/2017 4:30 pm

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures		0		165	165	1.00
2.00	Capital Related - Movable Equipment		0		14,468	14,468	2.00
3.00	Plant Operation & Maintenance	0	0	0	64,779	64,779	3.00
4.00	Transportation	0	132,219	0	0	132,219	4.00
5.00	Administrative and General	460,516	187,356	0	41,421	54,607	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,230,736	0	0	0	1,230,736	6.00
7.00	Physical Therapy	466,594	0	0	0	466,594	7.00
8.00	Occupational Therapy	87,293	0	0	0	87,293	8.00
9.00	Speech Pathology	10,166	0	0	0	10,166	9.00
10.00	Medical Social Services	144,666	0	0	0	144,666	10.00
11.00	Home Health Aide	73,771	0	0	0	73,771	11.00
12.00	Supplies (see instructions)	0	0	0	61,058	61,058	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Tel emedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	2,473,742	187,356	132,219	41,421	195,077	24.00
	Reclassified	Reclassified	Adjustments	Net Expenses			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	-165	0	0	0		1.00
2.00	Capital Related - Movable Equipment	-14,468	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	64,779	0	64,779		3.00
4.00	Transportation	0	132,219	0	132,219		4.00
5.00	Administrative and General	0	743,900	-4,753	739,147		5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	1,230,736	0	1,230,736		6.00
7.00	Physical Therapy	0	466,594	0	466,594		7.00
8.00	Occupational Therapy	0	87,293	0	87,293		8.00
9.00	Speech Pathology	0	10,166	0	10,166		9.00
10.00	Medical Social Services	0	144,666	0	144,666		10.00
11.00	Home Health Aide	0	73,771	0	73,771		11.00
12.00	Supplies (see instructions)	-61,058	0	0	0		12.00
13.00	Drugs	0	0	0	0		13.00
14.00	DME	0	0	0	0		14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0		15.00
16.00	Respiratory Therapy	0	0	0	0		16.00
17.00	Private Duty Nursing	0	0	0	0		17.00
18.00	Clinic	0	0	0	0		18.00
19.00	Health Promotion Activities	0	0	0	0		19.00
20.00	Day Care Program	0	0	0	0		20.00
21.00	Home Delivered Meals Program	0	0	0	0		21.00
22.00	Homemaker Service	0	0	0	0		22.00
23.00	All Others (specify)	0	0	0	0		23.00
23.50	Tel emedicine	0	0	0	0		23.50
24.00	Total (sum of lines 1-23)	-75,691	2,954,124	-4,753	2,949,371		24.00

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable.

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 14-0135	Period: From 10/01/2016	Worksheet H-1 Part I
		HHA CCN: 14-7206	To 09/30/2017	Date/Time Prepared: 12/21/2017 4:30 pm
			Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bldgs & Fixtures	Movable Equipment				
		1.00	2.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	0	0			0	2.00
3.00	Plant Operation & Maintenance	64,779	0	64,779		0	3.00
4.00	Transportation	132,219	0	64,779	196,998		4.00
5.00	Administrative and General	739,147	0	0	196,998	936,145	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,230,736	0	0	0	1,230,736	6.00
7.00	Physical Therapy	466,594	0	0	0	466,594	7.00
8.00	Occupational Therapy	87,293	0	0	0	87,293	8.00
9.00	Speech Pathology	10,166	0	0	0	10,166	9.00
10.00	Medical Social Services	144,666	0	0	0	144,666	10.00
11.00	Home Health Aide	73,771	0	0	0	73,771	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Tel emedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	2,949,371	0	64,779	196,998	2,949,371	24.00
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	936,145					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	572,290	1,803,026				6.00
7.00	Physical Therapy	216,965	683,559				7.00
8.00	Occupational Therapy	40,591	127,884				8.00
9.00	Speech Pathology	4,727	14,893				9.00
10.00	Medical Social Services	67,269	211,935				10.00
11.00	Home Health Aide	34,303	108,074				11.00
12.00	Supplies (see instructions)	0	0				12.00
13.00	Drugs	0	0				13.00
14.00	DME	0	0				14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	0	0				23.00
23.50	Tel emedicine	0	0				23.50
24.00	Total (sum of lines 1-23)		2,949,371				24.00

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 14-0135 HHA CCN: 14-7206		Period: From 10/01/2016 To 09/30/2017		Worksheet H-1 Part II Date/Time Prepared: 12/21/2017 4:30 pm	
				Home Health Agency I		PPS	
	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0				0	1.00
2.00	Capital Related - Movable Equipment		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	64,779		0	3.00
4.00	Transportation (see instructions)	0	0	64,779	132,219		4.00
5.00	Administrative and General	0	0	0	132,219	-936,145	2,013,226
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	1,230,736
7.00	Physical Therapy	0	0	0	0	0	466,594
8.00	Occupational Therapy	0	0	0	0	0	87,293
9.00	Speech Pathology	0	0	0	0	0	10,166
10.00	Medical Social Services	0	0	0	0	0	144,666
11.00	Home Health Aide	0	0	0	0	0	73,771
12.00	Supplies (see instructions)	0	0	0	0	0	0
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
23.50	Telemedicine	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	64,779	132,219	-936,145	2,013,226
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	64,779	196,998		936,145
26.00	Unit Cost Multiplier	0.000000	0.000000	1.000000	1.489937		0.464997

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0135

Period: From 10/01/2016

Worksheet H-2

HHA CCN: 14-7206

To 09/30/2017

Part I
Date/Time Prepared:
12/21/2017 4:30 pm

Home Health
Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
		BLDG & FIXT	MVBLE EQUIP					
		1.00	2.00	4.00				
	0				4A	5.00		
1.00 Administrative and General	0	62,155	14,372	457,496	534,023	84,763	1.00	
2.00 Skilled Nursing Care	1,803,026	0	0	0	1,803,026	286,186	2.00	
3.00 Physical Therapy	683,559	0	0	0	683,559	108,499	3.00	
4.00 Occupational Therapy	127,884	0	0	0	127,884	20,299	4.00	
5.00 Speech Pathology	14,893	0	0	0	14,893	2,364	5.00	
6.00 Medical Social Services	211,935	0	0	0	211,935	33,640	6.00	
7.00 Home Health Aide	108,074	0	0	0	108,074	17,154	7.00	
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00	
9.00 Drugs	0	0	0	0	0	0	9.00	
10.00 DME	0	0	0	0	0	0	10.00	
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00	
14.00 Clinic	0	0	0	0	0	0	14.00	
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00 Day Care Program	0	0	0	0	0	0	16.00	
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00 Homemaker Service	0	0	0	0	0	0	18.00	
19.00 All Others (specify)	0	0	0	0	0	0	19.00	
19.50 Telemedicine	0	0	0	0	0	0	19.50	
20.00 Total (sum of lines 1-19) (2)	2,949,371	62,155	14,372	457,496	3,483,394	552,905	20.00	
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00	
Cost Center Description	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION		
	7.00	8.00	9.00	10.00	11.00	13.00		
1.00 Administrative and General	110,936	0	71,500	0	79,620	0	1.00	
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00	
3.00 Physical Therapy	0	0	0	0	0	0	3.00	
4.00 Occupational Therapy	0	0	0	0	0	0	4.00	
5.00 Speech Pathology	0	0	0	0	0	0	5.00	
6.00 Medical Social Services	0	0	0	0	0	0	6.00	
7.00 Home Health Aide	0	0	0	0	0	0	7.00	
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00	
9.00 Drugs	0	0	0	0	0	0	9.00	
10.00 DME	0	0	0	0	0	0	10.00	
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00	
14.00 Clinic	0	0	0	0	0	0	14.00	
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00 Day Care Program	0	0	0	0	0	0	16.00	
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00 Homemaker Service	0	0	0	0	0	0	18.00	
19.00 All Others (specify)	0	0	0	0	0	0	19.00	
19.50 Telemedicine	0	0	0	0	0	0	19.50	
20.00 Total (sum of lines 1-19) (2)	110,936	0	71,500	0	79,620	0	20.00	
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00	

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0135

Period: From 10/01/2016

Worksheet H-2

HHA CCN: 14-7206

To 09/30/2017

Part I
Date/Time Prepared:
12/21/2017 4:30 pm

Home Health Agency I

PPS

Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
	14.00	15.00	16.00	19.00	21.00	22.00		
1.00 Administrative and General	309	0	14,869	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	309	0	14,869	0	0	0	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.								21.00
Cost Center Description	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part I)	Total HHA Costs		
	23.00	24.00	25.00	26.00	27.00	28.00		
1.00 Administrative and General	0	896,020	0	896,020	0	0	0	1.00
2.00 Skilled Nursing Care	0	2,089,212	0	2,089,212	547,759	2,636,971	0	2.00
3.00 Physical Therapy	0	792,058	0	792,058	207,666	999,724	0	3.00
4.00 Occupational Therapy	0	148,183	0	148,183	38,851	187,034	0	4.00
5.00 Speech Pathology	0	17,257	0	17,257	4,525	21,782	0	5.00
6.00 Medical Social Services	0	245,575	0	245,575	64,386	309,961	0	6.00
7.00 Home Health Aide	0	125,228	0	125,228	32,833	158,061	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	0	4,313,533	0	4,313,533	896,020	4,313,533	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.262185			21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0135
HHA CCN: 14-7206

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

Worksheet H-2
Part II
Date/Time Prepared:
12/21/2017 4:30 pm
PPS

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
		1.00	2.00					
1.00	Administrative and General	4,094	14,468	2,473,742	0	534,023	4,094	1.00
2.00	Skilled Nursing Care	0	0	0	0	1,803,026	0	2.00
3.00	Physical Therapy	0	0	0	0	683,559	0	3.00
4.00	Occupational Therapy	0	0	0	0	127,884	0	4.00
5.00	Speech Pathology	0	0	0	0	14,893	0	5.00
6.00	Medical Social Services	0	0	0	0	211,935	0	6.00
7.00	Home Health Aide	0	0	0	0	108,074	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	4,094	14,468	2,473,742		3,483,394	4,094	20.00
21.00	Total cost to be allocated	62,155	14,372	457,496		552,905	110,936	21.00
22.00	Unit cost multiplier	15.181974	0.993365	0.184941		0.158726	27.097215	22.00
Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE)	NURSING ADMINISTRATION (DIRECT NRS'NG)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		8.00	9.00	10.00	11.00	13.00	14.00	
1.00	Administrative and General	0	4,094	0	3,896	0	2,959	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	4,094	0	3,896	0	2,959	20.00
21.00	Total cost to be allocated	0	71,500	0	79,620	0	309	21.00
22.00	Unit cost multiplier	0.000000	17.464582	0.000000	20.436345	0.000000	0.104427	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0135
HHA CCN: 14-7206

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

Worksheet H-2
Part II
Date/Time Prepared:
12/21/2017 4:30 pm
PPS

Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMEDICAL PRGM (ASSIGNED TIME)	
				SERVICES-SALARIES & FRINGES APPRV (TIME SPENT)	SERVICES-OTHER PRGM COSTS APPRV (TIME SPENT)		
				15.00	16.00		
1.00 Administrative and General	0	3,749,182	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	0	3,749,182	0	0	0	0	20.00
21.00 Total cost to be allocated	0	14,869	0	0	0	0	21.00
22.00 Unit cost multiplier	0.000000	0.003966	0.000000	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 14-0135	Period: From 10/01/2016 To 09/30/2017	Worksheet H-3 Part I Date/Time Prepared: 12/21/2017 4:30 pm
		HHA CCN: 14-7206		
Title XVIII			Home Health Agency I	PPS

Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (col. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 + col. 4)
	0	1.00	2.00	3.00	4.00	5.00

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	2,636,971		2,636,971	10,188	258.83	1.00
2.00	Physical Therapy	3.00	999,724	0	999,724	8,140	122.82	2.00
3.00	Occupational Therapy	4.00	187,034	0	187,034	1,764	106.03	3.00
4.00	Speech Pathology	5.00	21,782	0	21,782	267	81.58	4.00
5.00	Medical Social Services	6.00	309,961		309,961	929	333.65	5.00
6.00	Home Health Aide	7.00	158,061		158,061	1,334	118.49	6.00
7.00	Total (sum of lines 1-6)		4,313,533	0	4,313,533	22,622		7.00

Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits		Ratio (col. 3 + col. 4)
				Not Subject to Deductibles & Coinsurance	Subject to Deductibles	
	0	1.00	2.00	3.00	4.00	5.00

Limitation Cost Computation							
8.00	Skilled Nursing Care		19500	0	7,953		8.00
9.00	Physical Therapy		19500	0	4,990		9.00
10.00	Occupational Therapy		19500	0	507		10.00
11.00	Speech Pathology		19500	0	65		11.00
12.00	Medical Social Services		19500	0	29		12.00
13.00	Home Health Aide		19500	0	1,663		13.00
14.00	Total (sum of lines 8-13)			0	15,207		14.00

Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (col. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 + col. 4)
	0	1.00	2.00	3.00	4.00	5.00

Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	8.00	0	0	0	0.000000	15.00
16.00	Cost of Drugs	9.00	0	0	0	0.000000	16.00

Cost Center Description	Part A	Program Visits		Cost of Services	Part B	
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
	6.00	7.00	8.00	9.00	10.00	11.00

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	0	7,953		0	2,058,475	1.00
2.00	Physical Therapy	0	4,990		0	612,872	2.00
3.00	Occupational Therapy	0	507		0	53,757	3.00
4.00	Speech Pathology	0	65		0	5,303	4.00
5.00	Medical Social Services	0	29		0	9,676	5.00
6.00	Home Health Aide	0	1,663		0	197,049	6.00
7.00	Total (sum of lines 1-6)	0	15,207		0	2,937,132	7.00

Cost Center Description	6.00	7.00	8.00	9.00	10.00	11.00
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Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
9.00	Physical Therapy						9.00
10.00	Occupational Therapy						10.00
11.00	Speech Pathology						11.00
12.00	Medical Social Services						12.00
13.00	Home Health Aide						13.00
14.00	Total (sum of lines 8-13)						14.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 14-0135 HHA CCN: 14-7206		Period: From 10/01/2016 To 09/30/2017		Worksheet H-3 Part I Date/Time Prepared: 12/21/2017 4:30 pm		
				Title XVIII		Home Health Agency I	PPS	
Cost Center Description	Program Covered Charges			Cost of Services				
	Part A	Part B			Part A	Part B		
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance			Not Subject to Deductibles & Coinsurance		Subject to Deductibles & Coinsurance
	6.00	7.00	8.00	9.00	10.00	11.00		
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	0	114,411	0	0	0	15.00	
16.00	Cost of Drugs		0	0	0	0	16.00	
Cost Center Description		Total Program Cost (sum of col.s. 9-10)						
		12.00						
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2,058,475					1.00	
2.00	Physical Therapy	612,872					2.00	
3.00	Occupational Therapy	53,757					3.00	
4.00	Speech Pathology	5,303					4.00	
5.00	Medical Social Services	9,676					5.00	
6.00	Home Health Aide	197,049					6.00	
7.00	Total (sum of lines 1-6)	2,937,132					7.00	
Cost Center Description								
		12.00						
Limitation Cost Computation								
8.00	Skilled Nursing Care						8.00	
9.00	Physical Therapy						9.00	
10.00	Occupational Therapy						10.00	
11.00	Speech Pathology						11.00	
12.00	Medical Social Services						12.00	
13.00	Home Health Aide						13.00	
14.00	Total (sum of lines 8-13)						14.00	

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0135
HHA CCN: 14-7206

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

Worksheet H-3
Part II
Date/Time Prepared:
12/21/2017 4:30 pm
PPS

Title XVIII

Home Health Agency I

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00 Physical Therapy	66.00	0.308430	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.086705	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.193571	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.539785	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.388839	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0135 HHA CCN: 14-7206	Period: From 10/01/2016 To 09/30/2017	Worksheet H-4 Part I-11 Date/Time Prepared: 12/21/2017 4:30 pm
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount 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(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	2,184,491
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	92,508
13.00	Total PPS Reimbursement - LUPA Episodes		0	47,834
14.00	Total PPS Reimbursement - PEP Episodes		0	15,081
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	30,313
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	2,463
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	2,372,690
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	2,372,690
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	2,372,690
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	2,372,690
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
31.00	Subtotal (see instructions)		0	2,372,690
31.01	Sequestration adjustment (see instructions)		0	46,031
32.00	Interim payments (see instructions)		0	2,326,659
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

Provider CCN: 14-0135
HHA CCN: 14-7206

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

Worksheet H-5
Date/Time Prepared:
12/21/2017 4:30 pm
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		2,326,659	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			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			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. H-4, Part II, column as appropriate, line 32)		0		2,326,659	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			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			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)		0		2,326,659	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				0	1.00	2.00
8.00	Name of Contractor					8.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 14-0135

Period: From 10/01/2016

Worksheet 0

Hospice CCN: 14-1517

To 09/30/2017

Date/Time Prepared: 12/21/2017 4:30 pm

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI - CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	55,421	55,421	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	389,650	0	389,650	0	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	11,237	11,237	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	6.00
7.00	HOUSEKEEPING*	0	0	0	0	7.00
8.00	DIETARY*	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	489	489	0	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	34,635	34,635	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	0	0	13.00
14.00	PHARMACY*	0	51,610	51,610	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	315,130	315,130	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES					17.00
DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED**	0	0	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	0	0	0	26.00
27.00	NURSE PRACTITIONER**	0	0	0	0	27.00
28.00	REGISTERED NURSE**	396,783	0	396,783	0	28.00
29.00	LPN/LVN**	0	0	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING**	0	0	0	0	34.00
35.00	DIETARY COUNSELING**	0	0	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION**	0	0	0	0	39.00
40.00	IMAGING SERVICES**	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	0	0	42.00
43.00	OUTPATIENT SERVICES**	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	0	0	46.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM *	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	0	0	61.00
62.00	FUNDRAISING*	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	66.00
67.00	ADVERTISING*	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	68.00
69.00	THRIFT STORE*	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	71.00
100.00	TOTAL	786,433	468,522	1,254,955	0	100.00

* Transfer the amounts in column 7 to Wkst. 0-5, column 1, line as appropriate.

** See instructions. Do not transfer the amounts in column 7 to Wkst. 0-5.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 14-0135

Period: From 10/01/2016

Worksheet 0

Hospice CCN: 14-1517

To 09/30/2017

Date/Time Prepared: 12/21/2017 4:30 pm

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	55,421	3.00
4.00	ADMINISTRATIVE & GENERAL*	0	389,650	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	11,237	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	6.00
7.00	HOUSEKEEPING*	0	0	7.00
8.00	DIETARY*	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	-489	0	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	34,635	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	13.00
14.00	PHARMACY*	0	51,610	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	315,130	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			17.00
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED**	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	0	26.00
27.00	NURSE PRACTITIONER**	0	0	27.00
28.00	REGISTERED NURSE**	0	396,783	28.00
29.00	LPN/LVN**	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	0	33.00
34.00	SPIRITUAL COUNSELING**	0	0	34.00
35.00	DIETARY COUNSELING**	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	38.00
39.00	PATIENT TRANSPORTATION**	0	0	39.00
40.00	IMAGING SERVICES**	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	42.00
43.00	OUTPATIENT SERVICES**	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	46.00
NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	61.00
62.00	FUNDRAISING*	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	66.00
67.00	ADVERTISING*	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	68.00
69.00	THRIFT STORE*	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	71.00
100.00	TOTAL	-489	1,254,466	100.00

* Transfer the amounts in column 7 to Wkst. 0-5, column 1, line as appropriate.

** See instructions. Do not transfer the amounts in column 7 to Wkst. 0-5.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE ROUTINE HOME CARE

Provider CCN: 14-0135

Period: From 10/01/2016

Worksheet 0-2

Hospice CCN: 14-1517

To 09/30/2017

Date/Time Prepared: 12/21/2017 4:30 pm

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFICATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DI RECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	303,992	0	303,992	0	303,992	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	303,992	0	303,992	0	303,992	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 51.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DI RECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	303,992	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	303,992	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 51.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE GENERAL INPATIENT CARE	Provider CCN: 14-0135 Hospice CCN: 14-1517	Period: From 10/01/2016 To 09/30/2017	Worksheet 0-4 Date/Time Prepared: 12/21/2017 4:30 pm
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		SALARIES	OTHER	SUBTOTAL (col . 1 + col . 2)	Hospice I RECLASSIFI - CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED	0	0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	92,791	0	92,791	0	92,791	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	92,791	0	92,791	0	92,791	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 53.

		ADJUSTMENTS	TOTAL (col . 5 ± col . 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	92,791	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	92,791	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 53.

COST ALLOCATION - DETERMINATION OF HOSPITAL-BASED HOSPICE NET EXPENSES FOR ALLOCATION

Provider CCN: 14-0135

Period: From 10/01/2016

Worksheet 0-5

Hospice CCN: 14-1517

To 09/30/2017

Date/Time Prepared: 12/21/2017 4:30 pm

Descriptions		Hospice I		
		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)	TOTAL EXPENSES (sum of cols. 1 + 2)
		1.00	2.00	3.00
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0
3.00	EMPLOYEE BENEFITS DEPARTMENT	55,421	145,444	200,865
4.00	ADMINISTRATIVE & GENERAL	389,650	247,216	636,866
5.00	PLANT OPERATION & MAINTENANCE	11,237	0	11,237
6.00	LAUNDRY & LINEN SERVICE	0	1,381	1,381
7.00	HOUSEKEEPING	0	0	0
8.00	DIETARY	0	0	0
9.00	NURSING ADMINISTRATION	0	0	0
10.00	ROUTINE MEDICAL SUPPLIES	0	1,116	1,116
11.00	MEDICAL RECORDS	0	7,814	7,814
12.00	STAFF TRANSPORTATION	34,635	0	34,635
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0
14.00	PHARMACY	51,610	14,203	65,813
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0
16.00	OTHER GENERAL SERVICE	315,130	0	315,130
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0
LEVEL OF CARE				
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0
51.00	HOSPICE ROUTINE HOME CARE	303,992	0	303,992
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0
53.00	HOSPICE GENERAL INPATIENT CARE	92,791	0	92,791
NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM	0	0	0
61.00	VOLUNTEER PROGRAM	0	0	0
62.00	FUNDRAISING	0	0	0
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0
64.00	PALLIATIVE CARE PROGRAM	0	0	0
65.00	OTHER PHYSICIAN SERVICES	0	0	0
66.00	RESIDENTIAL CARE	0	0	0
67.00	ADVERTISING	0	0	0
68.00	TELEHEALTH/TELEMONITORING	0	0	0
69.00	THRIFT STORE	0	0	0
70.00	NURSING FACILITY ROOM & BOARD	0	0	0
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0
99.00	NEGATIVE COST CENTER	0	0	0
100.00	TOTAL	1,254,466	417,174	1,671,640

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0135

Period: From 10/01/2016

Worksheet 0-6

Hospice CCN: 14-1517

To 09/30/2017

Part I
Date/Time Prepared:
12/21/2017 4:30 pm

Descriptions	Hospice I				SUBTOTAL	
	TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT		
	0	1.00	2.00	3.00	3A	
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0			1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0		0		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	200,865	0	0	200,865	3.00
4.00	ADMINISTRATIVE & GENERAL	636,866	0	0	200,865	837,731
5.00	PLANT OPERATION & MAINTENANCE	11,237	0	0	0	11,237
6.00	LAUNDRY & LINEN SERVICE	1,381	0	0	0	1,381
7.00	HOUSEKEEPING	0	0	0	0	0
8.00	DIETARY	0	0	0	0	0
9.00	NURSING ADMINISTRATION	0	0	0	0	0
10.00	ROUTINE MEDICAL SUPPLIES	1,116	0	0	0	1,116
11.00	MEDICAL RECORDS	7,814	0	0	0	7,814
12.00	STAFF TRANSPORTATION	34,635	0	0	0	34,635
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0
14.00	PHARMACY	65,813	0	0	0	65,813
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0
16.00	OTHER GENERAL SERVICE	315,130	0	0	0	315,130
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0		0
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0
51.00	HOSPICE ROUTINE HOME CARE	303,992			0	303,992
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0	0	0
53.00	HOSPICE GENERAL INPATIENT CARE	92,791	0	0	0	92,791
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0
61.00	VOLUNTEER PROGRAM	0	0	0	0	0
62.00	FUNDRAISING	0	0	0	0	0
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0
66.00	RESIDENTIAL CARE	0	0	0	0	0
67.00	ADVERTISING	0	0	0	0	0
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0
69.00	THRIFT STORE	0	0	0	0	0
70.00	NURSING FACILITY ROOM & BOARD	0				0
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0
99.00	NEGATIVE COST CENTER	0	0	0	0	0
100.00	TOTAL	1,671,640	0	0	200,865	1,671,640

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0135

Period: From 10/01/2016

Worksheet 0-6

Hospice CCN: 14-1517

To 09/30/2017

Part I
Date/Time Prepared:
12/21/2017 4:30 pm

Descriptions	Hospice I					
	ADMINISTRATIVE & GENERAL	PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
3.00 EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00 ADMINISTRATIVE & GENERAL	837,731					4.00
5.00 PLANT OPERATION & MAINTENANCE	11,288	22,525				5.00
6.00 LAUNDRY & LINEN SERVICE	1,387	0	2,768			6.00
7.00 HOUSEKEEPING	0	0		0		7.00
8.00 DIETARY	0	0		0	0	8.00
9.00 NURSING ADMINISTRATION	0	0		0		9.00
10.00 ROUTINE MEDICAL SUPPLIES	1,121	0		0		10.00
11.00 MEDICAL RECORDS	7,850	0		0		11.00
12.00 STAFF TRANSPORTATION	34,794	0		0		12.00
13.00 VOLUNTEER SERVICE COORDINATION	0	0		0		13.00
14.00 PHARMACY	66,115	0		0		14.00
15.00 PHYSICIAN ADMINISTRATIVE SERVICES	0	0		0		15.00
16.00 OTHER GENERAL SERVICE	316,575	0		0		16.00
17.00 PATIENT/RESIDENTIAL CARE SERVICES	0	0		0		17.00
LEVEL OF CARE						
50.00 HOSPICE CONTINUOUS HOME CARE	0					50.00
51.00 HOSPICE ROUTINE HOME CARE	305,385					51.00
52.00 HOSPICE INPATIENT RESPIRE CARE	0	0	0	0	0	52.00
53.00 HOSPICE GENERAL INPATIENT CARE	93,216	22,525	2,768	0	0	53.00
NONREIMBURSABLE COST CENTERS						
60.00 BEREAVEMENT PROGRAM	0	0		0		60.00
61.00 VOLUNTEER PROGRAM	0	0		0		61.00
62.00 FUNDRAISING	0	0		0		62.00
63.00 HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0		0		63.00
64.00 PALLIATIVE CARE PROGRAM	0	0		0		64.00
65.00 OTHER PHYSICIAN SERVICES	0	0		0		65.00
66.00 RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00 ADVERTISING	0	0		0		67.00
68.00 TELEHEALTH/TELEMONITORING	0	0		0		68.00
69.00 THRIFT STORE	0	0		0		69.00
70.00 NURSING FACILITY ROOM & BOARD						70.00
71.00 OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00 NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00 TOTAL	837,731	22,525	2,768	0	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0135

Period:

Worksheet 0-6

Hospice CCN: 14-1517

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

Part I
Date/Time Prepared:
12/21/2017 4:30 pm

Descriptions	Hospice I					
	NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
	9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00	0					9.00
10.00	0	2,237				10.00
11.00	0		15,664			11.00
12.00	0			69,429		12.00
13.00	0				0	13.00
14.00	0				0	14.00
15.00	0				0	15.00
16.00	0				0	16.00
17.00	0				0	17.00
LEVEL OF CARE						
50.00	0	0	0	0	0	50.00
51.00	0	1,714	12,001	53,192	0	51.00
52.00	0	0	0	0	0	52.00
53.00	0	523	3,663	16,237	0	53.00
NONREIMBURSABLE COST CENTERS						
60.00	0				0	60.00
61.00	0				0	61.00
62.00	0				0	62.00
63.00	0				0	63.00
64.00	0				0	64.00
65.00	0				0	65.00
66.00	0				0	66.00
67.00	0				0	67.00
68.00	0				0	68.00
69.00	0				0	69.00
70.00						70.00
71.00	0				0	71.00
99.00	0	0	0	0	0	99.00
100.00	0	2,237	15,664	69,429	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0135

Period: From 10/01/2016

Worksheet 0-6

Hospice CCN: 14-1517

To 09/30/2017

Part I
Date/Time Prepared:
12/21/2017 4:30 pm

Descriptions	Hospice I				TOTAL	
	PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
	14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00	131,928					14.00
15.00	0	0				15.00
16.00	0		631,705			16.00
17.00				0		17.00
LEVEL OF CARE						
50.00	0	0	0		0	50.00
51.00	101,076	0	483,976		1,261,336	51.00
52.00	0	0	0	0	0	52.00
53.00	30,852	0	147,729	0	410,304	53.00
NONREIMBURSABLE COST CENTERS						
60.00	0		0		0	60.00
61.00	0		0		0	61.00
62.00	0		0		0	62.00
63.00	0		0		0	63.00
64.00	0		0		0	64.00
65.00	0		0		0	65.00
66.00	0	0	0	0	0	66.00
67.00	0		0		0	67.00
68.00	0		0		0	68.00
69.00	0		0		0	69.00
70.00	0		0		0	70.00
71.00	0	0	0	0	0	71.00
99.00	0	0	0	0	0	99.00
100.00	131,928	0	631,705	0	1,671,640	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 14-0135

Hospice CCN: 14-1517

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

Worksheet 0-6
Part II
Date/Time Prepared:
12/21/2017 4:30 pm

Cost Center Descriptions		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	HOSPICE I RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIX	0					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		0				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	101,864			3.00
4.00	ADMINISTRATIVE & GENERAL	0	0	101,864	-837,731	833,909	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	11,237	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	1,381	6.00
7.00	HOUSEKEEPING	0	0	0	0	0	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	1,116	10.00
11.00	MEDICAL RECORDS	0	0	0	0	7,814	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	34,635	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0	13.00
14.00	PHARMACY	0	0	0	0	65,813	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	315,130	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			0	0	303,992	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	92,791	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)			200,865		837,731	100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	1.971894		1.004583	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 14-0135

Period:

Worksheet 0-6

Hospice CCN: 14-1517

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

Part II
Date/Time Prepared:
12/21/2017 4:30 pm

Cost Center Descriptions		Hospice I					
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	3,372					5.00
6.00	LAUNDRY & LINEN SERVICE	0	3,372				6.00
7.00	HOUSEKEEPING	0		0			7.00
8.00	DIETARY	0		0	0		8.00
9.00	NURSING ADMINISTRATION	0		0		0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0		0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					0	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	3,372	3,372	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0		0		0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	22,525	2,768	0	0	0	100.00
101.00	UNIT COST MULTIPLIER	6.680012	0.820878	0.000000	0.000000	0.000000	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 14-0135

Period:

Worksheet 0-6

Hospice CCN: 14-1517

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

Part II
Date/Time Prepared:
12/21/2017 4:30 pm

Cost Center Descriptions		Hospice I					
		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES	14,419					10.00
11.00	MEDICAL RECORDS		14,419				11.00
12.00	STAFF TRANSPORTATION			14,419			12.00
13.00	VOLUNTEER SERVICE COORDINATION				0		13.00
14.00	PHARMACY					0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES					0	15.00
16.00	OTHER GENERAL SERVICE					0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES					0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	11,047	11,047	11,047	0	11,047	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	3,372	3,372	3,372	0	3,372	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD			0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	2,237	15,664	69,429	0	131,928	100.00
101.00	UNIT COST MULTIPLIER	0.155143	1.086344	4.815105	0.000000	9.149594	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 14-0135

Period:

Worksheet 0-6

Hospice CCN: 14-1517

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

Part II
Date/Time Prepared:
12/21/2017 4:30 pm

Cost Center Descriptions		PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)	Hospice I	
		15.00	16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0				15.00
16.00	OTHER GENERAL SERVICE		14,419			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			0		17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	0	11,047			51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	3,372	0		53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM		0			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		0			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	0		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD		0			70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	631,705	0		100.00
101.00	UNIT COST MULTIPLIER	0.000000	43,810597	0.000000		101.00

APPORTIONMENT OF HOSPITAL-BASED HOSPICE SHARED SERVICE COSTS BY LEVEL OF CARE

Provider CCN: 14-0135

Period: From 10/01/2016

Worksheet 0-7

Hospice CCN: 14-1517

To 09/30/2017

Date/Time Prepared: 12/21/2017 4:30 pm

Hospice I

Cost Center Descriptions	From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)				
			HCHC	HRHC	HIRC		
			0	1.00	2.00		3.00
ANCI LLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	66.00	0.308430	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.086705	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.193571	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.388839	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.080301	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.539785	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.266060	0	0	0	9.00
10.00	OTHER ANCI LLARY SERVICE COST CENTERS	76.00					10.00
11.00	Totals (sum of lines 1-11)						11.00
Cost Center Descriptions	Charges by LOC (from Provider Records)		Shared Service Costs by LOC				
	HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)		
	5.00	6.00	7.00	8.00	9.00		
ANCI LLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	9.00
10.00	OTHER ANCI LLARY SERVICE COST CENTERS						10.00
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 14-0135

Period:

Worksheet 0-8

Hospice CCN: 14-1517

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

Date/Time Prepared:
12/21/2017 4:30 pm

		Hospice I		
		TITLE XVII MEDI CARE	TITLE XIX MEDI CAID	TOTAL
		1.00	2.00	3.00
HOSPICE CONTINUOUS HOME CARE				
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0
3.00	Total average cost per diem (line 1 divided by line 2)			0.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	0	0	0
5.00	Program cost (line 3 times line 4)	0	0	0
HOSPICE ROUTINE HOME CARE				
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			1,261,336
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			11,047
8.00	Total average cost per diem (line 6 divided by line 7)			114.18
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	9,992	126	0
10.00	Program cost (line 8 times line 9)	1,140,887	14,387	0
HOSPICE INPATIENT RESPITE CARE				
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			0
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			0
13.00	Total average cost per diem (line 11 divided by line 12)			0.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	0	0	0
15.00	Program cost (line 13 times line 14)	0	0	0
HOSPICE GENERAL INPATIENT CARE				
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			410,304
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			3,372
18.00	Total average cost per diem (line 16 divided by line 17)			121.68
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	2,910	24	0
20.00	Program cost (line 18 times line 19)	354,089	2,920	0
TOTAL HOSPICE CARE				
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			1,671,640
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			14,419
23.00	Average cost per diem (line 21 divided by line 22)			115.93

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0135	Period: From 10/01/2016 To 09/30/2017	Worksheet L Parts I-III Date/Time Prepared: 12/21/2017 4:30 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,108,475	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		47,918	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)		100.08	3.00
4.00	Number of interns & residents (see instructions)		13.01	4.00
5.00	Indirect medical education percentage (see instructions)		3.74	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)		116,257	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.23	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		17.93	8.00
9.00	Sum of lines 7 and 8		23.16	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.80	10.00
11.00	Disproportionate share adjustment (see instructions)		149,207	11.00
12.00	Total prospective capital payments (see instructions)		3,421,857	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