

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: 14-0281	Period: From 09/01/2016 To 08/31/2017	Worksheet S Parts I-III Date/Time Prepared: 1/30/2018 11:24 am
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 1/30/2018	Time: 11:24 am
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by NORTHWESTERN MEMORIAL HOSPITAL (14-0281) for the cost reporting period beginning 09/01/2016 and ending 08/31/2017 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

 Title

 Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-839,165	-256,751	0	21,618	1.00
2.00 Subprovider - IPF	0	8,049	1		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
200.00 Total	0	-831,116	-256,750	0	21,618	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: 14-0281			Period: From 09/01/2016 To 08/31/2017		Worksheet S-2 Part I Date/Time Prepared: 1/30/2018 11:21 am		
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IL Zip Code: 60611		4.00 County: COOK			
1.00 Street: 251E HURON	2.00 City: CHI CAGO								
Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
3.00 Hospital and Hospital-Based Component Identification:									
3.00 Hospital	NORTHWESTERN MEMORIAL HOSPITAL	140281	16974	1	09/01/1972	N	P	O	3.00
4.00 Subprovider - IPF	NORTHWESTERN MEMORIAL PSYCH UNIT	14S281	16974	4	09/01/1984	N	P	O	4.00
5.00 Subprovider - IRF									5.00
6.00 Subprovider - (Other)									6.00
7.00 Swing Beds - SNF									7.00
8.00 Swing Beds - NF									8.00
9.00 Hospital-Based SNF									9.00
10.00 Hospital-Based NF									10.00
11.00 Hospital-Based OLTC									11.00
12.00 Hospital-Based HHA									12.00
13.00 Separately Certified ASC									13.00
14.00 Hospital-Based Hospice									14.00
15.00 Hospital-Based Health Clinic - RHC									15.00
16.00 Hospital-Based Health Clinic - FQHC									16.00
17.00 Hospital-Based (CMHC) I									17.00
18.00 Renal Dialysis									18.00
19.00 Other									19.00
					From:	To:			
					1.00	2.00			
20.00 Cost Reporting Period (mm/dd/yyyy)					09/01/2016	08/31/2017		20.00	
21.00 Type of Control (see instructions)					2			21.00	
Inpatient PPS Information									
22.00 Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00	
22.01 Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		22.01	
22.02 Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02	
22.03 Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		22.03	
23.00 Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						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.	10,115		7,275	0	0	29,293	0		24.00
25.00 If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0		0	0	0	0	0		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0281	Period: From 09/01/2016 To 08/31/2017	Worksheet S-2 Part I Date/Time Prepared: 1/30/2018 11:21 am			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	2	08/29/2017			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00	
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)	N				37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00	
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N			39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	Y	Y			40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
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.	Y				59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under 413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05

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	Y/N	IME	Direct GME	IME	Direct GME		
	1.00	2.00	3.00	4.00	5.00		
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)	0.00	0.00				61.06
	Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count			
	1.00	2.00	3.00	4.00			
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.		0.00	0.00			61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.		0.00	0.00			61.20
						1.00	
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)					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)	13.16	319.21	0.039594			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)	INTERNAL MEDICINE	1400	21.55	115.30	0.157472	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)			19.60	386.77	0.048232	
		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)	INTERNAL MEDICINE	1400	23.72	113.73	0.172572	
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)				Y	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)					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.					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		Speech		Respiratory	
		1.00		3.00		4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					109.00	
				1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N		110.00	
				1.00		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.	N				116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00	
		Premiums		Losses		Insurance	
		1.00		2.00		3.00	
118.01	List amounts of malpractice premiums and paid losses:	6,526,704		31,048,516		-1,755,749	
				1.00		2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02	
119.00	DO NOT USE THIS LINE					119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00	
122.00	Does the cost report contain state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N				122.00	
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.	Y				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.	07/01/1973				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.	09/29/2006				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.	02/02/1996				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.	12/29/2015				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.	07/01/1999				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: 14-0281	Period: From 09/01/2016 To 08/31/2017	Worksheet S-2 Part I Date/Time Prepared: 1/30/2018 11:21 am		
		1.00	2.00			
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00
All Providers						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y		HBO640	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: NORTHWESTERN MEMORIAL HEALTHCARE	Contractor's Name: NGS - INC		Contractor's Number: 06101		141.00
142.00	Street: 251 E HURON ST	PO Box:	PO BOX 6474 INDIANAPOLIS IN 46206			142.00
143.00	City: CHICAGO	State:	IL	Zip Code:	60611	143.00
				1.00		
144.00	Are provider based physicians' costs included in Worksheet A?		Y			
				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		N	145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N			
				1.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.				N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.				N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.				N	149.00
		Part A	Part B	Title V	Title XIX	
		1.00	2.00	3.00	4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)						
155.00	Hospital	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00
				1.00		
Multi campus						
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N	165.00
		Name	County	State	Zip Code	CBSA
		0	1.00	2.00	3.00	4.00
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	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					9.99

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0281	Period: From 09/01/2016 To 08/31/2017	Worksheet S-2 Part I Date/Time Prepared: 1/30/2018 11:21 am
		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	09/01/2015	08/31/2016	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: 14-0281		Period: From 09/01/2016 To 08/31/2017		Worksheet S-2 Part II Date/Time Prepared: 1/30/2018 11:21 am	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		11/30/2017		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.	Y					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	Y					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				Y		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		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	12/01/2017		Y	12/01/2017	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N			N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N			N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0281	Period: From 09/01/2016 To 08/31/2017	Worksheet S-2 Part II Date/Time Prepared: 1/30/2018 11:21 am		
		Description		Y/N	Y/N	
		0		1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	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.					34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.					35.00
				Y/N	Date	
				1.00	2.00	
Home Office Costs						
36.00	Were home office costs claimed on the cost report?					36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.					37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.					38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.					39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.					40.00
		1.00		2.00		
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.	JOHN		VANDER LAAN		41.00
42.00	Enter the employer/company name of the cost report preparer.	NORTHWESTERN MEMORIAL HOSPITAL				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	312 926 6618		JVANDERL@NM.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0281	Period: From 09/01/2016 To 08/31/2017	Worksheet S-2 Part II Date/Time Prepared: 1/30/2018 11:21 am
		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.	MANAGER OF REIMB		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: 14-0281

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

Worksheet S-3
Part I
Date/Time Prepared:
1/30/2018 11:21 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Visi ts / Tri ps	
					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	679	245,759	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)		679	245,759	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	106	38,535	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 SPECIAL CARE NURSERY	35.00	86	31,300	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		871	315,594	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	29	10,585		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	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)		900				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)		32	11,680			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: 14-0281

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

Worksheet S-3
Part I
Date/Time Prepared:
1/30/2018 11:21 am

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)	53,793	11,499	177,146			1.00
2.00 HMO and other (see instructions)	10,710	29,293				2.00
3.00 HMO IPF Subprovider	227	1,308				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	53,793	11,499	177,146			7.00
8.00 INTENSIVE CARE UNIT	11,624	1,919	29,572			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 SPECIAL CARE NURSERY	0	1,224	18,857			12.00
13.00 NURSERY		1,536	23,660			13.00
14.00 Total (see instructions)	65,417	16,178	249,235	540.90	4,689.77	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	2,179	984	8,921	2.92	39.72	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0	0	0	0.00	0.00	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)				543.82	4,729.49	27.00
28.00 Observation Bed Days		0	13,382			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			4,170			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	1,212	5,451			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			571			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0281

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

Worksheet S-3
Part I
Date/Time Prepared:
1/30/2018 11:21 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	11,461	2,943	43,474	1.00
2.00 HMO and other (see instructions)			1,588	5,499		2.00
3.00 HMO IPF Subprovider				130		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 SPECIAL CARE NURSERY						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	11,461	2,943	43,474	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	206	119	1,005	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	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: 14-0281

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

Worksheet S-3
Part II
Date/Time Prepared:
1/30/2018 11:21 am

	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 II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	441,920,539	-4,214,939	437,705,600	12,105,327.00	36.16
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		9,470,609	0	9,470,609	58,115.00	162.96
4.01	Physicians - Part A - Teaching		2,355,689	0	2,355,689	22,962.00	102.59
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	33,235,486	33,235,486	1,145,082.00	29.02
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		12,525,087	1,026,500	13,551,587	282,980.00	47.89
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		2,966,356	0	2,966,356	40,781.00	72.74
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		0	0	0	0.00	0.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		139,511,881	0	139,511,881	2,490,101.00	56.03
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		97,410,794	0	97,410,794		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		2,309,474	0	2,309,474		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		1,448,582	0	1,448,582		
22.01	Physician Part A - Teaching		413,053	0	413,053		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		5,486,367	0	5,486,367		
25.50	Home office wage-related		0	0	0		
25.51	Related organization wage-related		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	91	0	91	0.00	0.00
27.00	Administrative & General	5.00	55,753,001	-18,067,671	37,685,330	580,513.00	64.92

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0281

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

Worksheet S-3
Part II
Date/Time Prepared:
1/30/2018 11:21 am

	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.)	0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00 0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00 1,853,720	0	1,853,720	50,788.00	36.50	30.00
31.00	Laundry & Linen Service	8.00 0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00 14,575,589	0	14,575,589	722,844.00	20.16	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00 7,385,778	-1,817,115	5,568,663	245,973.00	22.64	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00 0	1,817,115	1,817,115	80,264.00	22.64	36.00
37.00	Maintenance of Personnel	12.00 0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00 7,643,693	169,974	7,813,667	145,481.00	53.71	38.00
39.00	Central Services and Supply	14.00 6,956,520	0	6,956,520	285,165.00	24.39	39.00
40.00	Pharmacy	15.00 21,725,762	-1,184,202	20,541,560	492,892.00	41.68	40.00
41.00	Medical Records & Medical Records Library	16.00 2,413,016	0	2,413,016	75,893.00	31.79	41.00
42.00	Social Service	17.00 3,113,264	0	3,113,264	105,023.00	29.64	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0281

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

Worksheet S-3
Part III
Date/Time Prepared:
1/30/2018 11:21 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	439,564,850	-37,450,425	402,114,425	10,937,283.00	36.77	1.00
2.00	Excluded area salaries (see instructions)	12,525,087	1,026,500	13,551,587	282,980.00	47.89	2.00
3.00	Subtotal salaries (line 1 minus line 2)	427,039,763	-38,476,925	388,562,838	10,654,303.00	36.47	3.00
4.00	Subtotal other wages & related costs (see inst.)	142,478,237	0	142,478,237	2,530,882.00	56.30	4.00
5.00	Subtotal wage-related costs (see inst.)	98,859,376	0	98,859,376	0.00	25.44	5.00
6.00	Total (sum of lines 3 thru 5)	668,377,376	-38,476,925	629,900,451	13,185,185.00	47.77	6.00
7.00	Total overhead cost (see instructions)	121,420,434	-19,081,899	102,338,535	2,784,836.00	36.75	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 14-0281	Period: From 09/01/2016 To 08/31/2017	Worksheet S-3 Part IV Date/Time Prepared: 1/30/2018 11:21 am
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	27,235,701	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	33,716,600	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	12,464,898	9.00
10.00	Dental, Hearing and Vision Plan	1,965,074	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	755,125	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)	1,115,762	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	209,512	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	28,266,608	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	-587,898	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	759,037	22.00
23.00	Tuition Reimbursement	1,167,851	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	107,068,270	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COST	574,560	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 14-0281	Period: From 09/01/2016 To 08/31/2017	Worksheet S-3 Part V Date/Time Prepared: 1/30/2018 11:21 am
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 8.00
9.00	Hospital-Based NF			0 9.00
10.00	Hospital-Based OLTC			0 10.00
11.00	Hospital-Based HHA			0 11.00
12.00	Separately Certified ASC			0 12.00
13.00	Hospital-Based Hospice		0	0 13.00
14.00	Hospital-Based Health Clinic RHC			0 14.00
15.00	Hospital-Based Health Clinic FQHC			0 15.00
16.00	Hospital-Based-CMHC			0 16.00
17.00	Renal Dialysis			0 17.00
18.00	Other		0	0 18.00

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

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA		Provider CCN: 14-0281	Period: From 09/01/2016 To 08/31/2017	Worksheet S-5 Date/Time Prepared: 1/30/2018 11:21 am
		CCN	Treatments	
		1.00	2.00	
23.00	If line 10.01 is yes, enter in column 1 the CCN for each renal dialysis facility listed on Worksheet S-2, Part I, line 18, and its subscripts. Enter in column 2, the total treatments for each CCN. (see instructions)		0	23.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0281

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

Worksheet S-7

Date/Time Prepared:
1/30/2018 11:21 am

		1.00	2.00		
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.				1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.				2.00
		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)
		1.00	2.00	3.00	4.00
3.00		RUX	0	0	0 3.00
4.00		RUL	0	0	0 4.00
5.00		RVX	0	0	0 5.00
6.00		RVL	0	0	0 6.00
7.00		RHX	0	0	0 7.00
8.00		RHL	0	0	0 8.00
9.00		RMX	0	0	0 9.00
10.00		RML	0	0	0 10.00
11.00		RLX	0	0	0 11.00
12.00		RUC	0	0	0 12.00
13.00		RUB	0	0	0 13.00
14.00		RUA	0	0	0 14.00
15.00		RVC	0	0	0 15.00
16.00		RVB	0	0	0 16.00
17.00		RVA	0	0	0 17.00
18.00		RHC	0	0	0 18.00
19.00		RHB	0	0	0 19.00
20.00		RHA	0	0	0 20.00
21.00		RMC	0	0	0 21.00
22.00		RMB	0	0	0 22.00
23.00		RMA	0	0	0 23.00
24.00		RLB	0	0	0 24.00
25.00		RLA	0	0	0 25.00
26.00		ES3	0	0	0 26.00
27.00		ES2	0	0	0 27.00
28.00		ES1	0	0	0 28.00
29.00		HE2	0	0	0 29.00
30.00		HE1	0	0	0 30.00
31.00		HD2	0	0	0 31.00
32.00		HD1	0	0	0 32.00
33.00		HC2	0	0	0 33.00
34.00		HC1	0	0	0 34.00
35.00		HB2	0	0	0 35.00
36.00		HB1	0	0	0 36.00
37.00		LE2	0	0	0 37.00
38.00		LE1	0	0	0 38.00
39.00		LD2	0	0	0 39.00
40.00		LD1	0	0	0 40.00
41.00		LC2	0	0	0 41.00
42.00		LC1	0	0	0 42.00
43.00		LB2	0	0	0 43.00
44.00		LB1	0	0	0 44.00
45.00		CE2	0	0	0 45.00
46.00		CE1	0	0	0 46.00
47.00		CD2	0	0	0 47.00
48.00		CD1	0	0	0 48.00
49.00		CC2	0	0	0 49.00
50.00		CC1	0	0	0 50.00
51.00		CB2	0	0	0 51.00
52.00		CB1	0	0	0 52.00
53.00		CA2	0	0	0 53.00
54.00		CA1	0	0	0 54.00
55.00		SE3	0	0	0 55.00
56.00		SE2	0	0	0 56.00
57.00		SE1	0	0	0 57.00
58.00		SSC	0	0	0 58.00
59.00		SSB	0	0	0 59.00
60.00		SSA	0	0	0 60.00
61.00		IB2	0	0	0 61.00
62.00		IB1	0	0	0 62.00
63.00		IA2	0	0	0 63.00
64.00		IA1	0	0	0 64.00
65.00		BB2	0	0	0 65.00
66.00		BB1	0	0	0 66.00
67.00		BA2	0	0	0 67.00
68.00		BA1	0	0	0 68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0281

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

Worksheet S-7

Date/Time Prepared:
1/30/2018 11:21 am

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	0	0	0	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		0	0	0	200.00

		CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)
		1.00	2.00

201.00 SNF SERVICES
 Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable). 201.00

		Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?
		1.00	2.00	3.00

A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)

202.00	Staffing	0	0.00	202.00
203.00	Recruitment	0	0.00	203.00
204.00	Retention of employees	0	0.00	204.00
205.00	Training	0	0.00	205.00
206.00	OTHER (SPECIFY)	0	0.00	206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)	0		207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-0281	Period: From 09/01/2016 To 08/31/2017	Worksheet S-10 Date/Time Prepared: 1/30/2018 11:21 am
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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)		0.201940	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		123,171,751	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		681,025,567	6.00	
7.00	Medicaid cost (line 1 times line 6)		137,526,303	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)		14,354,552	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)		14,354,552	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)	68,712,002	34,637,419	103,349,421	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	13,875,702	34,637,419	48,513,121	21.00
22.00	Payments received from patients for amounts previously written off as charity care	562,152	113,081	675,233	22.00
23.00	Cost of charity care (line 21 minus line 22)	13,313,550	34,524,338	47,837,888	23.00
			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)		35,911,000	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		2,977,190	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		4,580,292	27.01	
28.00	Non-Medicare bad debt expense (line 26 minus line 27.01)		31,330,708	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		7,930,025	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		55,767,913	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		70,122,465	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES					Provider CCN: 14-0281	Period: From 09/01/2016 To 08/31/2017	Worksheet A Date/Time Prepared: 1/30/2018 11:21 am	
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		64,898,390	64,898,390	0	64,898,390	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		26,941,982	26,941,982	0	26,941,982	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	91	-13,865,867	-13,865,776	4,745	-13,861,031	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	55,753,001	527,782,094	583,535,095	-18,412,617	565,122,478	5.00
7.00	00700	OPERATION OF PLANT	1,853,720	66,776,108	68,629,828	0	68,629,828	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	3,651,930	3,651,930	8.00
9.00	00900	HOUSEKEEPING	14,575,589	9,256,245	23,831,834	0	23,831,834	9.00
10.00	01000	DIETARY	7,385,778	6,935,500	14,321,278	-3,516,797	10,804,481	10.00
11.00	01100	CAFETERIA	0	0	0	3,516,797	3,516,797	11.00
13.00	01300	NURSING ADMINISTRATION	7,643,693	3,012,274	10,655,967	319,034	10,975,001	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,956,520	10,547,041	17,503,561	0	17,503,561	14.00
15.00	01500	PHARMACY	21,725,762	163,699,756	185,425,518	-73,559,794	111,865,724	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,413,016	2,243,471	4,656,487	0	4,656,487	16.00
17.00	01700	SOCIAL SERVICE	3,113,264	1,531,167	4,644,431	0	4,644,431	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	38,721,853	38,721,853	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	31,060,457	4,892,130	35,952,587	-23,805,955	12,146,632	22.00
23.00	02300	PARAMED PRGM-(PHARMACY)	0	0	0	1,239,357	1,239,357	23.00
23.01	02301	PARAMED PRGM-(CHAPLAINCY)	0	0	0	213,189	213,189	23.01
23.02	02302	PARAMED PRGM-(NM SCHL)	0	0	0	357,856	357,856	23.02
23.03	02303	PARAMED PRGM-(RAD THER)	0	0	0	326,800	326,800	23.03
23.04	02304	PARAMED PRGM-(NUCLEAR MED)	0	0	0	327,288	327,288	23.04
23.05	02305	PARAMED PRGM-(SONOGRAPHY)	0	0	0	378,687	378,687	23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	83,059,045	41,795,463	124,854,508	-1,458,337	123,396,171	30.00
31.00	03100	INTENSIVE CARE UNIT	22,323,111	11,444,600	33,767,711	477,467	34,245,178	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02060	SPECIAL CARE NURSERY	10,956,852	3,784,513	14,741,365	304,458	15,045,823	35.00
40.00	04000	SUBPROVIDER - I PF	3,172,963	876,095	4,049,058	0	4,049,058	40.00
43.00	04300	NURSERY	0	0	0	3,576,396	3,576,396	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	27,029,131	97,540,238	124,569,369	-98,355,932	26,213,437	50.00
51.00	05100	RECOVERY ROOM	5,739,846	1,856,191	7,596,037	96,740	7,692,777	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,890,532	6,473,487	20,364,019	-411,549	19,952,470	52.00
53.00	05300	ANESTHESIOLOGY	1,956,357	4,418,505	6,374,862	-417,407	5,957,455	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,503,912	20,505,214	38,009,126	-8,674,516	29,334,610	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	7,035,740	3,788,190	10,823,930	-91,287	10,732,643	55.00
56.00	05600	RADIOISOTOPE	2,387,877	7,376,855	9,764,732	-4,003,802	5,760,930	56.00
57.00	05700	CT SCAN	4,950,836	4,031,297	8,982,133	-574,872	8,407,261	57.00
58.00	05800	MRI	7,502,013	5,626,479	13,128,492	-4,968,013	8,160,479	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,353,064	15,011,776	16,364,840	-13,469,985	2,894,855	59.00
59.01	03650	VASCULAR LAB	1,093,435	253,976	1,347,411	0	1,347,411	59.01
59.02	03140	CARDIAC GRAPHICS	3,296,166	2,771,104	6,067,270	62,949	6,130,219	59.02
59.03	03560	PULMONARY FUNCTION	419,487	389,535	809,022	-41,886	767,136	59.03
59.04	03290	EPS	924,811	13,352,773	14,277,584	-11,554,786	2,722,798	59.04
59.05	03340	GI	5,188,504	7,236,311	12,424,815	-950,274	11,474,541	59.05
60.00	06000	LABORATORY	21,180,533	63,563,182	84,743,715	54,787	84,798,502	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	10,048,859	10,048,859	-74,196	9,974,663	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,793,266	3,997,430	6,790,696	13,086	6,803,782	63.00
65.00	06500	RESPIRATORY THERAPY	7,643,858	4,722,450	12,366,308	-315,224	12,051,084	65.00
66.00	06600	PHYSICAL THERAPY	2,561,203	1,698,983	4,260,186	-131,107	4,129,079	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,465,941	425,051	1,890,992	-6,705	1,884,287	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,390,594	1,794,032	4,184,626	91,069	4,275,695	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	57,569,804	57,569,804	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	81,195,388	81,195,388	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	74,997,596	74,997,596	73.00
76.97	07697	CARDIAC REHABILITATION	318,263	187,216	505,479	9,408	514,887	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	4,080,303	1,871,317	5,951,620	484,488	6,436,108	90.00
90.01	09001	PSYCH CLINIC	3,249,104	2,354,372	5,603,476	191,643	5,795,119	90.01
90.02	09002	TRANSPLANT CLINIC	587,127	408,208	995,335	2,278,124	3,273,459	90.02
90.03	09003	OB CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	11,572,804	5,951,583	17,524,387	327,894	17,852,281	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	2,460,846	949,305	3,410,151	0	3,410,151	92.01
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	278,459	278,459	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	1,062,361	8,045,675	9,108,036	1,453,929	10,561,965	105.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0281

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

Worksheet A
Date/Time Prepared:
1/30/2018 11:21 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
106.00	10600	HEART ACQUISITION	356,792	2,117,598	2,474,390	321,241	2,795,631	106.00
107.00	10700	LIVER ACQUISITION	621,548	4,369,854	4,991,402	495,748	5,487,150	107.00
108.00	10800	LUNG ACQUISITION	443,681	713,833	1,157,514	-42,304	1,115,210	108.00
109.00	10900	PANCREAS ACQUISITION	0	943,388	943,388	122,425	1,065,813	109.00
116.00	11600	HOSPICE	0	635	635	0	635	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	435,052,797	1,237,345,864	1,672,398,661	8,623,290	1,681,021,951	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	32,851	75,993	108,844	0	108,844	190.00
191.00	19100	RESEARCH	0	-1,100	-1,100	2,604,350	2,603,250	191.00
191.01	19101	SPONSERED PROJECT	0	0	0	2,656,451	2,656,451	191.01
194.00	07950	REAL ESTATE	54,337	22,199,439	22,253,776	0	22,253,776	194.00
194.01	07951	MARKETING, OTHER NON-REIMB	0	190,710	190,710	0	190,710	194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY	6,780,554	7,211,827	13,992,381	-13,884,091	108,290	194.02
200.00		TOTAL (SUM OF LINES 118-199)	441,920,539	1,267,022,733	1,708,943,272	0	1,708,943,272	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0281

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

Worksheet A
Date/Time Prepared:
1/30/2018 11:21 am

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	23,155,285	88,053,675	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,572	26,943,554	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-2,666,267	-16,527,298	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-230,172,673	334,949,805	5.00
7.00	00700	OPERATION OF PLANT	-24,285,627	44,344,201	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,651,930	8.00
9.00	00900	HOUSEKEEPING	-1,530,521	22,301,313	9.00
10.00	01000	DIETARY	-42,841	10,761,640	10.00
11.00	01100	CAFETERIA	-1,228,656	2,288,141	11.00
13.00	01300	NURSING ADMINISTRATION	-196,908	10,778,093	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-70,987	17,432,574	14.00
15.00	01500	PHARMACY	-87,031,636	24,834,088	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-48,668	4,607,819	16.00
17.00	01700	SOCIAL SERVICE	-118,720	4,525,711	17.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	38,721,853	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-3,603,791	8,542,841	22.00
23.00	02300	PARAMED ED PRGM-(PHARMACY)	-106	1,239,251	23.00
23.01	02301	PARAMED ED PRGM-(CHAPLAINCY)	0	213,189	23.01
23.02	02302	PARAMED ED PRGM-(NM SCHL)	-195,640	162,216	23.02
23.03	02303	PARAMED ED PRGM-(RAD THER)	-105,670	221,130	23.03
23.04	02304	PARAMED ED PRGM-(NUCLEAR MED)	-110,619	216,669	23.04
23.05	02305	PARAMED ED PRGM-(SONOGRAPHY)	-115,361	263,326	23.05
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-797,408	122,598,763	30.00
31.00	03100	INTENSIVE CARE UNIT	-194,756	34,050,422	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
35.00	02060	SPECIAL CARE NURSERY	-40,486	15,005,337	35.00
40.00	04000	SUBPROVIDER - I PF	-1,990	4,047,068	40.00
43.00	04300	NURSERY	0	3,576,396	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-377,597	25,835,840	50.00
51.00	05100	RECOVERY ROOM	-39,491	7,653,286	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-6,916	19,945,554	52.00
53.00	05300	ANESTHESIOLOGY	-49,877	5,907,578	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-82,819	29,251,791	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-302,834	10,429,809	55.00
56.00	05600	RADIOISOTOPE	-6,390	5,754,540	56.00
57.00	05700	CT SCAN	-39,691	8,367,570	57.00
58.00	05800	MRI	-29,991	8,130,488	58.00
59.00	05900	CARDIAC CATHETERIZATION	-17,872	2,876,983	59.00
59.01	03650	VASCULAR LAB	0	1,347,411	59.01
59.02	03140	CARDIAC GRAPHICS	-33,090	6,097,129	59.02
59.03	03560	PULMONARY FUNCTION	-8,266	758,870	59.03
59.04	03290	EPS	-77,230	2,645,568	59.04
59.05	03340	GI	-49,094	11,425,447	59.05
60.00	06000	LABORATORY	-412,545	84,385,957	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	9,974,663	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	-331,985	6,471,797	63.00
65.00	06500	RESPIRATORY THERAPY	-80,391	11,970,693	65.00
66.00	06600	PHYSICAL THERAPY	-14,626	4,114,453	66.00
67.00	06700	OCCUPATIONAL THERAPY	-48,804	1,835,483	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-83,200	4,192,495	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	57,569,804	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	81,195,388	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	74,997,596	73.00
76.97	07697	CARDIAC REHABILITATION	-79,246	435,641	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-446,167	5,989,941	90.00
90.01	09001	PSYCH CLINIC	-13,890	5,781,229	90.01
90.02	09002	TRANSPLANT CLINIC	-144	3,273,315	90.02
90.03	09003	OB CLINIC	0	0	90.03
91.00	09100	EMERGENCY	-92,847	17,759,434	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	3,410,151	92.01
OTHER REIMBURSABLE COST CENTERS					
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	278,459	100.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	-312,119	10,249,846	105.00
106.00	10600	HEART ACQUISITION	-120,643	2,674,988	106.00
107.00	10700	LIVER ACQUISITION	-315,493	5,171,657	107.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0281

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

Worksheet A
Date/Time Prepared:
1/30/2018 11:21 am

Cost Center Description		Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
108.00	10800 LUNG ACQUISITION	-119,806	995,404	108.00
109.00	10900 PANCREAS ACQUISITION	-7,637	1,058,176	109.00
116.00	11600 HOSPICE	-635	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-333,003,810	1,348,018,141	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	-687	108,157	190.00
191.00	19100 RESEARCH	-2,284	2,600,966	191.00
191.01	19101 SPONSERED PROJECT	-109,634	2,546,817	191.01
194.00	07950 REAL ESTATE	-41,654,151	-19,400,375	194.00
194.01	07951 MARKETING, OTHER NON-REIMB	-190,710	0	194.01
194.02	07952 OTHER COMPANY WIDE ACTIVITY	0	108,290	194.02
200.00	TOTAL (SUM OF LINES 118-199)	-374,961,276	1,333,981,996	200.00

RECLASSIFICATIONS

Provider CCN: 14-0281

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

Worksheet A-6
Date/Time Prepared:
1/30/2018 11:21 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - RECLASS MED POSITIONS					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	5,583,883	1.00
2.00	NURSING ADMINISTRATION	13.00	147,369	25,053	2.00
3.00	PHARMACY	15.00	11,387	1,936	3.00
4.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	3,541,935	602,059	4.00
5.00	ADMINISTRATIVE & GENERAL	5.00	0	31,078	5.00
6.00	ADULTS & PEDIATRICS	30.00	642,500	107,506	6.00
7.00	INTENSIVE CARE UNIT	31.00	408,646	69,470	7.00
9.00	OPERATING ROOM	50.00	844,933	143,639	9.00
10.00	RECOVERY ROOM	51.00	80,060	13,610	10.00
11.00	DELIVERY ROOM & LABOR ROOM	52.00	153,522	26,099	11.00
12.00	ANESTHESIOLOGY	53.00	153,522	26,099	12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	174,309	29,633	13.00
14.00	RADIOLOGY-THERAPEUTIC	55.00	49,640	8,439	14.00
15.00	RADIOISOTOPE	56.00	19,317	3,284	15.00
16.00	CT SCAN	57.00	156,218	26,557	16.00
17.00	MRI	58.00	21,317	3,624	17.00
18.00	CARDIAC CATHETERIZATION	59.00	59,965	10,194	18.00
19.00	CARDIAC GRAPHICS	59.02	57,536	9,781	19.00
20.00	PULMONARY FUNCTION	59.03	11,710	1,991	20.00
21.00	EPS	59.04	62,054	10,549	21.00
22.00	GI	59.05	75,792	12,885	22.00
23.00	LABORATORY	60.00	43,500	7,395	23.00
24.00	BLOOD STORING, PROCESSING & TRANS.	63.00	10,390	1,766	24.00
25.00	RESPIRATORY THERAPY	65.00	58,274	9,907	25.00
26.00	ELECTROENCEPHALOGRAPHY	70.00	78,784	13,393	26.00
27.00	CARDIAC REHABILITATION	76.97	7,470	1,270	27.00
28.00	CLINIC	90.00	204,904	34,834	28.00
29.00	PSYCH CLINIC	90.01	84,806	14,417	29.00
30.00	EMERGENCY	91.00	260,343	44,258	30.00
31.00	KIDNEY ACQUISITION	105.00	69,650	15,351	31.00
32.00	HEART ACQUISITION	106.00	95,279	16,197	32.00
33.00	LIVER ACQUISITION	107.00	92,951	15,802	33.00
34.00	LUNG ACQUISITION	108.00	105,679	17,965	34.00
35.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	23,231	8,679	35.00
36.00	PHYSICAL THERAPY	66.00	11,688	4,367	36.00
37.00	ADULTS & PEDIATRICS	30.00	37,200	9,672	37.00
38.00	SPECIAL CARE NURSERY	35.00	47,100	12,246	38.00
39.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	32,300	8,398	39.00
40.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	30,935,725	0	40.00
41.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	5,099,498	41.00
42.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	2,355,689	0	42.00
TOTALS			41,226,695	12,082,784	
C - DRUG RECLASS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	74,997,596	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
TOTALS			0	74,997,596	
D - IMPLANT RECLASS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	81,195,388	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

RECLASSIFICATIONS

Provider CCN: 14-0281

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

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Date/Time Prepared:
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
9.00		0.00	0	0	9.00
TOTALS			0	81,195,388	
E - MED SUPPLY RECLASS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	62,521,528	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
TOTALS			0	62,521,528	
F - NN RECLASS					
1.00	NURSERY	43.00	2,570,792	1,005,604	1.00
TOTALS			2,570,792	1,005,604	
G - DIETARY RECLASS					
1.00	CAFETERIA	11.00	1,817,115	1,699,682	1.00
TOTALS			1,817,115	1,699,682	
H - RECLASS PURCHASING CREDIT					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	4,951,724	1.00
TOTALS			0	4,951,724	
I - PARAMED SCHOOLS RECLASS					
1.00	PARAMED ED PRGM-(NM SCHL)	23.02	13,659	0	1.00
2.00	PARAMED ED PRGM-(RAD THER)	23.03	9,042	0	2.00
3.00	PARAMED ED PRGM-(NUCLEAR MED)	23.04	9,542	0	3.00
4.00	PARAMED ED PRGM-(SONOGRAPHY)	23.05	9,848	0	4.00
5.00	PARAMED ED PRGM-(NM SCHL)	23.02	198,014	0	5.00
6.00	PARAMED ED PRGM-(RAD THER)	23.03	105,360	0	6.00
7.00	PARAMED ED PRGM-(NUCLEAR MED)	23.04	110,218	0	7.00
8.00	PARAMED ED PRGM-(SONOGRAPHY)	23.05	115,046	0	8.00
9.00	PARAMED ED PRGM-(NM SCHL)	23.02	0	53,295	9.00
10.00	PARAMED ED PRGM-(RAD THER)	23.03	0	28,804	10.00
11.00	PARAMED ED PRGM-(NUCLEAR MED)	23.04	0	30,153	11.00
12.00	PARAMED ED PRGM-(SONOGRAPHY)	23.05	0	31,446	12.00
TOTALS			570,729	143,698	
K - RECLASS LAUNDRY SERVICES					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	3,651,930	1.00
TOTALS			0	3,651,930	
P - MALPRACTICE					
1.00	NURSING ADMINISTRATION	13.00	0	13,959	1.00
2.00	PHARMACY	15.00	0	1,019	2.00
3.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	322,451	3.00
4.00	ADULTS & PEDIATRICS	30.00	0	60,939	4.00
5.00	INTENSIVE CARE UNIT	31.00	0	36,562	5.00
6.00	SPECIAL CARE NURSERY	35.00	0	4,538	6.00
8.00	OPERATING ROOM	50.00	0	75,598	8.00
9.00	RECOVERY ROOM	51.00	0	7,163	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	13,736	10.00
11.00	ANESTHESIOLOGY	53.00	0	18,532	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	15,596	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0	4,441	13.00
14.00	RADIOISOTOPE	56.00	0	1,728	14.00
15.00	CT SCAN	57.00	0	13,977	15.00
16.00	MRI	58.00	0	1,907	16.00
18.00	CARDIAC CATHETERIZATION	59.00	0	5,365	18.00
19.00	CARDIAC GRAPHICS	59.02	0	5,148	19.00
20.00	PULMONARY FUNCTION	59.03	0	1,048	20.00
21.00	EPS	59.04	0	5,552	21.00

RECLASSIFICATIONS

Provider CCN: 14-0281

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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
22.00	GI	59.05	0	6,781	22.00
23.00	LABORATORY	60.00	0	3,892	23.00
24.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	930	24.00
25.00	RESPIRATORY THERAPY	65.00	0	5,214	25.00
26.00	PHYSICAL THERAPY	66.00	0	1,228	26.00
27.00	ELECTROENCEPHALOGRAPHY	70.00	0	7,049	27.00
28.00	CARDIAC REHABILITATION	76.97	0	668	28.00
29.00	CLINIC	90.00	0	18,333	29.00
30.00	PSYCH CLINIC	90.01	0	7,588	30.00
31.00	TRANSPLANT CLINIC	90.02	0	7,989	31.00
32.00	EMERGENCY	91.00	0	23,293	32.00
34.00	LUNG ACQUISITION	108.00	0	9,455	34.00
35.00	KIDNEY ACQUISITION	105.00	0	6,500	35.00
36.00	KIDNEY ACQUISITION	105.00	0	10,178	36.00
37.00	HEART ACQUISITION	106.00	0	8,525	37.00
38.00	HEART ACQUISITION	106.00	0	1,371	38.00
39.00	LIVER ACQUISITION	107.00	0	4,154	39.00
40.00	LIVER ACQUISITION	107.00	0	8,317	40.00
41.00	PANCREAS ACQUISITION	109.00	0	748	41.00
42.00	LUNG ACQUISITION	108.00	0	415	42.00
43.00	ADMINISTRATIVE & GENERAL	5.00	0	64,049	43.00
TOTALS			0	805,936	
Q - TRANSPLANT RECLASS					
1.00	TRANSPLANT CLINIC	90.02	614,867	273,125	1.00
2.00	KIDNEY ACQUISITION	105.00	106,894	0	2.00
3.00	HEART ACQUISITION	106.00	37,543	0	3.00
4.00	LIVER ACQUISITION	107.00	50,992	0	4.00
5.00	LUNG ACQUISITION	108.00	12,514	0	5.00
6.00	PANCREAS ACQUISITION	109.00	26,723	0	6.00
7.00	TRANSPLANT CLINIC	90.02	611,555	222,439	7.00
8.00	KIDNEY ACQUISITION	105.00	779,118	283,386	8.00
9.00	HEART ACQUISITION	106.00	104,942	38,170	9.00
10.00	LIVER ACQUISITION	107.00	318,007	115,668	10.00
11.00	LUNG ACQUISITION	108.00	31,801	11,567	11.00
12.00	PANCREAS ACQUISITION	109.00	57,241	20,820	12.00
13.00	TRANSPLANT CLINIC	90.02	94,549	16,073	13.00
14.00	KIDNEY ACQUISITION	105.00	120,455	20,477	14.00
15.00	HEART ACQUISITION	106.00	16,224	2,758	15.00
16.00	LIVER ACQUISITION	107.00	49,165	8,358	16.00
17.00	LUNG ACQUISITION	108.00	4,917	836	17.00
18.00	PANCREAS ACQUISITION	109.00	8,850	1,504	18.00
19.00	KIDNEY ACQUISITION	105.00	15,531	0	19.00
20.00	HEART ACQUISITION	106.00	634	0	20.00
21.00	LIVER ACQUISITION	107.00	2,092	0	21.00
22.00	LUNG ACQUISITION	108.00	1,141	0	22.00
23.00	PANCREAS ACQUISITION	109.00	6,339	0	23.00
24.00	KIDNEY ACQUISITION	105.00	490	0	24.00
25.00	HEART ACQUISITION	106.00	20	0	25.00
26.00	LIVER ACQUISITION	107.00	66	0	26.00
27.00	LUNG ACQUISITION	108.00	36	0	27.00
28.00	PANCREAS ACQUISITION	109.00	200	0	28.00
29.00	TRANSPLANT CLINIC	90.02	10,493	0	29.00
30.00	TRANSPLANT CLINIC	90.02	185,144	0	30.00
31.00	TRANSPLANT CLINIC	90.02	244,733	0	31.00
32.00	TRANSPLANT CLINIC	90.02	23,506	0	32.00
33.00	KIDNEY ACQUISITION	105.00	25,899	0	33.00
34.00	HEART ACQUISITION	106.00	10,071	0	34.00
35.00	LIVER ACQUISITION	107.00	15,320	0	35.00
36.00	LUNG ACQUISITION	108.00	6,103	0	36.00
TOTALS			3,594,175	1,015,181	
R - COMPANY WIDE OTHER FRINGES					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,745	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	540,090	2.00
3.00	NURSING ADMINISTRATIONS	13.00	22,605	110,048	3.00
4.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	2,299,761	386,869	4.00
5.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	149,137	2,441,580	5.00
6.00	PARAMEDICAL PRGM-(PHARMACY)	23.00	0	847	6.00
8.00	PARAMEDICAL PRGM-(NMSCHL)	23.02	0	995	8.00
9.00	ADULTS & PEDIATRICS	30.00	19,352	1,241,757	9.00
10.00	SPECIAL CARE NURSERY	35.00	224,811	374,451	10.00
12.00	CLINIC	90.00	221,856	221,095	12.00

RECLASSIFICATIONS

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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
13.00	PSYCH CLINIC	90.01	36,342	48,490	13.00
14.00	I&R SERVICES-NOT APPRVD PRGM	100.00	278,459	0	14.00
15.00	RESEARCH	191.00	1,777,672	826,678	15.00
16.00	SPONSERED PROJECT	191.01	739,337	1,917,114	16.00
TOTALS			5,769,332	8,114,759	
S - NM SCHOOLS PARAMED RECLASS					
1.00	PARAMED ED PRGM-(RAD THER)	23.03	32,296	0	1.00
2.00	PARAMED ED PRGM-(NUCLEAR MED)	23.04	4,349	0	2.00
3.00	PARAMED ED PRGM-(NM SCHL)	23.02	83,432	0	3.00
4.00	PARAMED ED PRGM-(RAD THER)	23.03	6,775	0	4.00
5.00	PARAMED ED PRGM-(SONOGRAPHY)	23.05	222,347	0	5.00
6.00	PARAMED ED PRGM-(RAD THER)	23.03	144,523	0	6.00
7.00	PARAMED ED PRGM-(NUCLEAR MED)	23.04	120,288	0	7.00
8.00	PARAMED ED PRGM-(NM SCHL)	23.02	8,461	0	8.00
9.00	PARAMED ED PRGM-(NUCLEAR MED)	23.04	52,738	0	9.00
TOTALS			675,209	0	
T - RECL PHARM AND CHAPLAINCY RESIDENTS					
1.00	PARAMED ED PRGM-(PHARMACY)	23.00	804,890	0	1.00
2.00	PARAMED ED PRGM-(PHARMACY)	23.00	390,699	0	2.00
3.00	PARAMED ED PRGM-(PHARMACY)	23.00	0	6,405	3.00
4.00	PARAMED ED PRGM-(PHARMACY)	23.00	0	36,516	4.00
5.00	PARAMED ED PRGM-(CHAPLAINCY)	23.01	124,974	0	5.00
6.00	PARAMED ED PRGM-(CHAPLAINCY)	23.01	88,215	0	6.00
TOTALS			1,408,778	42,921	
500.00	Grand Total: Increases		57,632,825	252,228,731	500.00

RECLASSIFICATIONS

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Period:
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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - RECLASS MED POSITIONS							
1.00	ADMINISTRATIVE & GENERAL	5.00	5,583,883	0	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	172,422	0	0		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	13,323	0	0		3.00
4.00	ADMINISTRATIVE & GENERAL	5.00	4,143,994	0	0		4.00
5.00	ADMINISTRATIVE & GENERAL	5.00	31,078	0	0		5.00
6.00	ADMINISTRATIVE & GENERAL	5.00	750,006	0	0		6.00
7.00	ADMINISTRATIVE & GENERAL	5.00	478,116	0	0		7.00
9.00	ADMINISTRATIVE & GENERAL	5.00	988,572	0	0		9.00
10.00	ADMINISTRATIVE & GENERAL	5.00	93,670	0	0		10.00
11.00	ADMINISTRATIVE & GENERAL	5.00	179,621	0	0		11.00
12.00	ADMINISTRATIVE & GENERAL	5.00	179,621	0	0		12.00
13.00	ADMINISTRATIVE & GENERAL	5.00	203,942	0	0		13.00
14.00	ADMINISTRATIVE & GENERAL	5.00	58,079	0	0		14.00
15.00	ADMINISTRATIVE & GENERAL	5.00	22,601	0	0		15.00
16.00	ADMINISTRATIVE & GENERAL	5.00	182,775	0	0		16.00
17.00	ADMINISTRATIVE & GENERAL	5.00	24,941	0	0		17.00
18.00	ADMINISTRATIVE & GENERAL	5.00	70,159	0	0		18.00
19.00	ADMINISTRATIVE & GENERAL	5.00	67,317	0	0		19.00
20.00	ADMINISTRATIVE & GENERAL	5.00	13,701	0	0		20.00
21.00	ADMINISTRATIVE & GENERAL	5.00	72,603	0	0		21.00
22.00	ADMINISTRATIVE & GENERAL	5.00	88,677	0	0		22.00
23.00	ADMINISTRATIVE & GENERAL	5.00	50,895	0	0		23.00
24.00	ADMINISTRATIVE & GENERAL	5.00	12,156	0	0		24.00
25.00	ADMINISTRATIVE & GENERAL	5.00	68,181	0	0		25.00
26.00	ADMINISTRATIVE & GENERAL	5.00	92,177	0	0		26.00
27.00	ADMINISTRATIVE & GENERAL	5.00	8,740	0	0		27.00
28.00	ADMINISTRATIVE & GENERAL	5.00	239,738	0	0		28.00
29.00	ADMINISTRATIVE & GENERAL	5.00	99,223	0	0		29.00
30.00	ADMINISTRATIVE & GENERAL	5.00	304,601	0	0		30.00
31.00	ADMINISTRATIVE & GENERAL	5.00	85,001	0	0		31.00
32.00	ADMINISTRATIVE & GENERAL	5.00	111,476	0	0		32.00
33.00	ADMINISTRATIVE & GENERAL	5.00	108,753	0	0		33.00
34.00	ADMINISTRATIVE & GENERAL	5.00	123,644	0	0		34.00
35.00	ADMINISTRATIVE & GENERAL	5.00	31,910	0	0		35.00
36.00	ADMINISTRATIVE & GENERAL	5.00	16,055	0	0		36.00
37.00	ADMINISTRATIVE & GENERAL	5.00	46,872	0	0		37.00
38.00	ADMINISTRATIVE & GENERAL	5.00	59,346	0	0		38.00
39.00	ADMINISTRATIVE & GENERAL	5.00	40,698	0	0		39.00
40.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	30,935,725	0	0		40.00
41.00	ADMINISTRATIVE & GENERAL	5.00	0	5,099,498	0		41.00
42.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	2,355,689	0		42.00
TOTALS			45,854,292	7,455,187			
C - DRUG RECLASS							
1.00	PHARMACY	15.00	0	72,117,624	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	60,310	0		2.00
3.00	RADIOLOGY-THERAPEUTIC	55.00	0	8,463	0		3.00
4.00	RADIOISOTOPE	56.00	0	368,866	0		4.00
5.00	CT SCAN	57.00	0	710,425	0		5.00
6.00	MRI	58.00	0	1,289,704	0		6.00
7.00	CARDIAC CATHETERIZATION	59.00	0	141,255	0		7.00
8.00	CARDIAC GRAPHICS	59.02	0	9,516	0		8.00
9.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	74,196	0		9.00
10.00	RESPIRATORY THERAPY	65.00	0	91	0		10.00
11.00	CLINIC	90.00	0	216,534	0		11.00
12.00	TRANSPLANT CLINIC	90.02	0	612	0		12.00
TOTALS			0	74,997,596			
D - IMPLANT RECLASS							
1.00	OPERATING ROOM	50.00	0	57,433,163	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,963,811	0		2.00
3.00	RADIOLOGY-THERAPEUTIC	55.00	0	801	0		3.00
4.00	RADIOISOTOPE	56.00	0	3,538,977	0		4.00
5.00	CARDIAC CATHETERIZATION	59.00	0	9,588,193	0		5.00
6.00	PULMONARY FUNCTION	59.03	0	51,691	0		6.00
7.00	EPS	59.04	0	8,196,514	0		7.00
8.00	GI	59.05	0	421,591	0		8.00
9.00	PHYSICAL THERAPY	66.00	0	647	0		9.00
TOTALS			0	81,195,388			

RECLASSIFICATIONS

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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
E - MED SUPPLY RECLASS							
1.00	PHARMACY	15.00	0	218,002	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	867	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	37,211	0		3.00
4.00	SPECIAL CARE NURSERY	35.00	0	358,688	0		4.00
5.00	OPERATING ROOM	50.00	0	41,986,939	0		5.00
6.00	RECOVERY ROOM	51.00	0	4,093	0		6.00
7.00	DELIVERY ROOM & LABOR ROOM	52.00	0	604,906	0		7.00
8.00	ANESTHESIOLOGY	53.00	0	615,560	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	6,557,379	0		9.00
10.00	RADIOLOGY-THERAPEUTIC	55.00	0	20	0		10.00
11.00	MRI	58.00	0	3,705,157	0		11.00
12.00	CARDIAC CATHETERIZATION	59.00	0	3,816,061	0		12.00
13.00	PULMONARY FUNCTION	59.03	0	4,944	0		13.00
14.00	EPS	59.04	0	3,436,427	0		14.00
15.00	GI	59.05	0	624,141	0		15.00
16.00	RESPIRATORY THERAPY	65.00	0	388,528	0		16.00
17.00	PHYSICAL THERAPY	66.00	0	147,743	0		17.00
18.00	OCCUPATIONAL THERAPY	67.00	0	6,705	0		18.00
19.00	ELECTROENCEPHALOGRAPHY	70.00	0	8,157	0		19.00
	TOTALS		0	62,521,528			
F - NN RECLASS							
1.00	ADULTS & PEDIATRICS	30.00	2,570,792	1,005,604	0		1.00
	TOTALS		2,570,792	1,005,604			
G - DIETARY RECLASS							
1.00	DIETARY	10.00	1,817,115	1,699,682	0		1.00
	TOTALS		1,817,115	1,699,682			
H - RECLASS PURCHASING CREDIT							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	4,951,724	0		1.00
	TOTALS		0	4,951,724			
I - PARAMED SCHOOLS RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	13,659	0	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	9,042	0	0		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	9,542	0	0		3.00
4.00	ADMINISTRATIVE & GENERAL	5.00	9,848	0	0		4.00
5.00	ADMINISTRATIVE & GENERAL	5.00	198,014	0	0		5.00
6.00	ADMINISTRATIVE & GENERAL	5.00	105,360	0	0		6.00
7.00	ADMINISTRATIVE & GENERAL	5.00	110,218	0	0		7.00
8.00	ADMINISTRATIVE & GENERAL	5.00	115,046	0	0		8.00
9.00	ADMINISTRATIVE & GENERAL	5.00	0	53,295	0		9.00
10.00	ADMINISTRATIVE & GENERAL	5.00	0	28,804	0		10.00
11.00	ADMINISTRATIVE & GENERAL	5.00	0	30,153	0		11.00
12.00	ADMINISTRATIVE & GENERAL	5.00	0	31,446	0		12.00
	TOTALS		570,729	143,698			
K - RECLASS LAUNDRY SERVICES							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	3,651,930	0		1.00
	TOTALS		0	3,651,930			
P - MALPRACTICE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	13,959	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	1,019	0		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	322,451	0		3.00
4.00	ADMINISTRATIVE & GENERAL	5.00	0	60,939	0		4.00
5.00	ADMINISTRATIVE & GENERAL	5.00	0	36,562	0		5.00
6.00	ADMINISTRATIVE & GENERAL	5.00	0	4,538	0		6.00
8.00	ADMINISTRATIVE & GENERAL	5.00	0	75,598	0		8.00
9.00	ADMINISTRATIVE & GENERAL	5.00	0	7,163	0		9.00
10.00	ADMINISTRATIVE & GENERAL	5.00	0	13,736	0		10.00
11.00	ADMINISTRATIVE & GENERAL	5.00	0	18,532	0		11.00
12.00	ADMINISTRATIVE & GENERAL	5.00	0	15,596	0		12.00
13.00	ADMINISTRATIVE & GENERAL	5.00	0	4,441	0		13.00
14.00	ADMINISTRATIVE & GENERAL	5.00	0	1,728	0		14.00
15.00	ADMINISTRATIVE & GENERAL	5.00	0	13,977	0		15.00
16.00	ADMINISTRATIVE & GENERAL	5.00	0	1,907	0		16.00
18.00	ADMINISTRATIVE & GENERAL	5.00	0	5,365	0		18.00
19.00	ADMINISTRATIVE & GENERAL	5.00	0	5,148	0		19.00
20.00	ADMINISTRATIVE & GENERAL	5.00	0	1,048	0		20.00
21.00	ADMINISTRATIVE & GENERAL	5.00	0	5,552	0		21.00
22.00	ADMINISTRATIVE & GENERAL	5.00	0	6,781	0		22.00
23.00	ADMINISTRATIVE & GENERAL	5.00	0	3,892	0		23.00
24.00	ADMINISTRATIVE & GENERAL	5.00	0	930	0		24.00
25.00	ADMINISTRATIVE & GENERAL	5.00	0	5,214	0		25.00
26.00	ADMINISTRATIVE & GENERAL	5.00	0	1,228	0		26.00
27.00	ADMINISTRATIVE & GENERAL	5.00	0	7,049	0		27.00

RECLASSIFICATIONS

Provider CCN: 14-0281

Period:
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Worksheet A-6
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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
28.00	ADMINISTRATIVE & GENERAL	5.00	0	668	0		28.00
29.00	ADMINISTRATIVE & GENERAL	5.00	0	18,333	0		29.00
30.00	ADMINISTRATIVE & GENERAL	5.00	0	7,588	0		30.00
31.00	ADMINISTRATIVE & GENERAL	5.00	0	7,989	0		31.00
32.00	ADMINISTRATIVE & GENERAL	5.00	0	23,293	0		32.00
34.00	ADMINISTRATIVE & GENERAL	5.00	0	9,455	0		34.00
35.00	ADMINISTRATIVE & GENERAL	5.00	0	6,500	0		35.00
36.00	ADMINISTRATIVE & GENERAL	5.00	0	10,178	0		36.00
37.00	ADMINISTRATIVE & GENERAL	5.00	0	8,525	0		37.00
38.00	ADMINISTRATIVE & GENERAL	5.00	0	1,371	0		38.00
39.00	ADMINISTRATIVE & GENERAL	5.00	0	4,154	0		39.00
40.00	ADMINISTRATIVE & GENERAL	5.00	0	8,317	0		40.00
41.00	ADMINISTRATIVE & GENERAL	5.00	0	748	0		41.00
42.00	ADMINISTRATIVE & GENERAL	5.00	0	415	0		42.00
43.00	ADMINISTRATIVE & GENERAL	5.00	0	64,049	0		43.00
TOTALS			0	805,936			
Q - TRANSPLANT RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	887,992	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	106,894	0		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	37,543	0		3.00
4.00	ADMINISTRATIVE & GENERAL	5.00	0	50,992	0		4.00
5.00	ADMINISTRATIVE & GENERAL	5.00	0	12,514	0		5.00
6.00	ADMINISTRATIVE & GENERAL	5.00	0	26,723	0		6.00
7.00	ADMINISTRATIVE & GENERAL	5.00	611,555	222,439	0		7.00
8.00	ADMINISTRATIVE & GENERAL	5.00	779,118	283,386	0		8.00
9.00	ADMINISTRATIVE & GENERAL	5.00	104,942	38,170	0		9.00
10.00	ADMINISTRATIVE & GENERAL	5.00	318,007	115,668	0		10.00
11.00	ADMINISTRATIVE & GENERAL	5.00	31,801	11,567	0		11.00
12.00	ADMINISTRATIVE & GENERAL	5.00	57,241	20,820	0		12.00
13.00	ADMINISTRATIVE & GENERAL	5.00	110,622	0	0		13.00
14.00	ADMINISTRATIVE & GENERAL	5.00	140,932	0	0		14.00
15.00	ADMINISTRATIVE & GENERAL	5.00	18,982	0	0		15.00
16.00	ADMINISTRATIVE & GENERAL	5.00	57,523	0	0		16.00
17.00	ADMINISTRATIVE & GENERAL	5.00	5,753	0	0		17.00
18.00	ADMINISTRATIVE & GENERAL	5.00	10,354	0	0		18.00
19.00	TRANSPLANT CLINIC	90.02	15,531	0	0		19.00
20.00	TRANSPLANT CLINIC	90.02	634	0	0		20.00
21.00	TRANSPLANT CLINIC	90.02	2,092	0	0		21.00
22.00	TRANSPLANT CLINIC	90.02	1,141	0	0		22.00
23.00	TRANSPLANT CLINIC	90.02	6,339	0	0		23.00
24.00	ADMINISTRATIVE & GENERAL	5.00	490	0	0		24.00
25.00	ADMINISTRATIVE & GENERAL	5.00	20	0	0		25.00
26.00	ADMINISTRATIVE & GENERAL	5.00	66	0	0		26.00
27.00	ADMINISTRATIVE & GENERAL	5.00	36	0	0		27.00
28.00	ADMINISTRATIVE & GENERAL	5.00	200	0	0		28.00
29.00	HEART ACQUISITION	106.00	10,493	0	0		29.00
30.00	LIVER ACQUISITION	107.00	185,144	0	0		30.00
31.00	LUNG ACQUISITION	108.00	244,733	0	0		31.00
32.00	ADMINISTRATIVE & GENERAL	5.00	23,506	0	0		32.00
33.00	ADMINISTRATIVE & GENERAL	5.00	25,899	0	0		33.00
34.00	ADMINISTRATIVE & GENERAL	5.00	10,071	0	0		34.00
35.00	ADMINISTRATIVE & GENERAL	5.00	15,320	0	0		35.00
36.00	ADMINISTRATIVE & GENERAL	5.00	6,103	0	0		36.00
TOTALS			2,794,648	1,814,708			
R - COMPANY WIDE OTHER FRINGES							
1.00	OTHER COMPANY WIDE ACTIVITY	194.02	0	4,745	0		1.00
2.00	OTHER COMPANY WIDE ACTIVITY	194.02	0	540,090	0		2.00
3.00	OTHER COMPANY WIDE ACTIVITY	194.02	22,605	110,048	0		3.00
4.00	OTHER COMPANY WIDE ACTIVITY	194.02	2,686,630	0	0		4.00
5.00	OTHER COMPANY WIDE ACTIVITY	194.02	149,137	2,441,580	0		5.00
6.00	OTHER COMPANY WIDE ACTIVITY	194.02	0	847	0		6.00
8.00	OTHER COMPANY WIDE ACTIVITY	194.02	0	995	0		8.00
9.00	OTHER COMPANY WIDE ACTIVITY	194.02	19,352	1,241,757	0		9.00
10.00	OTHER COMPANY WIDE ACTIVITY	194.02	224,811	374,451	0		10.00
12.00	OTHER COMPANY WIDE ACTIVITY	194.02	221,856	221,095	0		12.00
13.00	OTHER COMPANY WIDE ACTIVITY	194.02	36,342	48,490	0		13.00
14.00	OTHER COMPANY WIDE ACTIVITY	194.02	278,459	0	0		14.00
15.00	OTHER COMPANY WIDE ACTIVITY	194.02	1,777,672	826,678	0		15.00
16.00	OTHER COMPANY WIDE ACTIVITY	194.02	739,337	1,917,114	0		16.00
TOTALS			6,156,201	7,727,890			
S - NM SCHOOLS PARAMED RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	32,296	0	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	4,349	0	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	83,432	0	0		3.00

RECLASSIFICATIONS

Provider CCN: 14-0281

Period:
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Worksheet A-6

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Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
4.00	RADIOLOGY-DIAGNOSTIC	54.00	6,775	0	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	222,347	0	0		5.00
6.00	RADIOLOGY-THERAPEUTIC	55.00	144,523	0	0		6.00
7.00	RADIOISOTOPE	56.00	120,288	0	0		7.00
8.00	CT SCAN	57.00	8,461	0	0		8.00
9.00	CT SCAN	57.00	52,738	0	0		9.00
	TOTALS		675,209	0			
T - RECL PHARM AND CHAPLAINCY RESIDENTS							
1.00	PHARMACY	15.00	804,890	0	0		1.00
2.00	PHARMACY	15.00	390,699	0	0		2.00
3.00	PHARMACY	15.00	0	6,405	0		3.00
4.00	PHARMACY	15.00	0	36,516	0		4.00
5.00	ADMINISTRATIVE & GENERAL	5.00	124,974	0	0		5.00
6.00	ADMINISTRATIVE & GENERAL	5.00	88,215	0	0		6.00
	TOTALS		1,408,778	42,921			
500.00	Grand Total: Decreases		61,847,764	248,013,792			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0281

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

Worksheet A-7
Part I
Date/Time Prepared:
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	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	208,945,354	0	0	0	1.00
2.00	Land Improvements	2,270,840	0	0	0	2.00
3.00	Buildings and Fixtures	1,823,286,081	94,947,558	0	94,947,558	3.00
4.00	Building Improvements	16,021,590	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	324,523,012	33,442,278	0	33,442,278	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	2,375,046,877	128,389,836	0	128,389,836	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	2,375,046,877	128,389,836	0	128,389,836	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	208,945,354	0			1.00
2.00	Land Improvements	2,270,840	0			2.00
3.00	Buildings and Fixtures	1,917,925,766	0			3.00
4.00	Building Improvements	16,021,590	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	344,727,582	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	2,489,891,132	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	2,489,891,132	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0281

Period:
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Worksheet A-7
Part II
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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	60,547,089	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	23,298,591	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	83,845,680	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	4,351,301	64,898,390				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	3,643,391	26,941,982				2.00
3.00	Total (sum of lines 1-2)	7,994,692	91,840,372				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0281

Period:
From 09/01/2016
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Worksheet A-7
Part III
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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	2,145,163,550	0	2,145,163,550	0.861549	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	344,727,582	0	344,727,582	0.138451	0	2.00
3.00	Total (sum of lines 1-2)	2,489,891,132	0	2,489,891,132	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	83,702,374	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	23,298,591	1,572	2.00
3.00	Total (sum of lines 1-2)	0	0	0	107,000,965	1,572	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	0	0	0	4,351,301	88,053,675	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	3,643,391	26,943,554	2.00
3.00	Total (sum of lines 1-2)	0	0	0	7,994,692	114,997,229	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0281

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

Worksheet A-8

Date/Time Prepared:
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted					
			Cost Center	Line #	Wkst.	A-7 Ref.		
			1.00	2.00	3.00	4.00	5.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00		0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00		0	2.00
3.00 Investment income - other (chapter 2)			0		0.00		0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00		0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00		0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00		0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00		0	7.00
8.00 Television and radio service (chapter 21)			0		0.00		0	8.00
9.00 Parking lot (chapter 21)			0		0.00		0	9.00
10.00 Provider-based physician adjustment	A-8-2	-4,824,157					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	-59,744,918					0	12.00
13.00 Laundry and linen service			0		0.00		0	13.00
14.00 Cafeteria-employees and guests			0		0.00		0	14.00
15.00 Rental of quarters to employee and others			0		0.00		0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00		0	16.00
17.00 Sale of drugs to other than patients			0		0.00		0	17.00
18.00 Sale of medical records and abstracts			0		0.00		0	18.00
19.00 Nursing school (tuition, fees, books, etc.)			0		0.00		0	19.00
20.00 Vending machines			0		0.00		0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00		0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00		0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	0RESPIRATORY THERAPY	65.00			23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	0PHYSICAL THERAPY	66.00			24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	0*** Cost Center Deleted ***	114.00			25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT	A	-65,352	0	CAP REL COSTS-BLDG & FIXT	1.00		9	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00		0	27.00
28.00 Non-physician Anesthetist			0	0*** Cost Center Deleted ***	19.00			28.00
29.00 Physicians' assistant			0		0.00		0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	0OCCUPATIONAL THERAPY	67.00			30.00
30.99 Hospice (non-distinct) (see instructions)			0	0ADULTS & PEDIATRICS	30.00			30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	0*** Cost Center Deleted ***	68.00			31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00		0	32.00
33.00 BLDG DEPR RELI FE ADJ FOR MEDICARE	A	28,818,926	0	CAP REL COSTS-BLDG & FIXT	1.00		9	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0281

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Worksheet A-8

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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center	Line #		
			1.00	2.00	3.00	
33.01 EQUIP DEPR ADJ FOR MEDI CARE	A	1,572	CAP REL COSTS-MVBLE EQUIP	2.00	10	33.01
33.06 OFFSET 1099-739201	A	-20,486,498	ADMINISTRATIVE & GENERAL	5.00	0	33.06
33.10 BUILDING & RENTAL	B	-8,120	ADULTS & PEDIATRICS	30.00	0	33.10
33.11 BUILDING & RENTAL	B	-2,617,928	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.11
33.12 BUILDING & RENTAL	B	-4,393,194	ADMINISTRATIVE & GENERAL	5.00	0	33.12
33.13 BUILDING & RENTAL	B	-17,810,148	OPERATION OF PLANT	7.00	0	33.13
33.14 BUILDING & RENTAL	B	-324,116	CLINIC	90.00	0	33.14
33.15 BUILDING & RENTAL	B	-40,575,310	REAL ESTATE	194.00	0	33.15
34.00 EXCLUDE HOSPICE	B	-635	HOSPICE	116.00	0	34.00
35.00 OTHER TUIT ION	B	22,311	ADMINISTRATIVE & GENERAL	5.00	0	35.00
35.01 OTHER TUIT ION	B	-2,795	NURSING ADMINISTRATION	13.00	0	35.01
35.02 OTHER OPERATING REVENUE	B	-195,516	PARAMED ED PRGM-(NM SCHL)	23.02	0	35.02
35.03 OTHER OPERATING REVENUE	B	-105,670	PARAMED ED PRGM-(RAD THER)	23.03	0	35.03
35.04 OTHER OPERATING REVENUE	B	-110,619	PARAMED ED PRGM-(NUCLEAR MED)	23.04	0	35.04
35.05 OTHER OPERATING REVENUE	B	-115,361	PARAMED ED PRGM-(SONOGRAPHY)	23.05	0	35.05
36.00 OTHER INCOME	B	-2,631,734	ADMINISTRATIVE & GENERAL	5.00	0	36.00
36.01 OTHER INCOME	B	-2,923,761	OPERATION OF PLANT	7.00	0	36.01
36.02 OTHER INCOME	B	-65,034	HOUSEKEEPING	9.00	0	36.02
36.03 OTHER INCOME	B	-59,028	NURSING ADMINISTRATION	13.00	0	36.03
36.05 OTHER INCOME	B	-86,931,518	PHARMACY	15.00	0	36.05
36.06 OTHER INCOME	B	-62,303	SOCIAL SERVICE	17.00	0	36.06
36.07 OTHER INCOME	B	-402,137	ADULTS & PEDIATRICS	30.00	0	36.07
36.15 OTHER INCOME	B	-230,340	RADIOLOGY-THERAPEUTIC	55.00	0	36.15
36.20 OTHER INCOME	B	-88,357	LABORATORY	60.00	0	36.20
36.21 OTHER INCOME	B	-328,519	BLOOD STORING, PROCESSING & TRANS.	63.00	0	36.21
36.22 OTHER INCOME	B	-70,911	RESPIRATORY THERAPY	65.00	0	36.22
36.23 OTHER INCOME	B	-11,795	PHYSICAL THERAPY	66.00	0	36.23
36.24 OTHER INCOME	B	-48,108	OCCUPATIONAL THERAPY	67.00	0	36.24
36.25 OTHER INCOME	B	-44,525	ELECTROENCEPHALOGRAPHY	70.00	0	36.25
36.26 OTHER INCOME	B	-76,106	CARDIAC REHABILITATION	76.97	0	36.26
36.27 OTHER INCOME	B	-60,120	CLINIC	90.00	0	36.27
36.29 OTHER INCOME	B	-296,740	KIDNEY ACQUISITION	105.00	0	36.29
36.30 OTHER INCOME	B	-334,117	LIVER ACQUISITION	107.00	0	36.30
36.32 OTHER INCOME	B	-866,743	REAL ESTATE	194.00	0	36.32
36.33 LURIE ORGAN RECEIPT OFFSET ON D	B	296,740	KIDNEY ACQUISITION	105.00	0	36.33
36.34 LURIE ORGAN RECEIPT OFFSET ON D	B	146,340	LIVER ACQUISITION	107.00	0	36.34
37.01 FOOD & MISC CAFE REV RECEIPTS	B	-608,498	CAFETERIA	11.00	0	37.01
37.02 FOOD & MISC NON OP REVENUE	B	-620,158	CAFETERIA	11.00	0	37.02
38.00 REAL ESTATE TAXES	A	-47,869	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	38.00
38.01 REAL ESTATE TAXES	A	-2,627,568	ADMINISTRATIVE & GENERAL	5.00	0	38.01
38.04 INTEREST EXPENSE	A	-33,659,691	ADMINISTRATIVE & GENERAL	5.00	0	38.04
38.05 MEDICAID TAX	A	-57,758,085	ADMINISTRATIVE & GENERAL	5.00	0	38.05
39.66 OIG LINE 4 EMPLOYEE BENEFITS	A	-470	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	39.66
39.67 OIG LINE 5.0 ADMIN&GENERAL	A	-528,368	ADMINISTRATIVE & GENERAL	5.00	0	39.67
39.68 OIG LINE 23 PARAMED PHARMACY	A	-106	PARAMED ED PRGM-(PHARMACY)	23.00	0	39.68
39.72 OIG LINE 7 OPERATION OF PLANT	A	-673,174	OPERATION OF PLANT	7.00	0	39.72
39.73 OIG LINE 9 HOUSEKEEPING	A	-17,827	HOUSEKEEPING	9.00	0	39.73
39.74 OIG LINE 10 DIETARY	A	-42,841	DIETARY	10.00	0	39.74
39.75 OIG LINE 13 NURSING ADMIN	A	-115,219	NURSING ADMINISTRATION	13.00	0	39.75
39.76 OIG LINE 14 CENTRAL SERV SUPPLY	A	-70,987	CENTRAL SERVICES & SUPPLY	14.00	0	39.76
39.77 OIG LINE 15 PHARMACY	A	-100,118	PHARMACY	15.00	0	39.77
39.78 OIG LINE 16 MEDICAL RECORDS LIB	A	-48,668	MEDICAL RECORDS & LIBRARY	16.00	0	39.78
39.79 OIG LINE 17 SOCIAL SERVICE	A	-56,417	SOCIAL SERVICE	17.00	0	39.79
39.80 OIG LINE 22 INTERNS & RESIDENT	A	-240,629	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	39.80
39.82 OIG LINE 23.02 PARAMED NM SCHOO	A	-124	PARAMED ED PRGM-(NM SCHL)	23.02	0	39.82
39.83 OIG LINE 30 ADULT & PEDIATRICS	A	-387,151	ADULTS & PEDIATRICS	30.00	0	39.83
39.84 OIG LN 31 ICU	A	-1,048	INTENSIVE CARE UNIT	31.00	0	39.84
39.85 OIG LINE 35 SCN	A	-40,486	SPECIAL CARE NURSERY	35.00	0	39.85
39.86 OIG LINE 40 PSYCHIATRY	A	-1,990	SUBPROVIDER - IPF	40.00	0	39.86
39.87 OIG LINE 50 OPERATING ROOM	A	-121,374	OPERATING ROOM	50.00	0	39.87
39.88 OIG LINE 51 RECOVERY ROOM	A	-2,553	RECOVERY ROOM	51.00	0	39.88

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	
39.89 OIG LINE 52 DELIVERY & LABOR RO	A	-5,385	DELIVERY ROOM & LABOR ROOM	52.00	0	39.89
39.90 OIG LINE 53 ANESTHESIOLOGY	A	-90	ANESTHESIOLOGY	53.00	0	39.90
39.91 OIG LINE 54 RADIOLOGY-DIAGNOSTIC	A	-45,064	RADIOLOGY-DIAGNOSTIC	54.00	0	39.91
39.92 OIG LINE 55 RADIOLOGY-THERAPEUTIC	A	-56,504	RADIOLOGY-THERAPEUTIC	55.00	0	39.92
39.93 OIG LINE 56 RADIOISOTOPE	A	-4,341	RADIOISOTOPE	56.00	0	39.93
39.94 OIG LINE 57 CT	A	-2,660	CT SCAN	57.00	0	39.94
39.95 OIG LINE 58 MRI	A	-25,781	MRI	58.00	0	39.95
39.96 OIG LINE 59 CATHETERIZATION LAB	A	-138	CARDIAC CATHETERIZATION	59.00	0	39.96
39.98 OIG LINE 59.02 CARDIAC GRAPHICS	A	-19,285	CARDIAC GRAPHICS	59.02	0	39.98
39.99 OIG LINE 59.03 PULMONARY FUNCTION	A	-8,005	PULMONARY FUNCTION	59.03	0	39.99
40.00 OIG LINE 59.04 EPS	A	-41,160	EPS	59.04	0	40.00
40.01 OIG LINE 59.05 GI LABORATORY	A	-4,375	GI	59.05	0	40.01
40.02 OIG LINE 60 LABORATORY	A	-324,188	LABORATORY	60.00	0	40.02
40.03 OIG LINE 63 BLOOD STORAGE, PROC&AD	A	-3,466	BLOOD STORING, PROCESSING & TRANS.	63.00	0	40.03
40.04 OIG LINE 65 OXYGEN THERAPY	A	-8,475	RESPIRATORY THERAPY	65.00	0	40.04
40.05 OIG LINE 66 PHYSICAL THERAPY	A	-396	PHYSICAL THERAPY	66.00	0	40.05
40.06 OIG LINE 67 OCCUPATIONAL THERAPY	A	-696	OCCUPATIONAL THERAPY	67.00	0	40.06
40.07 OIG LINE 70 ELECTROENCEPHALOGRAPHY	A	-9,312	ELECTROENCEPHALOGRAPHY	70.00	0	40.07
40.08 OIG LINE 76.97 CARDIAC REHABILITATION	A	-59	CARDIAC REHABILITATION	76.97	0	40.08
40.09 OIG LINE 90 CLINIC	A	-7,822	CLINIC	90.00	0	40.09
40.10 OIG LINE 90.01 PSYCH CLINIC	A	-13,890	PSYCH CLINIC	90.01	0	40.10
40.11 OIG LINE 90.02 SOLID ORGAN CLINIC	A	-144	TRANSPLANT CLINIC	90.02	0	40.11
40.13 OIG LINE 91 EMERGENCY	A	-9,815	EMERGENCY	91.00	0	40.13
42.00 OIG LINE 105 KIDNEY ACQUISITION	A	-36,781	KIDNEY ACQUISITION	105.00	0	42.00
43.00 OIG LINE 106 HEART ACQUISITION	A	-318	HEART ACQUISITION	106.00	0	43.00
44.00 OIG LINE 107 LIVER TRANSPLANT	A	-115	LIVER ACQUISITION	107.00	0	44.00
45.00 OIG LINE 108 LUNG TRANSPLANT	A	-517	LUNG ACQUISITION	108.00	0	45.00
45.01 OIG LINE 109 PANCREAS ACQUISITION	A	-45	PANCREAS ACQUISITION	109.00	0	45.01
45.03 OIG LINE 190 GIFT SHOP	A	-687	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	45.03
46.00 OIG LINE 191 CRC	A	-2,284	RESEARCH	191.00	0	46.00
47.00 OIG LINE 191.01 SPONSORED PROJECT	A	-109,634	SPONSORED PROJECT	191.01	0	47.00
47.01 OIG LINE 194 REAL ESTATE	A	-212,098	REAL ESTATE	194.00	0	47.01
47.02 OIG LINE 194.01 MARKETING	A	-190,710	MARKETING, OTHER NON-REIMB	194.01	0	47.02
48.01 RECLASS TO HOME OFFICE	A	-5,598,289	CAP REL COSTS-BLDG & FIXT	1.00	9	48.01
48.02 RECLASS TO HOME OFFICE	A	-2,878,544	OPERATION OF PLANT	7.00	0	48.02
48.03 RECLASS TO HOME OFFICE	A	-1,447,660	HOUSEKEEPING	9.00	0	48.03
49.02 PRENTICE OFFSET	A	-9,177,095	ADMINISTRATIVE & GENERAL	5.00	0	49.02
49.03 CS-CSF OPHTH ROP PROGRAM	A	-85,600	ADMINISTRATIVE & GENERAL	5.00	0	49.03
49.04 CS-DENTAL CENTER LAB	A	-22,661	ADMINISTRATIVE & GENERAL	5.00	0	49.04
49.05 CS-DENTAL CENTER PROFESSIONAL SERVICE	A	-177,777	ADMINISTRATIVE & GENERAL	5.00	0	49.05
49.06 CS-PF NICU HOSPITALISTS	A	-1,733,461	ADMINISTRATIVE & GENERAL	5.00	0	49.06
49.07 FY16 CLOSE OUT PSYCH VISITS CC 1445	A	-675	LIVER ACQUISITION	107.00	0	49.07
49.08 FY16 CLOSE OUT PSYCH VISITS CC 1457	A	-225	LIVER ACQUISITION	107.00	0	49.08
49.09 FY16 PROFESSIONAL SERVICES CC1457	A	-43,025	LIVER ACQUISITION	107.00	0	49.09
49.10 FY16 PROFESSIONAL SERVICES CC1568	A	-824	KIDNEY ACQUISITION	105.00	0	49.10
49.11 FY16 CLOSE OUT PSYCH VISITS CC 1569	A	-225	KIDNEY ACQUISITION	105.00	0	49.11
49.12 FY16 PROFESSIONAL SERVICES CC1569	A	-151,472	KIDNEY ACQUISITION	105.00	0	49.12

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
				Cost Center		Line #	
				3.00	4.00	5.00	
49.13	ELIMIN MED POSITION 1054 615201	A	-1,641,419	ADMINISTRATIVE & GENERAL	5.00	0	49.13
49.14	STRATEGIC INIT DEPT OF SURGERY	A	-111,390	ADMINISTRATIVE & GENERAL	5.00	0	49.14
49.15	STRATEGIC INIT DEPT OF DERM	A	-11,504	ADMINISTRATIVE & GENERAL	5.00	0	49.15
49.16	STRATEGIC INIT DEPT OF POOL DOM CENT	A	-481,829	ADMINISTRATIVE & GENERAL	5.00	0	49.16
49.17	STRATEGIC INITIAL DEPT OF EMERGENCY	A	-181,981	ADMINISTRATIVE & GENERAL	5.00	0	49.17
49.18	STRATEGIC INIT DEPT OF HEART FAI LURE	A	-240,503	ADMINISTRATIVE & GENERAL	5.00	0	49.18
49.19	STRATEGIC INIT DEPT OF HEPATOLOGY	A	-613,337	ADMINISTRATIVE & GENERAL	5.00	0	49.19
49.20	STRATEGIC INIT DEPT OF INF DI SEASE	A	-94,433	ADMINISTRATIVE & GENERAL	5.00	0	49.20
49.21	STRATEGIC INIT DEPT OF NEUROLOGY	A	-13,428	ADMINISTRATIVE & GENERAL	5.00	0	49.21
49.22	STRATEGIC INIT DEPT OF NEURO SURGERY	A	-20,061	ADMINISTRATIVE & GENERAL	5.00	0	49.22
49.23	STRATEGIC INIT DEPT OF OPHTHAMOLOGY	A	-12,383	ADMINISTRATIVE & GENERAL	5.00	0	49.23
49.24	STRATEGIC INIT DEPT OF PATHOLOGY	A	-113,566	ADMINISTRATIVE & GENERAL	5.00	0	49.24
49.25	STRATEGIC INIT DEPT OF PLAS SURGERY	A	-70,000	ADMINISTRATIVE & GENERAL	5.00	0	49.25
49.26	STRATEGIC INIT DEPT OF PSYCHI ATRY	A	-314,946	ADMINISTRATIVE & GENERAL	5.00	0	49.26
49.27	STRATEGIC INIT DEPT OF RADIOLOGY	A	-206,627	ADMINISTRATIVE & GENERAL	5.00	0	49.27
49.28	STRATEGIC INIT DEPT OF TRANSPLANT	A	-796,379	ADMINISTRATIVE & GENERAL	5.00	0	49.28
49.29	STRATEGIC INIT DEPT OF UROLOGY	A	-11,349	ADMINISTRATIVE & GENERAL	5.00	0	49.29
49.30	CONTRACTED SERV HOSP ANETHESI OLOGY	A	-7,897,000	ADMINISTRATIVE & GENERAL	5.00	0	49.30
49.31	CS-BASE/GOALS-ANETHESI OLOGY	A	-8,710,486	ADMINISTRATIVE & GENERAL	5.00	0	49.31
49.32	CS-BASE/GOALS-HEARTFAI LURE	A	-745,656	ADMINISTRATIVE & GENERAL	5.00	0	49.32
49.33	CS-BASE/GOALS-I NPATIENT	A	-6,331,016	ADMINISTRATIVE & GENERAL	5.00	0	49.33
49.34	CS-BASE/GOALS-L&D	A	-571,808	ADMINISTRATIVE & GENERAL	5.00	0	49.34
49.35	CS-BASE/GOALS-PAC	A	-108,109	ADMINISTRATIVE & GENERAL	5.00	0	49.35
49.36	CS-BASE/GOALS-PALLI ATI VE	A	-514,723	ADMINISTRATIVE & GENERAL	5.00	0	49.36
49.37	CS-BASE/GOALS-PATHOLOGY	A	-2,176,564	ADMINISTRATIVE & GENERAL	5.00	0	49.37
49.38	CS-BAS/GOALS-PSYCHI ATRY	A	-804,937	ADMINISTRATIVE & GENERAL	5.00	0	49.38
49.39	CS-CLIN EDU AGRMNT-GIM	A	-224,692	ADMINISTRATIVE & GENERAL	5.00	0	49.39
49.40	CS-CLIN EDU AGRMNT-NEUROLOGY	A	-6,345	ADMINISTRATIVE & GENERAL	5.00	0	49.40
49.41	CS-CLIN EDU AGRMNT-OPHTHAMOLOGY	A	-49,437	ADMINISTRATIVE & GENERAL	5.00	0	49.41
49.42	CS-CLIN EDU AGRMNT-UROLOGY	A	-147,874	ADMINISTRATIVE & GENERAL	5.00	0	49.42
49.43	CS-GYNE ONC EMERG CALL COVER	A	-100,000	ADMINISTRATIVE & GENERAL	5.00	0	49.43
49.44	CS-KIDNEY CALL COVERAGE	A	-585,260	ADMINISTRATIVE & GENERAL	5.00	0	49.44
49.45	CS-LI VER CALL COVERAGE	A	-585,260	ADMINISTRATIVE & GENERAL	5.00	0	49.45
49.46	CS-MICU COVERAGE	A	-426,857	ADMINISTRATIVE & GENERAL	5.00	0	49.46
49.47	CS-OB TRI AGE	A	-755,745	ADMINISTRATIVE & GENERAL	5.00	0	49.47
49.48	CS-QTR VOL REC	A	-381,332	ADMINISTRATIVE & GENERAL	5.00	0	49.48
49.49	CS-RISK CORR-L&D	A	-28,590	ADMINISTRATIVE & GENERAL	5.00	0	49.49
49.50	CS-RISK CORR-PAC	A	-5,405	ADMINISTRATIVE & GENERAL	5.00	0	49.50
49.51	CSTRAUMA CALL COVERAGE	A	-365,000	ADMINISTRATIVE & GENERAL	5.00	0	49.51
49.52	CS-BASE/GOALS-PERI OP	A	-644,509	ADMINISTRATIVE & GENERAL	5.00	0	49.52
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-374,961,276				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 14-0281

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

Worksheet A-8-1

Date/Time Prepared: 1/30/2018 11:21 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5		
1.00	2.00	3.00	4.00	5.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	5.00	ADMINISTRATIVE & GENERAL	NMHC MANAGEMENT FEE	244,869,994	305,880,742	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	VARIOUS MJRH	33,147	33,147	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	VARIOUS NMI C	26,177,642	26,177,642	3.00
4.00	5.00	ADMINISTRATIVE & GENERAL	VARIOUS NMG	73,754,074	73,754,074	4.00
4.01	5.00	ADMINISTRATIVE & GENERAL	VARIOUS NM HEALTHCARE CORP	300,000	300,000	4.01
4.02	7.00	OPERATION OF PLANT	VARIOUS NMG	6,851,709	6,851,709	4.02
4.03	13.00	NURSING ADMINISTRATION	VARIOUS NMG	50,210	50,210	4.03
4.04	17.00	SOCIAL SERVICE	VARIOUS NMG	132,138	132,138	4.04
4.05	21.00	HR SERVICES-SALARY & FRINGE	VARIOUS NMG	3,440,539	3,440,539	4.05
4.06	30.00	ADULTS & PEDIATRICS	VARIOUS NMG	1,522,879	1,522,879	4.06
4.07	50.00	OPERATING ROOM	VARIOUS NMG	88,721	88,721	4.07
4.08	59.02	CARDIAC GRAPHICS	VARIOUS NMG	60,999	60,999	4.08
4.09	59.04	EPS	VARIOUS NMG	26,756	26,756	4.09
4.10	60.00	LABORATORY	VARIOUS NMG	924,216	924,216	4.10
4.11	70.00	ELECTROENCEPHALOGRAPHY	VARIOUS NMG	290,700	290,700	4.11
4.12	105.00	KIDNEY ACQUISITION	VAROUS NMG	522,224	522,224	4.12
4.13	106.00	HEART ACQUISITION	VARIOUS NMG	13,824	13,824	4.13
4.14	107.00	LIVER ACQUISITION	VARIOUS NMG	172,580	172,580	4.14
4.15	108.00	LUNG ACQUISITION	VARIOUS NMG	38,401	38,401	4.15
4.16	109.00	PANCREAS ACQUISITION	VARIOUS NMG	22,534	22,534	4.16
4.17	194.00	REAL ESTATE	VARIOUS NMG	325,106	325,106	4.17
4.18	194.02	OTHER COMPANY WIDE ACTIVITY	VARIOUS NMG	935,871	935,871	4.18
4.19	194.02	OTHER COMPANY WIDE ACTIVITY	PAHCS II	3,244	3,244	4.19
4.20	5.00	ADMINISTRATIVE & GENERAL	VARIOUS NMH	143,172	0	4.20
4.21	5.00	ADMINISTRATIVE & GENERAL	VARIOUS NMH	1,122,658	0	4.21
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			361,823,338	421,568,256	5.00

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

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00

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

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

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

6.00	B	100.00	NM HEALTHCARE	100.00	6.00
7.00	B	100.00	NM LAKE FOREST	100.00	7.00
8.00	B	100.00	NM FOUNDATION	100.00	8.00
9.00	B	100.00	NM MEDICAL GROUP	100.00	9.00
9.01	B	100.00	NM DELNOR	100.00	9.01
9.02	B	100.00	NM CENTRAL DUPAGE	100.00	9.02
9.03	B	100.00	NM INSURANCE CO	100.00	9.03
9.04	B	100.00	N HEALTHCARE CORP	100.00	9.04
9.05	B	100.00	NM DELNOR	100.00	9.05
9.06	B	100.00	NM KI SHWAUKEE	100.00	9.06
9.07	B	100.00	NM VALLEY WEST	100.00	9.07
10.00	B	100.00	NM MARIANJOY	100.00	10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

Provider CCN: 14-0281

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

Worksheet A-8-1

Date/Time Prepared:
1/30/2018 11:21 am

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00

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

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

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

Provider CCN: 14-0281

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

Worksheet A-8-1

Date/Time Prepared:
1/30/2018 11:21 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-61,010,748	0		1.00
2.00	0	0		2.00
3.00	0	0		3.00
4.00	0	0		4.00
4.01	0	0		4.01
4.02	0	0		4.02
4.03	0	0		4.03
4.04	0	0		4.04
4.05	0	0		4.05
4.06	0	0		4.06
4.07	0	0		4.07
4.08	0	0		4.08
4.09	0	0		4.09
4.10	0	0		4.10
4.11	0	0		4.11
4.12	0	0		4.12
4.13	0	0		4.13
4.14	0	0		4.14
4.15	0	0		4.15
4.16	0	0		4.16
4.17	0	0		4.17
4.18	0	0		4.18
4.19	0	0		4.19
4.20	143,172	0		4.20
4.21	1,122,658	0		4.21
5.00	-59,744,918			5.00

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

Related Organization(s) and/or Home Office	Type of Business		
	6.00		
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:			

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

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

6.00	HEALTH CARE		6.00
7.00	HEALTH CARE		7.00
8.00	HEALTH CARE		8.00
9.00	HEALTH CARE		9.00
9.01	HEALTH CARE		9.01
9.02	HEALTHCARE		9.02
9.03	HEALTHCARE		9.03
9.04	HEALTHCARE		9.04
9.05	HEALTHCARE		9.05
9.06	HEALTHCARE		9.06
9.07	HEALTHCARE		9.07
10.00	HEALTHCARE		10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0281

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

Worksheet A-8-2

Date/Time Prepared:
1/30/2018 11:21 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	818,416	0	818,416	179,000	7,992	1.00
2.00	13.00	NURSING ADMINISTRATION	182,533	0	182,533	179,000	1,728	2.00
3.00	15.00	PHARMACY	13,323	0	13,323	179,000	144	3.00
4.00	17.00	SOCIAL SERVICE	0	0	0	0	0	4.00
5.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	4,216,603	0	4,216,603	179,000	15,235	5.00
6.00	30.00	ADULTS & PEDIATRICS	796,881	0	796,881	197,500	7,906	6.00
7.00	31.00	INTENSIVE CARE UNIT	478,116	0	478,116	179,000	2,880	7.00
8.00	35.00	SPECIAL CARE NURSERY	59,346	0	59,346	237,100	864	8.00
9.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	9.00
10.00	50.00	OPERATING ROOM	988,572	0	988,572	246,400	5,544	10.00
11.00	51.00	RECOVERY ROOM	93,670	0	93,670	179,000	576	11.00
12.00	52.00	DELIVERY ROOM & LABOR ROOM	179,621	0	179,621	237,400	1,440	12.00
13.00	53.00	ANESTHESIOLOGY	242,344	0	242,344	239,400	1,512	13.00
14.00	54.00	RADIOLOGY-DIAGNOSTIC	203,942	0	203,942	271,900	1,152	14.00
15.00	55.00	RADIOLOGY-THERAPEUTIC	58,079	0	58,079	271,900	288	15.00
16.00	56.00	RADIOISOTOPE	22,601	0	22,601	271,900	144	16.00
17.00	57.00	CT SCAN	182,775	0	182,775	271,900	1,008	17.00
18.00	58.00	MRI	24,941	0	24,941	271,900	144	18.00
19.00	59.00	CARDIAC CATHETERIZATION	70,159	0	70,159	271,900	360	19.00
21.00	59.02	CARDIAC GRAPHICS	67,317	0	67,317	179,000	562	21.00
22.00	59.03	PULMONARY FUNCTION	13,701	0	13,701	179,000	144	22.00
23.00	59.04	EPS	72,603	0	72,603	179,000	360	23.00
24.00	59.05	GI	88,677	0	88,677	179,000	432	24.00
25.00	60.00	LABORATORY	50,895	0	50,895	260,300	576	25.00
27.00	63.00	BLOOD STORING, PROCESSING & TRANS.	12,156	0	12,156	179,000	144	27.00
28.00	65.00	RESPIRATORY THERAPY	68,181	0	68,181	179,000	720	28.00
29.00	66.00	PHYSICAL THERAPY	16,055	0	16,055	179,000	144	29.00
30.00	70.00	ELECTROENCEPHALOGRAPHY	92,177	0	92,177	179,000	648	30.00
31.00	76.97	CARDIAC REHABILITATION	8,740	0	8,740	179,000	58	31.00
32.00	90.00	CLINIC	239,738	0	239,738	179,000	1,944	32.00
33.00	90.01	PSYCH CLINIC	99,223	0	99,223	179,000	1,152	33.00
34.00	90.02	TRANSPLANT CLINIC	110,622	0	110,622	179,000	1,803	34.00
36.00	91.00	EMERGENCY	304,602	0	304,602	179,000	2,304	36.00
37.00	105.00	KIDNEY ACQUISITION	79,847	0	79,847	246,400	706	37.00
38.00	105.00	KIDNEY ACQUISITION	140,932	0	140,932	246,400	67	38.00
39.00	106.00	HEART ACQUISITION	111,476	0	111,476	246,400	1	39.00
40.00	106.00	HEART ACQUISITION	18,983	0	18,983	246,400	1	40.00
41.00	107.00	LIVER ACQUISITION	108,753	0	108,753	246,400	455	41.00
42.00	107.00	LIVER ACQUISITION	57,523	0	57,523	246,400	137	42.00
43.00	108.00	LUNG ACQUISITION	123,645	0	123,645	246,400	1	43.00
44.00	108.00	LUNG ACQUISITION	5,752	0	5,752	246,400	1	44.00
45.00	109.00	PANCREAS ACQUISITION	10,354	0	10,354	246,400	17	45.00
46.00	109.00	PANCREAS ACQUISITION	5,154	0	5,154	246,400	45	46.00
47.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	2,756,156	0	2,756,156	179,000	22,962	47.00
200.00			13,295,184	0	13,295,184		84,301	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	687,773	34,389	0	0	64,049	1.00
2.00	13.00	NURSING ADMINISTRATION	148,708	7,435	0	0	13,959	2.00
3.00	15.00	PHARMACY	12,392	620	0	0	1,019	3.00
4.00	17.00	SOCIAL SERVICE	0	0	0	0	0	4.00
5.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	1,311,089	65,554	0	0	322,451	5.00
6.00	30.00	ADULTS & PEDIATRICS	750,690	37,535	0	0	60,939	6.00
7.00	31.00	INTENSIVE CARE UNIT	247,846	12,392	0	0	36,562	7.00
8.00	35.00	SPECIAL CARE NURSERY	98,488	4,924	0	0	4,538	8.00
9.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	9.00
10.00	50.00	OPERATING ROOM	656,751	32,838	0	0	75,598	10.00
11.00	51.00	RECOVERY ROOM	49,569	2,478	0	0	7,163	11.00
12.00	52.00	DELIVERY ROOM & LABOR ROOM	164,354	8,218	0	0	13,736	12.00
13.00	53.00	ANESTHESIOLOGY	174,025	8,701	0	0	18,532	13.00
14.00	54.00	RADIOLOGY-DIAGNOSTIC	150,591	7,530	0	0	15,596	14.00
15.00	55.00	RADIOLOGY-THERAPEUTIC	37,648	1,882	0	0	4,441	15.00
16.00	56.00	RADIOISOTOPE	18,824	941	0	0	1,728	16.00
17.00	57.00	CT SCAN	131,767	6,588	0	0	13,977	17.00
18.00	58.00	MRI	18,824	941	0	0	1,907	18.00
19.00	59.00	CARDIAC CATHETERIZATION	47,060	2,353	0	0	5,365	19.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0281

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

Worksheet A-8-2

Date/Time Prepared:
1/30/2018 11:21 am

	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	
21.00	59.02	CARDIAC GRAPHICS	48,364	2,418	0	0	5,148	21.00
22.00	59.03	PULMONARY FUNCTION	12,392	620	0	0	1,048	22.00
23.00	59.04	EPS	30,981	1,549	0	0	5,552	23.00
24.00	59.05	GI	37,177	1,859	0	0	6,781	24.00
25.00	60.00	LABORATORY	72,083	3,604	0	0	3,892	25.00
27.00	63.00	BLOOD STORING, PROCESSING & TRANS.	12,392	620	0	0	930	27.00
28.00	65.00	RESPIRATORY THERAPY	61,962	3,098	0	0	5,214	28.00
29.00	66.00	PHYSICAL THERAPY	12,392	620	0	0	1,228	29.00
30.00	70.00	ELECTROENCEPHALOGRAPHY	55,765	2,788	0	0	7,049	30.00
31.00	76.97	CARDIAC REHABILITATION	4,991	250	0	0	668	31.00
32.00	90.00	CLINIC	167,296	8,365	0	0	18,333	32.00
33.00	90.01	PSYCH CLINIC	99,138	4,957	0	0	7,588	33.00
34.00	90.02	TRANSPLANT CLINIC	155,162	7,758	0	0	7,989	34.00
36.00	91.00	EMERGENCY	198,277	9,914	0	0	23,293	36.00
37.00	105.00	KIDNEY ACQUISITION	83,634	4,182	0	0	6,106	37.00
38.00	105.00	KIDNEY ACQUISITION	7,937	397	0	0	10,178	38.00
39.00	106.00	HEART ACQUISITION	119	6	0	0	8,525	39.00
40.00	106.00	HEART ACQUISITION	119	6	0	0	1,371	40.00
41.00	107.00	LIVER ACQUISITION	53,900	2,695	0	0	8,317	41.00
42.00	107.00	LIVER ACQUISITION	16,229	811	0	0	4,154	42.00
43.00	108.00	LUNG ACQUISITION	119	6	0	0	9,455	43.00
44.00	108.00	LUNG ACQUISITION	119	6	0	0	415	44.00
45.00	109.00	PANCREAS ACQUISITION	2,014	101	0	0	748	45.00
46.00	109.00	PANCREAS ACQUISITION	5,331	267	0	0	394	46.00
47.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	1,976,057	98,803	0	0	0	47.00
200.00			7,820,349	391,019	0	0	805,936	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	64,049	751,822	66,594	66,594		1.00
2.00	13.00	NURSING ADMINISTRATION	13,959	162,667	19,866	19,866		2.00
3.00	15.00	PHARMACY	1,019	13,411	0	0		3.00
4.00	17.00	SOCIAL SERVICE	0	0	0	0		4.00
5.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	322,451	1,633,540	2,583,063	2,583,063		5.00
6.00	30.00	ADULTS & PEDIATRICS	60,939	811,629	0	0		6.00
7.00	31.00	INTENSIVE CARE UNIT	36,562	284,408	193,708	193,708		7.00
8.00	35.00	SPECIAL CARE NURSERY	4,538	103,026	0	0		8.00
9.00	40.00	SUBPROVIDER - I/PF	0	0	0	0		9.00
10.00	50.00	OPERATING ROOM	75,598	732,349	256,223	256,223		10.00
11.00	51.00	RECOVERY ROOM	7,163	56,732	36,938	36,938		11.00
12.00	52.00	DELIVERY ROOM & LABOR ROOM	13,736	178,090	1,531	1,531		12.00
13.00	53.00	ANESTHESIOLOGY	18,532	192,557	49,787	49,787		13.00
14.00	54.00	RADIOLOGY-DIAGNOSTIC	15,596	166,187	37,755	37,755		14.00
15.00	55.00	RADIOLOGY-THERAPEUTIC	4,441	42,089	15,990	15,990		15.00
16.00	56.00	RADIOISOTOPE	1,728	20,552	2,049	2,049		16.00
17.00	57.00	CT SCAN	13,977	145,744	37,031	37,031		17.00
18.00	58.00	MRI	1,907	20,731	4,210	4,210		18.00
19.00	59.00	CARDIAC CATHETERIZATION	5,365	52,425	17,734	17,734		19.00
21.00	59.02	CARDIAC GRAPHICS	5,148	53,512	13,805	13,805		21.00
22.00	59.03	PULMONARY FUNCTION	1,048	13,440	261	261		22.00
23.00	59.04	EPS	5,552	36,533	36,070	36,070		23.00
24.00	59.05	GI	6,781	43,958	44,719	44,719		24.00
25.00	60.00	LABORATORY	3,892	75,975	0	0		25.00
27.00	63.00	BLOOD STORING, PROCESSING & TRANS.	930	13,322	0	0		27.00
28.00	65.00	RESPIRATORY THERAPY	5,214	67,176	1,005	1,005		28.00
29.00	66.00	PHYSICAL THERAPY	1,228	13,620	2,435	2,435		29.00
30.00	70.00	ELECTROENCEPHALOGRAPHY	7,049	62,814	29,363	29,363		30.00
31.00	76.97	CARDIAC REHABILITATION	668	5,659	3,081	3,081		31.00
32.00	90.00	CLINIC	18,333	185,629	54,109	54,109		32.00
33.00	90.01	PSYCH CLINIC	7,588	106,726	0	0		33.00
34.00	90.02	TRANSPLANT CLINIC	7,989	163,151	0	0		34.00
36.00	91.00	EMERGENCY	23,293	221,570	83,032	83,032		36.00
37.00	105.00	KIDNEY ACQUISITION	6,106	89,740	0	0		37.00
38.00	105.00	KIDNEY ACQUISITION	10,178	18,115	122,817	122,817		38.00
39.00	106.00	HEART ACQUISITION	8,525	8,644	102,832	102,832		39.00
40.00	106.00	HEART ACQUISITION	1,371	1,490	17,493	17,493		40.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0281

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

Worksheet A-8-2

Date/Time Prepared:
1/30/2018 11:21 am

	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		
41.00	107.00	LIVER ACQUISITION	8,317	62,217	46,536	46,536		41.00
42.00	107.00	LIVER ACQUISITION	4,154	20,383	37,140	37,140		42.00
43.00	108.00	LUNG ACQUISITION	9,455	9,574	114,071	114,071		43.00
44.00	108.00	LUNG ACQUISITION	415	534	5,218	5,218		44.00
45.00	109.00	PANCREAS ACQUISITION	748	2,762	7,592	7,592		45.00
46.00	109.00	PANCREAS ACQUISITION	394	5,725	0	0		46.00
47.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	1,976,057	780,099	780,099		47.00
200.00			805,936	8,626,285	4,824,157	4,824,157		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0281

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

Worksheet B
Part I
Date/Time Prepared:
1/30/2018 11:21 am

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	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	88,053,675	88,053,675			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	26,943,554		26,943,554		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	-16,527,298	930,090	284,598	-15,312,610	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	334,949,805	8,228,723	2,517,908	0	345,696,436
7.00 00700	OPERATION OF PLANT	44,344,201	22,909,551	7,010,096	0	74,263,848
8.00 00800	LAUNDRY & LINEN SERVICE	3,651,930	0	0	0	3,651,930
9.00 00900	HOUSEKEEPING	22,301,313	643,742	196,979	0	23,142,034
10.00 01000	DIETARY	10,761,640	1,087,572	332,786	0	12,181,998
11.00 01100	CAFETERIA	2,288,141	0	0	0	2,288,141
13.00 01300	NURSING ADMINISTRATION	10,778,093	99,882	30,563	0	10,908,538
14.00 01400	CENTRAL SERVICES & SUPPLY	17,432,574	427,851	130,918	0	17,991,343
15.00 01500	PHARMACY	24,834,088	224,905	68,819	0	25,127,812
16.00 01600	MEDICAL RECORDS & LIBRARY	4,607,819	137,070	41,942	0	4,786,831
17.00 01700	SOCIAL SERVICE	4,525,711	0	0	0	4,525,711
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	38,721,853	0	0	0	38,721,853
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	8,542,841	144,419	44,191	0	8,731,451
23.00 02300	PARAMED ED PRGM-(PHARMACY)	1,239,251	5,258	1,609	0	1,246,118
23.01 02301	PARAMED ED PRGM-(CHAPLAINCY)	213,189	10,781	3,299	0	227,269
23.02 02302	PARAMED ED PRGM-(NM SCHL)	162,216	9,470	2,898	0	174,584
23.03 02303	PARAMED ED PRGM-(RAD THER)	221,130	9,470	2,898	0	233,498
23.04 02304	PARAMED ED PRGM-(NUCLEAR MED)	216,669	9,470	2,898	0	229,037
23.05 02305	PARAMED ED PRGM-(SONOGRAPHY)	263,326	9,485	2,902	0	275,713
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	122,598,763	7,474,038	2,286,982	0	132,359,783
31.00 03100	INTENSIVE CARE UNIT	34,050,422	1,536,425	470,131	0	36,056,978
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
35.00 02060	SPECIAL CARE NURSERY	15,005,337	594,125	181,796	0	15,781,258
40.00 04000	SUBPROVIDER - I PF	4,047,068	469,456	143,649	0	4,660,173
43.00 04300	NURSERY	3,576,396	0	0	0	3,576,396
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	25,835,840	3,468,594	1,061,355	0	30,365,789
51.00 05100	RECOVERY ROOM	7,653,286	251,915	77,084	0	7,982,285
52.00 05200	DELIVERY ROOM & LABOR ROOM	19,945,554	778,632	238,254	0	20,962,440
53.00 05300	ANESTHESIOLOGY	5,907,578	28,247	8,643	0	5,944,468
54.00 05400	RADIOLOGY-DIAGNOSTIC	29,251,791	2,271,655	695,104	0	32,218,550
55.00 05500	RADIOLOGY-THERAPEUTIC	10,429,809	529,824	162,121	0	11,121,754
56.00 05600	RADIOISOTOPE	5,754,540	319,986	97,913	0	6,172,439
57.00 05700	CT SCAN	8,367,570	185,995	56,912	0	8,610,477
58.00 05800	MRI	8,130,488	675,554	206,713	0	9,012,755
59.00 05900	CARDIAC CATHETERIZATION	2,876,983	82,401	25,214	0	2,984,598
59.01 03650	VASCULAR LAB	1,347,411	52,754	16,142	0	1,416,307
59.02 03140	CARDIAC GRAPHICS	6,097,129	106,849	32,695	0	6,236,673
59.03 03560	PULMONARY FUNCTION	758,870	40,957	12,533	0	812,360
59.04 03290	EPS	2,645,568	116,112	35,529	0	2,797,209
59.05 03340	GI	11,425,447	670,988	205,316	0	12,301,751
60.00 06000	LABORATORY	84,385,957	840,841	257,289	0	85,484,087
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	9,974,663	360,929	110,441	0	10,446,033
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	6,471,797	0	0	0	6,471,797
65.00 06500	RESPIRATORY THERAPY	11,970,693	76,598	23,438	0	12,070,729
66.00 06600	PHYSICAL THERAPY	4,114,453	17,334	5,304	0	4,137,091
67.00 06700	OCCUPATIONAL THERAPY	1,835,483	95,891	29,342	0	1,960,716
70.00 07000	ELECTROENCEPHALOGRAPHY	4,192,495	333,830	102,149	0	4,628,474
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	57,569,804	0	0	0	57,569,804
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	81,195,388	0	0	0	81,195,388
73.00 07300	DRUGS CHARGED TO PATIENTS	74,997,596	0	0	0	74,997,596
76.97 07697	CARDIAC REHABILITATION	435,641	0	0	0	435,641
76.98 07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	5,989,941	167,939	51,388	0	6,209,268
90.01 09001	PSYCH CLINIC	5,781,229	10,191	3,118	0	5,794,538
90.02 09002	TRANSPLANT CLINIC	3,273,315	0	0	0	3,273,315
90.03 09003	OB CLINIC	0	0	0	0	0
91.00 09100	EMERGENCY	17,759,434	832,800	254,829	0	18,847,063
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART				0	0
92.01 09201	OBSERVATION BEDS-DISTINCT	3,410,151	0	0	0	3,410,151
OTHER REIMBURSABLE COST CENTERS						
100.00 10000	I&R SERVICES-NOT APPRVD PRGM	278,459	0	0	0	278,459

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0281

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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			
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	10,249,846	68,984	21,108	0	10,339,938	105.00
106.00	10600	HEART ACQUISITION	2,674,988	12,563	3,844	0	2,691,395	106.00
107.00	10700	LIVER ACQUISITION	5,171,657	25,523	7,810	0	5,204,990	107.00
108.00	10800	LUNG ACQUISITION	995,404	10,795	3,303	0	1,009,502	108.00
109.00	10900	PANCREAS ACQUISITION	1,058,176	5,862	1,794	0	1,065,832	109.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,348,018,141	57,402,326	17,564,547	0	1,323,300,395	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	108,157	0	0	0	108,157	190.00
191.00	19100	RESEARCH	2,600,966	75,317	23,046	0	2,699,329	191.00
191.01	19101	SPONSERED PROJECT	2,546,817	0	0	0	2,546,817	191.01
194.00	07950	REAL ESTATE	-19,400,375	30,576,032	9,355,961	0	20,531,618	194.00
194.01	07951	MARKETING, OTHER NON-REIMB	0	0	0	0	0	194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY	108,290	0	0	0	108,290	194.02
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers				-15,312,610	-15,312,610	201.00
202.00		TOTAL (sum lines 118-201)	1,333,981,996	88,053,675	26,943,554	-15,312,610	1,333,981,996	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0281	Period: From 09/01/2016 To 08/31/2017	Worksheet B Part I Date/Time Prepared: 1/30/2018 11:21 am		
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	345,696,436				5.00
7.00	00700	OPERATION OF PLANT	25,580,702	99,844,550			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,257,933	0	4,909,863		8.00
9.00	00900	HOUSEKEEPING	7,971,436	1,148,054	0	32,261,524	9.00
10.00	01000	DIETARY	4,196,174	1,939,583	0	1,416,757	19,734,512
11.00	01100	CAFETERIA	788,166	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	3,757,522	178,131	0	130,115	0
14.00	01400	CENTRAL SERVICES & SUPPLY	6,197,244	763,032	0	557,352	0
15.00	01500	PHARMACY	8,655,451	401,097	0	292,979	0
16.00	01600	MEDICAL RECORDS & LIBRARY	1,648,857	244,451	0	178,557	0
17.00	01700	SOCIAL SERVICE	1,558,913	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	13,338,013	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	3,007,609	257,557	0	188,131	0
23.00	02300	PARAMED PRGM-(PHARMACY)	429,234	9,377	0	6,849	0
23.01	02301	PARAMED PRGM-(CHAPLAINCY)	78,284	19,226	0	14,044	0
23.02	02302	PARAMED PRGM-(NM SCHL)	60,137	16,889	0	12,336	0
23.03	02303	PARAMED PRGM-(RAD THER)	80,430	16,889	0	12,336	0
23.04	02304	PARAMED PRGM-(NUCLEAR MED)	78,893	16,889	0	12,336	0
23.05	02305	PARAMED PRGM-(SONOGRAPHY)	94,971	16,915	0	12,355	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	45,592,277	13,329,245	3,180,902	9,736,266	15,057,561
31.00	03100	INTENSIVE CARE UNIT	12,420,078	2,740,069	509,043	2,001,467	2,409,679
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
35.00	02060	SPECIAL CARE NURSERY	5,435,965	1,059,566	327,431	773,954	0
40.00	04000	SUBPROVIDER - IPF	1,605,229	837,231	153,169	611,550	725,064
43.00	04300	NURSERY	1,231,915	0	413,528	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	10,459,709	6,185,912	0	4,518,462	0
51.00	05100	RECOVERY ROOM	2,749,554	449,267	0	328,164	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,220,659	1,388,617	0	1,014,307	0
53.00	05300	ANESTHESIOLOGY	2,047,614	50,377	0	36,797	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,097,905	4,051,283	0	2,959,235	0
55.00	05500	RADIOLOGY-THERAPEUTIC	3,830,966	944,892	0	690,191	0
56.00	05600	RADIOISOTOPE	2,126,140	570,665	0	416,839	0
57.00	05700	CT SCAN	2,965,939	331,704	0	242,291	0
58.00	05800	MRI	3,104,507	1,204,787	0	880,029	0
59.00	05900	CARDIAC CATHETERIZATION	1,028,066	146,954	0	107,342	0
59.01	03650	VASCULAR LAB	487,857	94,082	0	68,722	0
59.02	03140	CARDIAC GRAPHICS	2,148,266	190,554	0	139,189	0
59.03	03560	PULMONARY FUNCTION	279,823	73,044	0	53,354	0
59.04	03290	EPS	963,518	207,075	0	151,257	0
59.05	03340	GI	4,237,424	1,196,645	0	874,082	0
60.00	06000	LABORATORY	29,445,592	1,499,562	0	1,095,346	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	3,598,209	643,682	0	470,174	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,229,256	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	4,157,847	136,606	0	99,783	0
66.00	06600	PHYSICAL THERAPY	1,425,050	30,914	0	22,581	0
67.00	06700	OCCUPATIONAL THERAPY	675,382	171,013	0	124,915	0
70.00	07000	ELECTROENCEPHALOGRAPHY	1,594,310	595,354	0	434,873	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	19,830,322	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	27,968,320	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	25,833,447	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	150,060	0	0	0	0
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	2,138,826	299,503	0	218,770	0
90.01	09001	PSYCH CLINIC	1,995,969	18,176	0	13,276	0
90.02	09002	TRANSPLANT CLINIC	1,127,516	0	0	0	0
90.03	09003	OB CLINIC	0	0	0	0	0
91.00	09100	EMERGENCY	6,492,003	1,485,221	0	1,084,871	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
92.01	09201	OBSERVATION BEDS-DISTINCT	1,174,650	0	325,790	0	1,542,208
OTHER REIMBURSABLE COST CENTERS							
100.00	10000	I&R SERVICES-NOT APPRV PRGM	95,917	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	3,561,664	123,026	0	89,864	0
106.00	10600	HEART ACQUISITION	927,070	22,404	0	16,365	0
107.00	10700	LIVER ACQUISITION	1,792,895	45,518	0	33,248	0
108.00	10800	LUNG ACQUISITION	347,730	19,252	0	14,063	0

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
109.00	10900	PANCREAS ACQUISITION	367,133	10,454	0	7,636	0	109.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	336,742,548	45,180,744	4,909,863	32,163,410	19,734,512	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	37,255	0	0	0	0	190.00
191.00	19100	RESEARCH	929,803	134,320	0	98,114	0	191.00
191.01	19101	SPONSERED PROJECT	877,269	0	0	0	0	191.01
194.00	07950	REAL ESTATE	7,072,260	54,529,486	0	0	0	194.00
194.01	07951	MARKETING, OTHER NON-REIMB	0	0	0	0	0	194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY	37,301	0	0	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	345,696,436	99,844,550	4,909,863	32,261,524	19,734,512	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0281		Period: From 09/01/2016 To 08/31/2017		Worksheet B Part I Date/Time Prepared: 1/30/2018 11:21 am	
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	3,076,307					11.00
13.00	01300	NURSING ADMINISTRATION	65,240	15,039,546				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	59,200	0	25,568,171			14.00
15.00	01500	PHARMACY	184,886	0	76,335	34,738,560		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	20,535	0	212	0	6,879,443	16.00
17.00	01700	SOCIAL SERVICE	26,494	0	185	0	0	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
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	264,324	0	182	0	0	22.00
23.00	02300	PARAMED ED PRGM-(PHARMACY)	10,174	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-(CHAPLAINCY)	1,814	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-(NM SCHL)	2,583	0	0	0	0	23.02
23.03	02303	PARAMED ED PRGM-(RAD THER)	2,536	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM-(NUCLEAR MED)	2,529	0	0	0	0	23.04
23.05	02305	PARAMED ED PRGM-(SONOGRAPHY)	2,955	0	0	0	0	23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	707,005	6,534,415	642,701	347,965	473,002	30.00
31.00	03100	INTENSIVE CARE UNIT	189,970	2,341,628	358,324	176,267	159,503	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02060	SPECIAL CARE NURSERY	95,156	1,071,592	88,319	2,700	84,731	35.00
40.00	04000	SUBPROVIDER - I PF	27,002	130,962	1,367	25	23,409	40.00
43.00	04300	NURSERY	0	0	0	0	22,491	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	230,018	1,107,961	5,277,835	157,448	1,111,371	50.00
51.00	05100	RECOVERY ROOM	48,846	182,541	17,871	43,032	56,414	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	118,208	1,278,500	195,943	70,791	154,610	52.00
53.00	05300	ANESTHESIOLOGY	16,649	0	264,167	104,952	89,026	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	146,298	198,542	1,124,532	77,455	436,669	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	58,644	51,688	31,771	3,543	232,017	55.00
56.00	05600	RADIOISOTOPE	19,297	13,446	491,231	2,252	85,299	56.00
57.00	05700	CT SCAN	42,060	156,866	106,047	4,082	426,713	57.00
58.00	05800	MRI	63,393	145,740	138,781	26,147	358,403	58.00
59.00	05900	CARDIAC CATHETERIZATION	11,515	69,329	1,073,882	36,170	87,484	59.00
59.01	03650	VASCULAR LAB	9,305	0	199	206	41,645	59.01
59.02	03140	CARDIAC GRAPHICS	28,050	0	15,063	484,767	199,063	59.02
59.03	03560	PULMONARY FUNCTION	3,570	6,224	21,180	6,978	20,235	59.03
59.04	03290	EPS	7,870	33,356	985,512	9,975	44,821	59.04
59.05	03340	GI	44,154	274,355	413,975	21,522	159,014	59.05
60.00	06000	LABORATORY	180,246	0	1,594,781	16,817	1,005,191	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	89,187	778,933	36,431	54,753	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	23,771	0	186,878	39,930	38,145	63.00
65.00	06500	RESPIRATORY THERAPY	65,049	0	212,276	12,176	101,571	65.00
66.00	06600	PHYSICAL THERAPY	21,796	0	31,123	0	16,247	66.00
67.00	06700	OCCUPATIONAL THERAPY	12,475	0	1,111	0	8,435	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	20,344	0	25,080	22	61,928	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	4,886,120	0	245,202	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	6,345,533	0	278,883	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	32,790,144	385,659	73.00
76.97	07697	CARDIAC REHABILITATION	2,708	2,911	471	11	4,731	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	36,611	88,906	20,059	94,801	13,253	90.00
90.01	09001	PSYCH CLINIC	27,959	70,421	50	23,984	9,748	90.01
90.02	09002	TRANSPLANT CLINIC	4,996	16,129	7,019	10,405	8,736	90.02
90.03	09003	OB CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	98,485	925,054	140,495	114,871	315,295	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	20,942	188,905	12,591	6,404	20,328	92.01
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	2,370	0	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	9,041	31,014	0	1,678	23,935	105.00
106.00	10600	HEART ACQUISITION	3,036	0	0	0	4,560	106.00
107.00	10700	LIVER ACQUISITION	5,289	14,207	35	1,577	11,550	107.00

COST ALLOCATION - GENERAL SERVICE COSTS

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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	
108.00	10800	LUNG ACQUISITION	3,776	15,667	0	0	2,726	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	2	0	1,772	109.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,049,174	15,039,546	25,568,171	34,725,528	6,878,568	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	280	0	0	0	0	190.00
191.00	19100	RESEARCH	15,128	0	0	0	875	191.00
191.01	19101	SPONSERED PROJECT	0	0	0	0	0	191.01
194.00	07950	REAL ESTATE	462	0	0	39	0	194.00
194.01	07951	MARKETING, OTHER NON-REIMB	6,292	0	0	0	0	194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY	4,971	0	0	12,993	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,076,307	15,039,546	25,568,171	34,738,560	6,879,443	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED PRGM-(PHARMACY)	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			17.00	20.00		
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
17.00 01700 SOCIAL SERVICE	6,111,303					17.00
20.00 02000 NURSING SCHOOL		0				20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV		0	52,059,866			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV		0		12,449,254		22.00
23.00 02300 PARAMED PRGM-(PHARMACY)		0			1,701,752	23.00
23.01 02301 PARAMED PRGM-(CHAPLAINCY)		0				23.01
23.02 02302 PARAMED PRGM-(NM SCHL)		0				23.02
23.03 02303 PARAMED PRGM-(RAD THER)		0				23.03
23.04 02304 PARAMED PRGM-(NUCLEAR MED)		0				23.04
23.05 02305 PARAMED PRGM-(SONOGRAPHY)		0				23.05
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	3,959,264	0	13,520,217	3,233,136	0	30.00
31.00 03100 INTENSIVE CARE UNIT	633,606	0	5,734,962	1,371,421	0	31.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00 02060 SPECIAL CARE NURSERY	407,554	0	316,331	75,645	0	35.00
40.00 04000 SUBPROVIDER - I PF	190,650	0	1,587,513	379,627	0	40.00
43.00 04300 NURSERY	514,718	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	13,022,289	3,114,065	0	50.00
51.00 05100 RECOVERY ROOM	0	0	603,372	144,286	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	2,149,879	514,108	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	87,870	21,013	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	3,948,278	944,165	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	1,259,466	301,180	0	55.00
56.00 05600 RADIOISOTOPE	0	0	169,881	40,624	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	339,763	81,249	0	59.00
59.01 03650 VASCULAR LAB	0	0	0	0	0	59.01
59.02 03140 CARDIAC GRAPHICS	0	0	521,360	124,675	0	59.02
59.03 03560 PULMONARY FUNCTION	0	0	193,313	46,228	0	59.03
59.04 03290 EPS	0	0	0	0	0	59.04
59.05 03340 GI	0	0	328,047	78,447	0	59.05
60.00 06000 LABORATORY	0	0	3,216,031	769,060	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	246,035	58,835	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	169,881	40,624	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	11,716	2,802	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	17,574	4,203	0	67.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	140,592	33,620	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	5,858	1,401	1,701,752	73.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	1,921,417	459,475	0	90.00
90.01 09001 PSYCH CLINIC	0	0	292,899	70,042	0	90.01
90.02 09002 TRANSPLANT CLINIC	0	0	292,899	70,042	0	90.02
90.03 09003 OB CLINIC	0	0	0	0	0	90.03
91.00 09100 EMERGENCY	0	0	1,792,542	428,657	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01 09201 OBSERVATION BEDS-DISTINCT	405,511	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0281

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

Worksheet B
Part I
Date/Time Prepared:
1/30/2018 11:21 am

Cost Center Description			SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM-(PHARMACY)		
					SERVICES-SALAR	SERVICES-OTHER			
					Y & FRINGES APPRV	PRGM COSTS APPRV			
			17.00	20.00	21.00	22.00	23.00		
106.00	10600	HEART ACQUISITION	0	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
116.00	11600	HOSPICE	0	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	6,111,303	0	51,889,985	12,408,630	1,701,752	118.00	
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	169,881	40,624	0	0	191.00
191.01	19101	SPONSERED PROJECT	0	0	0	0	0	0	191.01
194.00	07950	REAL ESTATE	0	0	0	0	0	0	194.00
194.01	07951	MARKETING, OTHER NON-REIMB	0	0	0	0	0	0	194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY	0	0	0	0	0	0	194.02
200.00		Cross Foot Adjustments	0	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	6,111,303	0	52,059,866	12,449,254	1,701,752	202.00	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0281

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

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Cost Center Description		PARAMED ED PRGM-(CHAPLAINCY)	PARAMED ED PRGM-(NM SCHL)	PARAMED ED PRGM-(RAD THER)	PARAMED ED PRGM-(NUCLEAR MED)	PARAMED ED PRGM-(SONOGRAPHY)	
		23.01	23.02	23.03	23.04	23.05	
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						13.00
14.00	01400						14.00
15.00	01500						15.00
16.00	01600						16.00
17.00	01700						17.00
20.00	02000						20.00
21.00	02100						21.00
22.00	02200						22.00
23.00	02300						23.00
23.01	02301	340,637					23.01
23.02	02302		266,529				23.02
23.03	02303			345,689			23.03
23.04	02304				339,684		23.04
23.05	02305					402,909	23.05
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	259,909	0	0	0	0	30.00
31.00	03100	41,593	0	0	0	0	31.00
34.00	03400	0	0	0	0	0	34.00
35.00	02060	0	0	0	0	0	35.00
40.00	04000	12,515	0	0	0	0	40.00
43.00	04300	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	0	0	0	0	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	0	266,529	0	0	402,909	54.00
55.00	05500	0	0	345,689	0	0	55.00
56.00	05600	0	0	0	339,684	0	56.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
59.01	03650	0	0	0	0	0	59.01
59.02	03140	0	0	0	0	0	59.02
59.03	03560	0	0	0	0	0	59.03
59.04	03290	0	0	0	0	0	59.04
59.05	03340	0	0	0	0	0	59.05
60.00	06000	0	0	0	0	0	60.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	0	0	63.00
65.00	06500	0	0	0	0	0	65.00
66.00	06600	0	0	0	0	0	66.00
67.00	06700	0	0	0	0	0	67.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
76.97	07697	0	0	0	0	0	76.97
76.98	07698	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	0	0	0	0	90.02
90.03	09003	0	0	0	0	0	90.03
91.00	09100	0	0	0	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
92.01	09201	26,620	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
100.00	10000	0	0	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	0	0	0	0	0	105.00
106.00	10600	0	0	0	0	0	106.00
107.00	10700	0	0	0	0	0	107.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0281

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

Worksheet B
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Cost Center Description			PARAMED ED	PARAMED ED	PARAMED ED	PARAMED ED	PARAMED ED	
			PRGM-(CHAPLAIN CY)	PRGM-(NM SCHL)	PRGM-(RAD THER)	PRGM-(NUCLEAR MED)	PRGM-(SONOGRAPHY)	
			23.01	23.02	23.03	23.04	23.05	
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	340,637	266,529	345,689	339,684	402,909	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	SPONSERED PROJECT	0	0	0	0	0	191.01
194.00	07950	REAL ESTATE	0	0	0	0	0	194.00
194.01	07951	MARKETING, OTHER NON-REIMB	0	0	0	0	0	194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY	0	0	0	0	0	194.02
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)	340,637	266,529	345,689	339,684	402,909	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0281

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

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Date/Time Prepared:
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	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
17.00	01700	SOCIAL SERVICE				17.00
20.00	02000	NURSING SCHOOL				20.00
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-(PHARMACY)				23.00
23.01	02301	PARAMED ED PRGM-(CHAPLAINCY)				23.01
23.02	02302	PARAMED ED PRGM-(NM SCHL)				23.02
23.03	02303	PARAMED ED PRGM-(RAD THER)				23.03
23.04	02304	PARAMED ED PRGM-(NUCLEAR MED)				23.04
23.05	02305	PARAMED ED PRGM-(SONOGRAPHY)				23.05
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	248,933,648	-16,753,353	232,180,295	30.00
31.00	03100	INTENSIVE CARE UNIT	67,144,588	-7,106,383	60,038,205	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
35.00	02060	SPECIAL CARE NURSERY	25,520,202	-391,976	25,128,226	35.00
40.00	04000	SUBPROVIDER - IPF	10,945,486	-1,967,140	8,978,346	40.00
43.00	04300	NURSERY	5,759,048	0	5,759,048	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	75,550,859	-16,136,354	59,414,505	50.00
51.00	05100	RECOVERY ROOM	12,605,632	-747,658	11,857,974	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	35,068,062	-2,663,987	32,404,075	52.00
53.00	05300	ANESTHESIOLOGY	8,662,933	-108,883	8,554,050	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	57,872,350	-4,892,443	52,979,907	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	18,871,801	-1,560,646	17,311,155	55.00
56.00	05600	RADIOISOTOPE	10,447,797	-210,505	10,237,292	56.00
57.00	05700	CT SCAN	12,886,179	0	12,886,179	57.00
58.00	05800	MRI	14,934,542	0	14,934,542	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,966,352	-421,012	5,545,340	59.00
59.01	03650	VASCULAR LAB	2,118,323	0	2,118,323	59.01
59.02	03140	CARDIAC GRAPHICS	10,087,660	-646,035	9,441,625	59.02
59.03	03560	PULMONARY FUNCTION	1,516,309	-239,541	1,276,768	59.03
59.04	03290	EPS	5,200,593	0	5,200,593	59.04
59.05	03340	GI	19,929,416	-406,494	19,522,922	59.05
60.00	06000	LABORATORY	124,306,713	-3,985,091	120,321,622	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	16,422,272	-304,870	16,117,402	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,989,777	0	8,989,777	63.00
65.00	06500	RESPIRATORY THERAPY	17,066,542	-210,505	16,856,037	65.00
66.00	06600	PHYSICAL THERAPY	5,699,320	-14,518	5,684,802	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,975,824	-21,777	2,954,047	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,360,385	0	7,360,385	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	82,705,660	-174,212	82,531,448	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	115,788,124	0	115,788,124	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	135,715,857	-7,259	135,708,598	73.00
76.97	07697	CARDIAC REHABILITATION	596,533	0	596,533	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	11,500,889	-2,380,892	9,119,997	90.00
90.01	09001	PSYCH CLINIC	8,317,062	-362,941	7,954,121	90.01
90.02	09002	TRANSPLANT CLINIC	4,811,057	-362,941	4,448,116	90.02
90.03	09003	OB CLINIC	0	0	0	90.03
91.00	09100	EMERGENCY	31,724,557	-2,221,199	29,503,358	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	7,134,100	0	7,134,100	92.01
OTHER REIMBURSABLE COST CENTERS						
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	376,746	0	376,746	100.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	14,180,160	0	14,180,160	105.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0281

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

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Part I
Date/Time Prepared:
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
106.00	10600	HEART ACQUISITION	3,664,830	0	3,664,830	106.00
107.00	10700	LIVER ACQUISITION	7,109,309	0	7,109,309	107.00
108.00	10800	LUNG ACQUISITION	1,412,716	0	1,412,716	108.00
109.00	10900	PANCREAS ACQUISITION	1,452,829	0	1,452,829	109.00
116.00	11600	HOSPICE	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,259,333,042	-64,298,615	1,195,034,427	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	145,692	0	145,692	190.00
191.00	19100	RESEARCH	4,088,074	-210,505	3,877,569	191.00
191.01	19101	SPONSERED PROJECT	3,424,086	0	3,424,086	191.01
194.00	07950	REAL ESTATE	82,133,865	0	82,133,865	194.00
194.01	07951	MARKETING, OTHER NON-REIMB	6,292	0	6,292	194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY	163,555	0	163,555	194.02
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	-15,312,610	0	-15,312,610	201.00
202.00		TOTAL (sum lines 118-201)	1,333,981,996	-64,509,120	1,269,472,876	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0281

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

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			
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	47,869	930,090	284,598	1,262,557	1,262,557 4.00
5.00 00500	ADMINISTRATIVE & GENERAL	25,866,599	8,228,723	2,517,908	36,613,230	0 5.00
7.00 00700	OPERATION OF PLANT	0	22,909,551	7,010,096	29,919,647	0 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0 8.00
9.00 00900	HOUSEKEEPING	0	643,742	196,979	840,721	0 9.00
10.00 01000	DIETARY	0	1,087,572	332,786	1,420,358	0 10.00
11.00 01100	CAFETERIA	0	0	0	0	0 11.00
13.00 01300	NURSING ADMINISTRATION	347,176	99,882	30,563	477,621	0 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	240	427,851	130,918	559,009	0 14.00
15.00 01500	PHARMACY	0	224,905	68,819	293,724	0 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	137,070	41,942	179,012	0 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0 17.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0 20.00
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	144,419	44,191	188,610	0 22.00
23.00 02300	PARAMED ED PRGM-(PHARMACY)	0	5,258	1,609	6,867	0 23.00
23.01 02301	PARAMED ED PRGM-(CHAPLAINCY)	0	10,781	3,299	14,080	0 23.01
23.02 02302	PARAMED ED PRGM-(NM SCHL)	0	9,470	2,898	12,368	0 23.02
23.03 02303	PARAMED ED PRGM-(RAD THER)	0	9,470	2,898	12,368	0 23.03
23.04 02304	PARAMED ED PRGM-(NUCLEAR MED)	0	9,470	2,898	12,368	0 23.04
23.05 02305	PARAMED ED PRGM-(SONOGRAPHY)	0	9,485	2,902	12,387	0 23.05
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	6,174	7,474,038	2,286,982	9,767,194	0 30.00
31.00 03100	INTENSIVE CARE UNIT	0	1,536,425	470,131	2,006,556	0 31.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
35.00 02060	SPECIAL CARE NURSERY	0	594,125	181,796	775,921	0 35.00
40.00 04000	SUBPROVIDER - I/PF	0	469,456	143,649	613,105	0 40.00
43.00 04300	NURSERY	0	0	0	0	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	19,840	3,468,594	1,061,355	4,549,789	0 50.00
51.00 05100	RECOVERY ROOM	0	251,915	77,084	328,999	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	778,632	238,254	1,016,886	0 52.00
53.00 05300	ANESTHESIOLOGY	0	28,247	8,643	36,890	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	32,244	2,271,655	695,104	2,999,003	0 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	529,824	162,121	691,945	0 55.00
56.00 05600	RADIOISOTOPE	0	319,986	97,913	417,899	0 56.00
57.00 05700	CT SCAN	0	185,995	56,912	242,907	0 57.00
58.00 05800	MRI	0	675,554	206,713	882,267	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	82,401	25,214	107,615	0 59.00
59.01 03650	VASCULAR LAB	0	52,754	16,142	68,896	0 59.01
59.02 03140	CARDIAC GRAPHICS	0	106,849	32,695	139,544	0 59.02
59.03 03560	PULMONARY FUNCTION	0	40,957	12,533	53,490	0 59.03
59.04 03290	EPS	0	116,112	35,529	151,641	0 59.04
59.05 03340	GI	0	670,988	205,316	876,304	0 59.05
60.00 06000	LABORATORY	0	840,841	257,289	1,098,130	0 60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	360,929	110,441	471,370	0 62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
65.00 06500	RESPIRATORY THERAPY	72,360	76,598	23,438	172,396	0 65.00
66.00 06600	PHYSICAL THERAPY	0	17,334	5,304	22,638	0 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	95,891	29,342	125,233	0 67.00
70.00 07000	ELECTROENCEPHALOGRAPHY	810	333,830	102,149	436,789	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
76.98 07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0 76.98
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	167,939	51,388	219,327	0 90.00
90.01 09001	PSYCH CLINIC	0	10,191	3,118	13,309	0 90.01
90.02 09002	TRANSPLANT CLINIC	0	0	0	0	0 90.02
90.03 09003	OB CLINIC	0	0	0	0	0 90.03
91.00 09100	EMERGENCY	0	832,800	254,829	1,087,629	0 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0 92.00
92.01 09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	0 92.01
OTHER REIMBURSABLE COST CENTERS						
100.00 10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0 100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0281

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

Worksheet B
Part II
Date/Time Prepared:
1/30/2018 11:21 am

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	2A	4.00	
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	0	68,984	21,108	90,092	0 105.00
106.00 10600	HEART ACQUISITION	0	12,563	3,844	16,407	0 106.00
107.00 10700	LIVER ACQUISITION	0	25,523	7,810	33,333	0 107.00
108.00 10800	LUNG ACQUISITION	0	10,795	3,303	14,098	0 108.00
109.00 10900	PANCREAS ACQUISITION	0	5,862	1,794	7,656	0 109.00
116.00 11600	HOSPICE	0	0	0	0	0 116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	26,393,312	57,402,326	17,564,547	101,360,185	0 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
191.00 19100	RESEARCH	0	75,317	23,046	98,363	0 191.00
191.01 19101	SPONSERED PROJECT	0	0	0	0	0 191.01
194.00 07950	REAL ESTATE	2,825,306	30,576,032	9,355,961	42,757,299	0 194.00
194.01 07951	MARKETING, OTHER NON-REIMB	0	0	0	0	0 194.01
194.02 07952	OTHER COMPANY WIDE ACTIVITY	0	0	0	0	0 194.02
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	1,262,557 201.00
202.00	TOTAL (sum lines 118-201)	29,218,618	88,053,675	26,943,554	144,215,847	1,262,557 202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0281	Period: From 09/01/2016 To 08/31/2017	Worksheet B Part II Date/Time Prepared: 1/30/2018 11:21 am		
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	36,613,230				5.00
7.00	00700	OPERATION OF PLANT	2,709,294	32,628,941			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	133,230	0	133,230		8.00
9.00	00900	HOUSEKEEPING	844,268	375,181	0	2,060,170	9.00
10.00	01000	DIETARY	444,424	633,851	0	90,472	2,589,105
11.00	01100	CAFETERIA	83,476	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	397,965	58,213	0	8,309	0
14.00	01400	CENTRAL SERVICES & SUPPLY	656,360	249,357	0	35,592	0
15.00	01500	PHARMACY	916,713	131,077	0	18,709	0
16.00	01600	MEDICAL RECORDS & LIBRARY	174,633	79,886	0	11,402	0
17.00	01700	SOCIAL SERVICE	165,107	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,412,651	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	318,541	84,169	0	12,014	0
23.00	02300	PARAMED ED PRGM-(PHARMACY)	45,461	3,064	0	437	0
23.01	02301	PARAMED ED PRGM-(CHAPLAINCY)	8,291	6,283	0	897	0
23.02	02302	PARAMED ED PRGM-(NM SCHL)	6,369	5,519	0	788	0
23.03	02303	PARAMED ED PRGM-(RAD THER)	8,518	5,519	0	788	0
23.04	02304	PARAMED ED PRGM-(NUCLEAR MED)	8,356	5,519	0	788	0
23.05	02305	PARAMED ED PRGM-(SONOGRAPHY)	10,059	5,528	0	789	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	4,828,710	4,355,963	86,315	621,744	1,975,504
31.00	03100	INTENSIVE CARE UNIT	1,315,431	895,448	13,813	127,810	316,142
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
35.00	02060	SPECIAL CARE NURSERY	575,732	346,264	8,885	49,423	0
40.00	04000	SUBPROVIDER - IPF	170,012	273,605	4,156	39,053	95,126
43.00	04300	NURSERY	130,474	0	11,221	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,107,805	2,021,540	0	288,542	0
51.00	05100	RECOVERY ROOM	291,210	146,819	0	20,956	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	764,752	453,797	0	64,772	0
53.00	05300	ANESTHESIOLOGY	216,866	16,463	0	2,350	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,175,397	1,323,949	0	188,972	0
55.00	05500	RADIOLOGY-THERAPEUTIC	405,744	308,788	0	44,074	0
56.00	05600	RADIOISOTOPE	225,183	186,492	0	26,619	0
57.00	05700	CT SCAN	314,127	108,400	0	15,472	0
58.00	05800	MRI	328,803	393,721	0	56,197	0
59.00	05900	CARDIAC CATHETERIZATION	108,884	48,024	0	6,855	0
59.01	03650	VASCULAR LAB	51,670	30,746	0	4,388	0
59.02	03140	CARDIAC GRAPHICS	227,526	62,273	0	8,888	0
59.03	03560	PULMONARY FUNCTION	29,637	23,870	0	3,407	0
59.04	03290	EPS	102,048	67,672	0	9,659	0
59.05	03340	GI	448,792	391,060	0	55,817	0
60.00	06000	LABORATORY	3,118,630	490,053	0	69,947	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	381,092	210,354	0	30,025	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	236,104	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	440,364	44,642	0	6,372	0
66.00	06600	PHYSICAL THERAPY	150,929	10,103	0	1,442	0
67.00	06700	OCCUPATIONAL THERAPY	71,531	55,887	0	7,977	0
70.00	07000	ELECTROENCEPHALOGRAPHY	168,856	194,560	0	27,770	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,100,262	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,962,170	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	2,736,062	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	15,893	0	0	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	226,527	97,877	0	13,970	0
90.01	09001	PSYCH CLINIC	211,396	5,940	0	848	0
90.02	09002	TRANSPLANT CLINIC	119,417	0	0	0	0
90.03	09003	OB CLINIC	0	0	0	0	0
91.00	09100	EMERGENCY	687,579	485,366	0	69,278	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
92.01	09201	OBSERVATION BEDS-DISTINCT	124,409	0	8,840	0	202,333
OTHER REIMBURSABLE COST CENTERS							
100.00	10000	I&R SERVICES-NOT APPRV PRGM	10,159	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	377,222	40,205	0	5,739	0
106.00	10600	HEART ACQUISITION	98,187	7,322	0	1,045	0
107.00	10700	LIVER ACQUISITION	189,888	14,875	0	2,123	0
108.00	10800	LUNG ACQUISITION	36,829	6,292	0	898	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0281

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

Worksheet B
Part II
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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
109.00	10900	PANCREAS ACQUISITION	38,884	3,416	0	488	0	109.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	35,664,909	14,764,952	133,230	2,053,905	2,589,105	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,946	0	0	0	0	190.00
191.00	19100	RESEARCH	98,477	43,896	0	6,265	0	191.00
191.01	19101	SPONSERED PROJECT	92,913	0	0	0	0	191.01
194.00	07950	REAL ESTATE	749,034	17,820,093	0	0	0	194.00
194.01	07951	MARKETING, OTHER NON-REIMB	0	0	0	0	0	194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY	3,951	0	0	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	36,613,230	32,628,941	133,230	2,060,170	2,589,105	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0281		Period: From 09/01/2016 To 08/31/2017		Worksheet B Part II Date/Time Prepared: 1/30/2018 11:21 am	
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	83,476					11.00
13.00	01300	NURSING ADMINISTRATION	1,771	943,879				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,607	0	1,501,925			14.00
15.00	01500	PHARMACY	5,019	0	4,484	1,369,726		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	557	0	12	0	445,502	16.00
17.00	01700	SOCIAL SERVICE	719	0	11	0	0	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
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	7,175	0	11	0	0	22.00
23.00	02300	PARAMED ED PRGM-(PHARMACY)	276	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-(CHAPLAINCY)	49	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-(NM SCHL)	70	0	0	0	0	23.02
23.03	02303	PARAMED ED PRGM-(RAD THER)	69	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM-(NUCLEAR MED)	69	0	0	0	0	23.04
23.05	02305	PARAMED ED PRGM-(SONOGRAPHY)	80	0	0	0	0	23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	19,158	410,100	37,756	13,720	30,594	30.00
31.00	03100	INTENSIVE CARE UNIT	5,157	146,960	21,050	6,950	10,317	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02060	SPECIAL CARE NURSERY	2,583	67,253	5,188	106	5,480	35.00
40.00	04000	SUBPROVIDER - I PF	733	8,219	80	1	1,514	40.00
43.00	04300	NURSERY	0	0	0	0	1,455	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,244	69,535	310,048	6,208	72,416	50.00
51.00	05100	RECOVERY ROOM	1,326	11,456	1,050	1,697	3,649	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,209	80,238	11,511	2,791	10,000	52.00
53.00	05300	ANESTHESIOLOGY	452	0	15,519	4,138	5,758	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,971	12,460	66,061	3,054	28,244	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,592	3,244	1,866	140	15,007	55.00
56.00	05600	RADIOISOTOPE	524	844	28,858	89	5,517	56.00
57.00	05700	CT SCAN	1,142	9,845	6,230	161	27,600	57.00
58.00	05800	MRI	1,721	9,147	8,153	1,031	23,182	58.00
59.00	05900	CARDIAC CATHETERIZATION	313	4,351	63,085	1,426	5,659	59.00
59.01	03650	VASCULAR LAB	253	0	12	8	2,694	59.01
59.02	03140	CARDIAC GRAPHICS	761	0	885	19,114	12,876	59.02
59.03	03560	PULMONARY FUNCTION	97	391	1,244	275	1,309	59.03
59.04	03290	EPS	214	2,093	57,894	393	2,899	59.04
59.05	03340	GI	1,199	17,218	24,319	849	10,285	59.05
60.00	06000	LABORATORY	4,893	0	93,686	663	65,017	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	5,597	45,759	1,436	3,541	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	645	0	10,978	1,574	2,467	63.00
65.00	06500	RESPIRATORY THERAPY	1,766	0	12,470	480	6,570	65.00
66.00	06600	PHYSICAL THERAPY	592	0	1,828	0	1,051	66.00
67.00	06700	OCCUPATIONAL THERAPY	339	0	65	0	546	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	552	0	1,473	1	4,006	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	287,036	0	15,860	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	372,687	0	18,038	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,292,903	24,945	73.00
76.97	07697	CARDIAC REHABILITATION	74	183	28	0	306	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	994	5,580	1,178	3,738	857	90.00
90.01	09001	PSYCH CLINIC	759	4,420	3	946	631	90.01
90.02	09002	TRANSPLANT CLINIC	136	1,012	412	410	565	90.02
90.03	09003	OB CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	2,673	58,056	8,253	4,529	20,394	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	568	11,856	740	253	1,315	92.01
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	64	0	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	245	1,946	0	66	1,548	105.00
106.00	10600	HEART ACQUISITION	82	0	0	0	295	106.00
107.00	10700	LIVER ACQUISITION	144	892	2	62	747	107.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0281

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

Worksheet B
Part II
Date/Time Prepared:
1/30/2018 11:21 am

Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
108.00	10800	LUNG ACQUISITION	102	983	0	0	176	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	115	109.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	82,738	943,879	1,501,925	1,369,212	445,445	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	8	0	0	0	0	190.00
191.00	19100	RESEARCH	411	0	0	0	57	191.00
191.01	19101	SPONSERED PROJECT	0	0	0	0	0	191.01
194.00	07950	REAL ESTATE	13	0	0	2	0	194.00
194.01	07951	MARKETING, OTHER NON-REIMB	171	0	0	0	0	194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY	135	0	0	512	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	83,476	943,879	1,501,925	1,369,726	445,502	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0281	Period: From 09/01/2016 To 08/31/2017	Worksheet B Part II Date/Time Prepared: 1/30/2018 11:21 am	
Cost Center Description	SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED PRGM-(PHARMACY)	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			17.00	20.00		
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
17.00 01700	SOCIAL SERVICE	165,837				17.00
20.00 02000	NURSING SCHOOL	0	0			20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0		1,412,651		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0			610,520	22.00
23.00 02300	PARAMED PRGM-(PHARMACY)	0				23.00
23.01 02301	PARAMED PRGM-(CHAPLAINCY)	0				23.01
23.02 02302	PARAMED PRGM-(NM SCHL)	0				23.02
23.03 02303	PARAMED PRGM-(RAD THER)	0				23.03
23.04 02304	PARAMED PRGM-(NUCLEAR MED)	0				23.04
23.05 02305	PARAMED PRGM-(SONOGRAPHY)	0				23.05
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	107,440				30.00
31.00 03100	INTENSIVE CARE UNIT	17,194				31.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0				34.00
35.00 02060	SPECIAL CARE NURSERY	11,059				35.00
40.00 04000	SUBPROVIDER - I PF	5,173				40.00
43.00 04300	NURSERY	13,967				43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0				50.00
51.00 05100	RECOVERY ROOM	0				51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0				52.00
53.00 05300	ANESTHESIOLOGY	0				53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0				54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0				55.00
56.00 05600	RADIOISOTOPE	0				56.00
57.00 05700	CT SCAN	0				57.00
58.00 05800	MRI	0				58.00
59.00 05900	CARDIAC CATHETERIZATION	0				59.00
59.01 03650	VASCULAR LAB	0				59.01
59.02 03140	CARDIAC GRAPHICS	0				59.02
59.03 03560	PULMONARY FUNCTION	0				59.03
59.04 03290	EPS	0				59.04
59.05 03340	GI	0				59.05
60.00 06000	LABORATORY	0				60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0				62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0				63.00
65.00 06500	RESPIRATORY THERAPY	0				65.00
66.00 06600	PHYSICAL THERAPY	0				66.00
67.00 06700	OCCUPATIONAL THERAPY	0				67.00
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
76.97 07697	CARDIAC REHABILITATION	0				76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0				76.98
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0				90.00
90.01 09001	PSYCH CLINIC	0				90.01
90.02 09002	TRANSPLANT CLINIC	0				90.02
90.03 09003	OB CLINIC	0				90.03
91.00 09100	EMERGENCY	0				91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
92.01 09201	OBSERVATION BEDS-DISTINCT	11,004				92.01
OTHER REIMBURSABLE COST CENTERS						
100.00 10000	I&R SERVICES-NOT APPRVD PRGM	0				100.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	0				105.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM-(PHARMACY)	
					SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
					17.00	20.00		
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	165,837	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	SPONSERED PROJECT	0	0	0	0	0	191.01
194.00	07950	REAL ESTATE	0	0	0	0	0	194.00
194.01	07951	MARKETING, OTHER NON-REIMB	0	0	0	0	0	194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY	0	0	0	0	0	194.02
200.00		Cross Foot Adjustments	0	0	1,412,651	610,520	56,105	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	165,837	0	1,412,651	610,520	56,105	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0281

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

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Cost Center Description		PARAMED ED PRGM-(CHAPLAINCY)	PARAMED ED PRGM-(NM SCHL)	PARAMED ED PRGM-(RAD THER)	PARAMED ED PRGM-(NUCLEAR MED)	PARAMED ED PRGM-(SONOGRAPHY)	
		23.01	23.02	23.03	23.04	23.05	
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						13.00
14.00	01400						14.00
15.00	01500						15.00
16.00	01600						16.00
17.00	01700						17.00
20.00	02000						20.00
21.00	02100						21.00
22.00	02200						22.00
23.00	02300						23.00
23.01	02301	29,600					23.01
23.02	02302		25,114				23.02
23.03	02303			27,262			23.03
23.04	02304				27,100		23.04
23.05	02305					28,843	23.05
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000						30.00
31.00	03100						31.00
34.00	03400						34.00
35.00	02060						35.00
40.00	04000						40.00
43.00	04300						43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000						50.00
51.00	05100						51.00
52.00	05200						52.00
53.00	05300						53.00
54.00	05400						54.00
55.00	05500						55.00
56.00	05600						56.00
57.00	05700						57.00
58.00	05800						58.00
59.00	05900						59.00
59.01	03650						59.01
59.02	03140						59.02
59.03	03560						59.03
59.04	03290						59.04
59.05	03340						59.05
60.00	06000						60.00
62.00	06200						62.00
63.00	06300						63.00
65.00	06500						65.00
66.00	06600						66.00
67.00	06700						67.00
70.00	07000						70.00
71.00	07100						71.00
72.00	07200						72.00
73.00	07300						73.00
76.97	07697						76.97
76.98	07698						76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000						90.00
90.01	09001						90.01
90.02	09002						90.02
90.03	09003						90.03
91.00	09100						91.00
92.00	09200						92.00
92.01	09201						92.01
OTHER REIMBURSABLE COST CENTERS							
100.00	10000						100.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500						105.00
106.00	10600						106.00
107.00	10700						107.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0281

Period:
From 09/01/2016
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Cost Center Description		PARAMED ED PRGM-(CHAPLAIN CY) 23.01	PARAMED ED PRGM-(NM SCHL) 23.02	PARAMED ED PRGM-(RAD THER) 23.03	PARAMED ED PRGM-(NUCLEAR MED) 23.04	PARAMED ED PRGM-(SONOGRAP HY) 23.05	
108.00	10800						108.00
109.00	10900						109.00
116.00	11600						116.00
118.00							118.00
		0	0	0	0	0	
NONREIMBURSABLE COST CENTERS							
190.00	19000						190.00
191.00	19100						191.00
191.01	19101						191.01
194.00	07950						194.00
194.01	07951						194.01
194.02	07952						194.02
200.00		29,600	25,114	27,262	27,100	28,843	200.00
201.00		0	0	0	0	0	201.00
202.00		29,600	25,114	27,262	27,100	28,843	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0281	Period: From 09/01/2016 To 08/31/2017	Worksheet B Part II Date/Time Prepared: 1/30/2018 11:21 am
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	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
17.00	01700	SOCIAL SERVICE			17.00
20.00	02000	NURSING SCHOOL			20.00
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-(PHARMACY)			23.00
23.01	02301	PARAMED ED PRGM-(CHAPLAINCY)			23.01
23.02	02302	PARAMED ED PRGM-(NM SCHL)			23.02
23.03	02303	PARAMED ED PRGM-(RAD THER)			23.03
23.04	02304	PARAMED ED PRGM-(NUCLEAR MED)			23.04
23.05	02305	PARAMED ED PRGM-(SONOGRAPHY)			23.05
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	22,254,198	0	22,254,198
31.00	03100	INTENSIVE CARE UNIT	4,882,828	0	4,882,828
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0
35.00	02060	SPECIAL CARE NURSERY	1,847,894	0	1,847,894
40.00	04000	SUBPROVIDER - I/PF	1,210,777	0	1,210,777
43.00	04300	NURSERY	157,117	0	157,117
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	8,432,127	0	8,432,127
51.00	05100	RECOVERY ROOM	807,162	0	807,162
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,407,956	0	2,407,956
53.00	05300	ANESTHESIOLOGY	298,436	0	298,436
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,801,111	0	5,801,111
55.00	05500	RADIOLOGY-THERAPEUTIC	1,472,400	0	1,472,400
56.00	05600	RADIOISOTOPE	892,025	0	892,025
57.00	05700	CT SCAN	725,884	0	725,884
58.00	05800	MRI	1,704,222	0	1,704,222
59.00	05900	CARDIAC CATHETERIZATION	346,212	0	346,212
59.01	03650	VASCULAR LAB	158,667	0	158,667
59.02	03140	CARDIAC GRAPHICS	471,867	0	471,867
59.03	03560	PULMONARY FUNCTION	113,720	0	113,720
59.04	03290	EPS	394,513	0	394,513
59.05	03340	GI	1,825,843	0	1,825,843
60.00	06000	LABORATORY	4,941,019	0	4,941,019
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,149,174	0	1,149,174
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	251,768	0	251,768
65.00	06500	RESPIRATORY THERAPY	685,060	0	685,060
66.00	06600	PHYSICAL THERAPY	188,583	0	188,583
67.00	06700	OCCUPATIONAL THERAPY	261,578	0	261,578
70.00	07000	ELECTROENCEPHALOGRAPHY	834,007	0	834,007
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,403,158	0	2,403,158
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,352,895	0	3,352,895
73.00	07300	DRUGS CHARGED TO PATIENTS	4,053,910	0	4,053,910
76.97	07697	CARDIAC REHABILITATION	16,484	0	16,484
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	570,048	0	570,048
90.01	09001	PSYCH CLINIC	238,252	0	238,252
90.02	09002	TRANSPLANT CLINIC	121,952	0	121,952
90.03	09003	OB CLINIC	0	0	0
91.00	09100	EMERGENCY	2,423,757	0	2,423,757
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			
92.01	09201	OBSERVATION BEDS-DISTINCT	361,318	0	361,318
OTHER REIMBURSABLE COST CENTERS					
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	10,223	0	10,223
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	517,063	0	517,063

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0281	Period: From 09/01/2016 To 08/31/2017	Worksheet B Part II Date/Time Prepared: 1/30/2018 11:21 am
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
106.00	10600	HEART ACQUISITION	123,338	0	123,338	106.00
107.00	10700	LIVER ACQUISITION	242,066	0	242,066	107.00
108.00	10800	LUNG ACQUISITION	59,378	0	59,378	108.00
109.00	10900	PANCREAS ACQUISITION	50,559	0	50,559	109.00
116.00	11600	HOSPICE	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	79,060,549	0	79,060,549	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,954	0	3,954	190.00
191.00	19100	RESEARCH	247,469	0	247,469	191.00
191.01	19101	SPONSERED PROJECT	92,913	0	92,913	191.01
194.00	07950	REAL ESTATE	61,326,441	0	61,326,441	194.00
194.01	07951	MARKETING, OTHER NON-REIMB	171	0	171	194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY	4,598	0	4,598	194.02
200.00		Cross Foot Adjustments	2,217,195	0	2,217,195	200.00
201.00		Negative Cost Centers	1,262,557	0	1,262,557	201.00
202.00		TOTAL (sum lines 118-201)	144,215,847	0	144,215,847	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0281

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	5,978,831				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		5,978,831			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	63,153	63,153	439,044,521		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	558,729	558,729	53,736,849	-345,696,436	5.00
7.00 00700	OPERATION OF PLANT	1,555,555	1,555,555	1,853,720	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	43,710	43,710	14,575,589	0	9.00
10.00 01000	DIETARY	73,846	73,846	7,385,778	0	10.00
11.00 01100	CAFETERIA	0	0	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	6,782	6,782	7,666,298	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	29,051	29,051	6,956,520	0	14.00
15.00 01500	PHARMACY	15,271	15,271	21,725,762	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	9,307	9,307	2,413,016	0	16.00
17.00 01700	SOCIAL SERVICE	0	0	3,113,264	0	17.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	9,806	9,806	31,060,457	0	22.00
23.00 02300	PARAMED ED PRGM-(PHARMACY)	357	357	1,195,589	0	23.00
23.01 02301	PARAMED ED PRGM-(CHAPLAINCY)	732	732	213,189	0	23.01
23.02 02302	PARAMED ED PRGM-(NM SCHL)	643	643	303,566	0	23.02
23.03 02303	PARAMED ED PRGM-(RAD THER)	643	643	297,996	0	23.03
23.04 02304	PARAMED ED PRGM-(NUCLEAR MED)	643	643	297,135	0	23.04
23.05 02305	PARAMED ED PRGM-(SONOGRAPHY)	644	644	347,241	0	23.05
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	507,486	507,486	83,078,397	0	30.00
31.00 03100	INTENSIVE CARE UNIT	104,323	104,323	22,323,111	0	31.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
35.00 02060	SPECIAL CARE NURSERY	40,341	40,341	11,181,663	0	35.00
40.00 04000	SUBPROVIDER - IPF	31,876	31,876	3,172,963	0	40.00
43.00 04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	235,517	235,517	27,029,131	0	50.00
51.00 05100	RECOVERY ROOM	17,105	17,105	5,739,846	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	52,869	52,869	13,890,532	0	52.00
53.00 05300	ANESTHESIOLOGY	1,918	1,918	1,956,357	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	154,245	154,245	17,191,358	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	35,975	35,975	6,891,217	0	55.00
56.00 05600	RADIOISOTOPE	21,727	21,727	2,267,589	0	56.00
57.00 05700	CT SCAN	12,629	12,629	4,942,375	0	57.00
58.00 05800	MRI	45,870	45,870	7,449,275	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	5,595	5,595	1,353,064	0	59.00
59.01 03650	VASCULAR LAB	3,582	3,582	1,093,435	0	59.01
59.02 03140	CARDIAC GRAPHICS	7,255	7,255	3,296,166	0	59.02
59.03 03560	PULMONARY FUNCTION	2,781	2,781	419,487	0	59.03
59.04 03290	EPS	7,884	7,884	924,811	0	59.04
59.05 03340	GI	45,560	45,560	5,188,504	0	59.05
60.00 06000	LABORATORY	57,093	57,093	21,180,533	0	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	24,507	24,507	0	0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	2,793,266	0	63.00
65.00 06500	RESPIRATORY THERAPY	5,201	5,201	7,643,858	0	65.00
66.00 06600	PHYSICAL THERAPY	1,177	1,177	2,561,203	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	6,511	6,511	1,465,941	0	67.00
70.00 07000	ELECTROENCEPHALOGRAPHY	22,667	22,667	2,390,594	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.97 07697	CARDIAC REHABILITATION	0	0	318,263	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	11,403	11,403	4,302,160	0	90.00
90.01 09001	PSYCH CLINIC	692	692	3,285,446	0	90.01
90.02 09002	TRANSPLANT CLINIC	0	0	587,127	0	90.02
90.03 09003	OB CLINIC	0	0	0	0	90.03
91.00 09100	EMERGENCY	56,547	56,547	11,572,804	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01 09201	OBSERVATION BEDS-DISTINCT	0	0	2,460,846	0	92.01
OTHER REIMBURSABLE COST CENTERS						
100.00 10000	I&R SERVICES-NOT APPRVD PRGM	0	0	278,459	0	100.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0281

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

Worksheet B-1

Date/Time Prepared:
1/30/2018 11:21 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)		
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)						
	1.00	2.00	4.00					
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	4,684	4,684	1,062,361	0	10,339,938	105.00
106.00	10600	HEART ACQUISITION	853	853	356,792	0	2,691,395	106.00
107.00	10700	LIVER ACQUISITION	1,733	1,733	621,548	0	5,204,990	107.00
108.00	10800	LUNG ACQUISITION	733	733	443,681	0	1,009,502	108.00
109.00	10900	PANCREAS ACQUISITION	398	398	0	0	1,065,832	109.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,897,609	3,897,609	435,856,132	-345,696,436	977,603,959	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	32,851	0	108,157	190.00
191.00	19100	RESEARCH	5,114	5,114	1,777,672	0	2,699,329	191.00
191.01	19101	SPONSERED PROJECT	0	0	0	0	2,546,817	191.01
194.00	07950	REAL ESTATE	2,076,108	2,076,108	54,337	0	20,531,618	194.00
194.01	07951	MARKETING, OTHER NON-REIMB	0	0	739,337	0	0	194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY	0	0	584,192	0	108,290	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	88,053,675	26,943,554	-15,312,610		345,696,436	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	14.727574	4.506492	0.000000		0.344457	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			1,262,557		36,613,230	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.002876		0.036482	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0281

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

Worksheet B-1

Date/Time Prepared:
1/30/2018 11:21 am

Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (GROSS SALARIES)	
			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	3,801,394					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	287,246				8.00
9.00	00900	HOUSEKEEPING	43,710	0	1,681,576			9.00
10.00	01000	DIETARY	73,846	0	73,846	243,897		10.00
11.00	01100	CAFETERIA	0	0	0	0	361,492,585	11.00
13.00	01300	NURSING ADMINISTRATION	6,782	0	6,782	0	7,666,298	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	29,051	0	29,051	0	6,956,520	14.00
15.00	01500	PHARMACY	15,271	0	15,271	0	21,725,762	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	9,307	0	9,307	0	2,413,016	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	3,113,264	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
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	9,806	0	9,806	0	31,060,457	22.00
23.00	02300	PARAMED ED PRGM-(PHARMACY)	357	0	357	0	1,195,589	23.00
23.01	02301	PARAMED ED PRGM-(CHAPLAINCY)	732	0	732	0	213,189	23.01
23.02	02302	PARAMED ED PRGM-(NM SCHL)	643	0	643	0	303,566	23.02
23.03	02303	PARAMED ED PRGM-(RAD THER)	643	0	643	0	297,996	23.03
23.04	02304	PARAMED ED PRGM-(NUCLEAR MED)	643	0	643	0	297,135	23.04
23.05	02305	PARAMED ED PRGM-(SONOGRAPHY)	644	0	644	0	347,241	23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	507,486	186,095	507,486	186,095	83,078,397	30.00
31.00	03100	INTENSIVE CARE UNIT	104,323	29,781	104,323	29,781	22,323,111	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02060	SPECIAL CARE NURSERY	40,341	19,156	40,341	0	11,181,663	35.00
40.00	04000	SUBPROVIDER - I PF	31,876	8,961	31,876	8,961	3,172,963	40.00
43.00	04300	NURSERY	0	24,193	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	235,517	0	235,517	0	27,029,131	50.00
51.00	05100	RECOVERY ROOM	17,105	0	17,105	0	5,739,846	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52,869	0	52,869	0	13,890,532	52.00
53.00	05300	ANESTHESIOLOGY	1,918	0	1,918	0	1,956,357	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	154,245	0	154,245	0	17,191,358	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	35,975	0	35,975	0	6,891,217	55.00
56.00	05600	RADIOISOTOPE	21,727	0	21,727	0	2,267,589	56.00
57.00	05700	CT SCAN	12,629	0	12,629	0	4,942,375	57.00
58.00	05800	MRI	45,870	0	45,870	0	7,449,275	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,595	0	5,595	0	1,353,064	59.00
59.01	03650	VASCULAR LAB	3,582	0	3,582	0	1,093,435	59.01
59.02	03140	CARDIAC GRAPHICS	7,255	0	7,255	0	3,296,166	59.02
59.03	03560	PULMONARY FUNCTION	2,781	0	2,781	0	419,487	59.03
59.04	03290	EPS	7,884	0	7,884	0	924,811	59.04
59.05	03340	GI	45,560	0	45,560	0	5,188,504	59.05
60.00	06000	LABORATORY	57,093	0	57,093	0	21,180,533	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	24,507	0	24,507	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	2,793,266	63.00
65.00	06500	RESPIRATORY THERAPY	5,201	0	5,201	0	7,643,858	65.00
66.00	06600	PHYSICAL THERAPY	1,177	0	1,177	0	2,561,203	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,511	0	6,511	0	1,465,941	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	22,667	0	22,667	0	2,390,594	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	318,263	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	11,403	0	11,403	0	4,302,160	90.00
90.01	09001	PSYCH CLINIC	692	0	692	0	3,285,446	90.01
90.02	09002	TRANSPLANT CLINIC	0	0	0	0	587,127	90.02
90.03	09003	OB CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	56,547	0	56,547	0	11,572,804	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	19,060	0	19,060	2,460,846	92.01
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	278,459	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	4,684	0	4,684	0	1,062,361	105.00
106.00	10600	HEART ACQUISITION	853	0	853	0	356,792	106.00
107.00	10700	LIVER ACQUISITION	1,733	0	1,733	0	621,548	107.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0281

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

Worksheet B-1

Date/Time Prepared:
1/30/2018 11:21 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (GROSS SALARIES)		
		7.00	8.00	9.00	10.00	11.00		
108.00	10800	LUNG ACQUISITION	733	0	733	0	443,681	108.00
109.00	10900	PANCREAS ACQUISITION	398	0	398	0	0	109.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,720,172	287,246	1,676,462	243,897	358,304,196	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	32,851	190.00
191.00	19100	RESEARCH	5,114	0	5,114	0	1,777,672	191.00
191.01	19101	SPONSERED PROJECT	0	0	0	0	0	191.01
194.00	07950	REAL ESTATE	2,076,108	0	0	0	54,337	194.00
194.01	07951	MARKETING, OTHER NON-REIMB	0	0	0	0	739,337	194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY	0	0	0	0	584,192	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	99,844,550	4,909,863	32,261,524	19,734,512	3,076,307	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	26.265246	17.092886	19.185290	80.913304	0.008510	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	32,628,941	133,230	2,060,170	2,589,105	83,476	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	8.583415	0.463818	1.225142	10.615567	0.000231	205.00

COST ALLOCATION - STATISTICAL BASIS			Provider CCN: 14-0281	Period: From 09/01/2016 To 08/31/2017	Worksheet B-1 Date/Time Prepared: 1/30/2018 11:21 am		
Cost Center Description			NURSING ADMINISTRATIVE (NURSING SALARIES)	CENTRAL SERVICES & SUPPLY (COSTED REQUI S.)	PHARMACY (COSTED REQUI S.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (PATIENT DAYS)
			13.00	14.00	15.00	16.00	17.00
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	6,613,944				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	327,163,310			14.00
15.00	01500	PHARMACY	0	976,760	79,454,013		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,707	0	5,854,592,615	16.00
17.00	01700	SOCIAL SERVICE	0	2,366	0	0	287,246
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	2,329	0	0	0
23.00	02300	PARAMED ED PRGM-(PHARMACY)	0	0	0	0	0
23.01	02301	PARAMED ED PRGM-(CHAPLAINCY)	0	0	0	0	0
23.02	02302	PARAMED ED PRGM-(NM SCHL)	0	0	0	0	0
23.03	02303	PARAMED ED PRGM-(RAD THER)	0	0	0	0	0
23.04	02304	PARAMED ED PRGM-(NUCLEAR MED)	0	0	0	0	0
23.05	02305	PARAMED ED PRGM-(SONOGRAPHY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	2,873,642	8,223,835	795,866	402,554,535	186,095
31.00	03100	INTENSIVE CARE UNIT	1,029,778	4,585,021	403,158	135,747,243	29,781
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
35.00	02060	SPECIAL CARE NURSERY	471,254	1,130,107	6,175	72,111,198	19,156
40.00	04000	SUBPROVIDER - IPF	57,593	17,491	58	19,922,828	8,961
43.00	04300	NURSERY	0	0	0	19,141,609	24,193
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	487,248	67,533,808	360,115	945,595,853	0
51.00	05100	RECOVERY ROOM	80,276	228,674	98,422	48,012,026	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	562,246	2,507,233	161,914	131,583,064	0
53.00	05300	ANESTHESIOLOGY	0	3,380,217	240,047	75,767,060	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	87,313	14,389,226	177,154	371,632,962	0
55.00	05500	RADIOLOGY-THERAPEUTIC	22,731	406,538	8,103	197,461,164	0
56.00	05600	RADIOISOTOPE	5,913	6,285,670	5,151	72,594,504	0
57.00	05700	CT SCAN	68,985	1,356,947	9,337	363,160,057	0
58.00	05800	MRI	64,092	1,775,810	59,803	305,023,711	0
59.00	05900	CARDIAC CATHETERIZATION	30,489	13,741,116	82,729	74,454,418	0
59.01	03650	VASCULAR LAB	0	2,546	471	35,442,670	0
59.02	03140	CARDIAC GRAPHICS	0	192,748	1,108,758	169,415,652	0
59.03	03560	PULMONARY FUNCTION	2,737	271,018	15,959	17,220,918	0
59.04	03290	EPS	14,669	12,610,358	22,814	38,145,539	0
59.05	03340	GI	120,653	5,297,123	49,226	135,331,131	0
60.00	06000	LABORATORY	0	20,406,404	38,463	855,481,907	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	39,222	9,967,020	83,325	46,598,293	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,391,245	91,328	32,463,914	0
65.00	06500	RESPIRATORY THERAPY	0	2,716,229	27,849	86,442,987	0
66.00	06600	PHYSICAL THERAPY	0	398,240	0	13,826,837	0
67.00	06700	OCCUPATIONAL THERAPY	0	14,211	0	7,178,548	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	320,919	50	52,704,870	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	62,521,528	0	208,682,803	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	81,195,388	0	237,347,481	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	74,997,596	328,220,137	0
76.97	07697	CARDIAC REHABILITATION	1,280	6,032	26	4,026,000	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	39,098	256,670	216,829	11,279,356	0
90.01	09001	PSYCH CLINIC	30,969	635	54,856	8,296,476	0
90.02	09002	TRANSPLANT CLINIC	7,093	89,818	23,799	7,435,226	0
90.03	09003	OB CLINIC	0	0	0	0	0
91.00	09100	EMERGENCY	406,811	1,797,741	262,733	268,335,748	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	83,075	161,106	14,648	17,300,757	19,060
OTHER REIMBURSABLE COST CENTERS							
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	13,639	0	3,838	20,370,000	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0281

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

Worksheet B-1

Date/Time Prepared:
1/30/2018 11:21 am

Cost Center Description			NURSING ADMINISTRATION (NURSING SALARIES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (PATIENT DAYS)	
			13.00	14.00	15.00	16.00	17.00	
106.00	10600	HEART ACQUISITION	0	0	0	3,880,800	0	106.00
107.00	10700	LIVER ACQUISITION	6,248	447	3,606	9,830,000	0	107.00
108.00	10800	LUNG ACQUISITION	6,890	0	0	2,320,000	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	29	0	1,508,000	0	109.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	6,613,944	327,163,310	79,424,206	5,853,848,282	287,246	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	744,333	0	191.00
191.01	19101	SPONSERED PROJECT	0	0	0	0	0	191.01
194.00	07950	REAL ESTATE	0	0	89	0	0	194.00
194.01	07951	MARKETING, OTHER NON-REIMB	0	0	0	0	0	194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY	0	0	29,718	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	15,039,546	25,568,171	34,738,560	6,879,443	6,111,303	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	2.273915	0.078151	0.437216	0.001175	21.275503	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	943,879	1,501,925	1,369,726	445,502	165,837	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.142710	0.004591	0.017239	0.000076	0.577334	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0281

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED PRGM- (PHARMACY) (ASSIGNED TIME)	PARAMED PRGM- (CHAPLAINCY) (PATIENT DAYS)	
		SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
		20.00	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
17.00 01700	SOCIAL SERVICE					17.00
20.00 02000	NURSING SCHOOL	0				20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV		8,887			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV			8,887		22.00
23.00 02300	PARAMED PRGM- (PHARMACY)				100	23.00
23.01 02301	PARAMED PRGM- (CHAPLAINCY)					23.01
23.02 02302	PARAMED PRGM- (NM SCHL)					23.02
23.03 02303	PARAMED PRGM- (RAD THER)					23.03
23.04 02304	PARAMED PRGM- (NUCLEAR MED)					23.04
23.05 02305	PARAMED PRGM- (SONOGRAPHY)					23.05
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	2,308	2,308	0	30.00
31.00 03100	INTENSIVE CARE UNIT	0	979	979	0	31.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
35.00 02060	SPECIAL CARE NURSERY	0	54	54	0	35.00
40.00 04000	SUBPROVIDER - IPF	0	271	271	0	40.00
43.00 04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	2,223	2,223	0	50.00
51.00 05100	RECOVERY ROOM	0	103	103	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	367	367	0	52.00
53.00 05300	ANESTHESIOLOGY	0	15	15	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	674	674	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	215	215	0	55.00
56.00 05600	RADIOISOTOPE	0	29	29	0	56.00
57.00 05700	CT SCAN	0	0	0	0	57.00
58.00 05800	MRI	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	58	58	0	59.00
59.01 03650	VASCULAR LAB	0	0	0	0	59.01
59.02 03140	CARDIAC GRAPHICS	0	89	89	0	59.02
59.03 03560	PULMONARY FUNCTION	0	33	33	0	59.03
59.04 03290	EPS	0	0	0	0	59.04
59.05 03340	GI	0	56	56	0	59.05
60.00 06000	LABORATORY	0	549	549	0	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	42	42	0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00 06500	RESPIRATORY THERAPY	0	29	29	0	65.00
66.00 06600	PHYSICAL THERAPY	0	2	2	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	3	3	0	67.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	24	24	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	1	1	100	73.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	328	328	0	90.00
90.01 09001	PSYCH CLINIC	0	50	50	0	90.01
90.02 09002	TRANSPLANT CLINIC	0	50	50	0	90.02
90.03 09003	OB CLINIC	0	0	0	0	90.03
91.00 09100	EMERGENCY	0	306	306	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0				92.00
92.01 09201	OBSERVATION BEDS-DISTINCT	0	0	0		92.01
OTHER REIMBURSABLE COST CENTERS						
100.00 10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0281

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

Worksheet B-1

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Cost Center Description	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED ED PRGM- (PHARMACY) (ASSIGNED TIME)	PARAMED ED PRGM- (CHAPLAINCY) (PATIENT DAYS)			
		SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)					
		20.00	21.00				22.00	23.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	105.00	
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00	
107.00	10700	LIVER ACQUISITION	0	0	0	0	107.00	
108.00	10800	LUNG ACQUISITION	0	0	0	0	108.00	
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00	
116.00	11600	HOSPICE	0	0	0	0	116.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	8,858	8,858	100	243,897	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00	
191.00	19100	RESEARCH	0	29	29	0	191.00	
191.01	19101	SPONSERED PROJECT	0	0	0	0	191.01	
194.00	07950	REAL ESTATE	0	0	0	0	194.00	
194.01	07951	MARKETING, OTHER NON-REIMB	0	0	0	0	194.01	
194.02	07952	OTHER COMPANY WIDE ACTIVITY	0	0	0	0	194.02	
200.00		Cross Foot Adjustments					200.00	
201.00		Negative Cost Centers					201.00	
202.00		Cost to be allocated (per Wkst. B, Part I)	0	52,059,866	12,449,254	1,701,752	340,637	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	5,857.979746	1,400.838753	17,017.520000	1.396643	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	1,412,651	610,520	56,105	29,600	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	158.957016	68.698098	561.050000	0.121363	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0281

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

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Cost Center Description		PARAMED ED PRGM-(NM SCHL) (ASSIGNED TIME) 23.02	PARAMED ED PRGM-(RAD THER) (ASSIGNED TIME) 23.03	PARAMED ED PRGM-(NUCLEAR MED) (ASSIGNED TIME) 23.04	PARAMED ED PRGM-(SONOGRAPHY) (ASSIGNED TIME) 23.05	
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					13.00
14.00	01400					14.00
15.00	01500					15.00
16.00	01600					16.00
17.00	01700					17.00
20.00	02000					20.00
21.00	02100					21.00
22.00	02200					22.00
23.00	02300					23.00
23.01	02301					23.01
23.02	02302	100				23.02
23.03	02303		100			23.03
23.04	02304			100		23.04
23.05	02305				100	23.05
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	0	0	0	0	30.00
31.00	03100	0	0	0	0	31.00
34.00	03400	0	0	0	0	34.00
35.00	02060	0	0	0	0	35.00
40.00	04000	0	0	0	0	40.00
43.00	04300	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	0	0	0	0	50.00
51.00	05100	0	0	0	0	51.00
52.00	05200	0	0	0	0	52.00
53.00	05300	0	0	0	0	53.00
54.00	05400	100	0	0	100	54.00
55.00	05500	0	100	0	0	55.00
56.00	05600	0	0	100	0	56.00
57.00	05700	0	0	0	0	57.00
58.00	05800	0	0	0	0	58.00
59.00	05900	0	0	0	0	59.00
59.01	03650	0	0	0	0	59.01
59.02	03140	0	0	0	0	59.02
59.03	03560	0	0	0	0	59.03
59.04	03290	0	0	0	0	59.04
59.05	03340	0	0	0	0	59.05
60.00	06000	0	0	0	0	60.00
62.00	06200	0	0	0	0	62.00
63.00	06300	0	0	0	0	63.00
65.00	06500	0	0	0	0	65.00
66.00	06600	0	0	0	0	66.00
67.00	06700	0	0	0	0	67.00
70.00	07000	0	0	0	0	70.00
71.00	07100	0	0	0	0	71.00
72.00	07200	0	0	0	0	72.00
73.00	07300	0	0	0	0	73.00
76.97	07697	0	0	0	0	76.97
76.98	07698	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	0	0	0	0	90.00
90.01	09001	0	0	0	0	90.01
90.02	09002	0	0	0	0	90.02
90.03	09003	0	0	0	0	90.03
91.00	09100	0	0	0	0	91.00
92.00	09200	0	0	0	0	92.00
92.01	09201	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
100.00	10000	0	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	0	0	0	0	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0281

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			PARAMED ED PRGM-(NM SCHL) (ASSIGNED TIME) 23.02	PARAMED ED PRGM-(RAD THER) (ASSIGNED TIME) 23.03	PARAMED ED PRGM-(NUCLEAR MED) (ASSIGNED TIME) 23.04	PARAMED ED PRGM-(SONOGRAPHY) (ASSIGNED TIME) 23.05		
106.00	10600	HEART ACQUISITION	0	0	0	0		106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0		107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0		108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0		109.00
116.00	11600	HOSPICE	0	0	0	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	100	100	100	100		118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
191.00	19100	RESEARCH	0	0	0	0		191.00
191.01	19101	SPONSERED PROJECT	0	0	0	0		191.01
194.00	07950	REAL ESTATE	0	0	0	0		194.00
194.01	07951	MARKETING, OTHER NON-REIMB	0	0	0	0		194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY	0	0	0	0		194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	266,529	345,689	339,684	402,909		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	2,665.290000	3,456.890000	3,396.840000	4,029.090000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	25,114	27,262	27,100	28,843		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	251.140000	272.620000	271.000000	288.430000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0281	Period: From 09/01/2016 To 08/31/2017	Worksheet C Part I Date/Time Prepared: 1/30/2018 11:21 am	
			Title XVIII	Hospital	PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	232,180,295	232,180,295	0	232,180,295	30.00
31.00 03100	INTENSIVE CARE UNIT	60,038,205	60,038,205	193,708	60,231,913	31.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
35.00 02060	SPECIAL CARE NURSERY	25,128,226	25,128,226	0	25,128,226	35.00
40.00 04000	SUBPROVIDER - IPF	8,978,346	8,978,346	0	8,978,346	40.00
43.00 04300	NURSERY	5,759,048	5,759,048	0	5,759,048	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	59,414,505	59,414,505	256,223	59,670,728	50.00
51.00 05100	RECOVERY ROOM	11,857,974	11,857,974	36,938	11,894,912	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	32,404,075	32,404,075	1,531	32,405,606	52.00
53.00 05300	ANESTHESIOLOGY	8,554,050	8,554,050	49,787	8,603,837	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	52,979,907	52,979,907	37,755	53,017,662	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	17,311,155	17,311,155	15,990	17,327,145	55.00
56.00 05600	RADIOISOTOPE	10,237,292	10,237,292	2,049	10,239,341	56.00
57.00 05700	CT SCAN	12,886,179	12,886,179	37,031	12,923,210	57.00
58.00 05800	MRI	14,934,542	14,934,542	4,210	14,938,752	58.00
59.00 05900	CARDIAC CATHETERIZATION	5,545,340	5,545,340	17,734	5,563,074	59.00
59.01 03650	VASCULAR LAB	2,118,323	2,118,323	0	2,118,323	59.01
59.02 03140	CARDIAC GRAPHICS	9,441,625	9,441,625	13,805	9,455,430	59.02
59.03 03560	PULMONARY FUNCTION	1,276,768	1,276,768	261	1,277,029	59.03
59.04 03290	EPS	5,200,593	5,200,593	36,070	5,236,663	59.04
59.05 03340	GI	19,522,922	19,522,922	44,719	19,567,641	59.05
60.00 06000	LABORATORY	120,321,622	120,321,622	0	120,321,622	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	16,117,402	16,117,402	0	16,117,402	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	8,989,777	8,989,777	0	8,989,777	63.00
65.00 06500	RESPIRATORY THERAPY	16,856,037	16,856,037	1,005	16,857,042	65.00
66.00 06600	PHYSICAL THERAPY	5,684,802	5,684,802	2,435	5,687,237	66.00
67.00 06700	OCCUPATIONAL THERAPY	2,954,047	2,954,047	0	2,954,047	67.00
70.00 07000	ELECTROENCEPHALOGRAPHY	7,360,385	7,360,385	29,363	7,389,748	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	82,531,448	82,531,448	0	82,531,448	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	115,788,124	115,788,124	0	115,788,124	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	135,708,598	135,708,598	0	135,708,598	73.00
76.97 07697	CARDIAC REHABILITATION	596,533	596,533	3,081	599,614	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	9,119,997	9,119,997	54,109	9,174,106	90.00
90.01 09001	PSYCH CLINIC	7,954,121	7,954,121	0	7,954,121	90.01
90.02 09002	TRANSPLANT CLINIC	4,448,116	4,448,116	0	4,448,116	90.02
90.03 09003	OB CLINIC	0	0	0	0	90.03
91.00 09100	EMERGENCY	29,503,358	29,503,358	83,032	29,586,390	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	16,307,573	16,307,573	0	16,307,573	92.00
92.01 09201	OBSERVATION BEDS-DISTINCT	7,134,100	7,134,100	0	7,134,100	92.01
OTHER REIMBURSABLE COST CENTERS						
100.00 10000	I&R SERVICES-NOT APPRVD PRGM	376,746	376,746		376,746	100.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	14,180,160	14,180,160		14,180,160	105.00
106.00 10600	HEART ACQUISITION	3,664,830	3,664,830		3,664,830	106.00
107.00 10700	LIVER ACQUISITION	7,109,309	7,109,309		7,109,309	107.00
108.00 10800	LUNG ACQUISITION	1,412,716	1,412,716		1,412,716	108.00
109.00 10900	PANCREAS ACQUISITION	1,452,829	1,452,829		1,452,829	109.00
116.00 11600	HOSPICE	0	0		0	116.00
200.00	Subtotal (see instructions)	1,211,342,000	1,211,342,000	920,836	1,212,262,836	200.00
201.00	Less Observation Beds	16,307,573	16,307,573		16,307,573	201.00
202.00	Total (see instructions)	1,195,034,427	1,195,034,427	920,836	1,195,955,263	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0281

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

Worksheet C
Part I
Date/Time Prepared:
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		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	402,554,534		402,554,534		30.00
31.00	03100	INTENSIVE CARE UNIT	135,747,243		135,747,243		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
35.00	02060	SPECIAL CARE NURSERY	72,111,198		72,111,198		35.00
40.00	04000	SUBPROVIDER - I/PF	19,922,828		19,922,828		40.00
43.00	04300	NURSERY	19,141,609		19,141,609		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	524,202,091	421,393,763	945,595,854	0.062833	50.00
51.00	05100	RECOVERY ROOM	20,113,187	27,898,839	48,012,026	0.246979	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	124,557,752	7,025,312	131,583,064	0.246263	52.00
53.00	05300	ANESTHESIOLOGY	38,875,616	36,891,444	75,767,060	0.112899	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	113,169,143	258,463,819	371,632,962	0.142560	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	10,655,382	186,805,782	197,461,164	0.087669	55.00
56.00	05600	RADIOISOTOPE	8,996,357	63,598,147	72,594,504	0.141020	56.00
57.00	05700	CT SCAN	99,201,210	263,958,847	363,160,057	0.035483	57.00
58.00	05800	MRI	51,645,589	253,378,122	305,023,711	0.048962	58.00
59.00	05900	CARDIAC CATHETERIZATION	33,523,224	40,931,194	74,454,418	0.074480	59.00
59.01	03650	VASCULAR LAB	14,285,380	21,157,290	35,442,670	0.059768	59.01
59.02	03140	CARDIAC GRAPHICS	57,377,782	112,037,870	169,415,652	0.055731	59.02
59.03	03560	PULMONARY FUNCTION	3,009,996	14,210,922	17,220,918	0.074141	59.03
59.04	03290	EPS	10,068,769	28,076,770	38,145,539	0.136336	59.04
59.05	03340	GI	14,284,623	121,046,508	135,331,131	0.144260	59.05
60.00	06000	LABORATORY	282,704,614	572,777,292	855,481,906	0.140648	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	39,353,832	7,244,461	46,598,293	0.345880	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	17,012,521	15,451,393	32,463,914	0.276916	63.00
65.00	06500	RESPIRATORY THERAPY	84,292,953	2,150,034	86,442,987	0.194996	65.00
66.00	06600	PHYSICAL THERAPY	12,185,299	1,641,538	13,826,837	0.411143	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,674,493	504,054	7,178,547	0.411510	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	30,198,273	22,506,597	52,704,870	0.139653	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	118,372,917	90,309,886	208,682,803	0.395488	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	148,705,478	88,642,003	237,347,481	0.487842	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	211,429,236	116,790,901	328,220,137	0.413468	73.00
76.97	07697	CARDIAC REHABILITATION	4,752	4,021,248	4,026,000	0.148170	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	117,779	11,161,577	11,279,356	0.080557	90.00
90.01	09001	PSYCH CLINIC	455,132	7,841,344	8,296,476	0.958735	90.01
90.02	09002	TRANSPLANT CLINIC	231,894	7,203,332	7,435,226	0.598249	90.02
90.03	09003	OB CLINIC	0	0	0	0.000000	90.03
91.00	09100	EMERGENCY	71,514,030	196,821,718	268,335,748	0.109949	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	28,161,870	35,747,130	63,909,000	0.255169	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	3,227,466	14,073,291	17,300,757	0.412358	92.01
OTHER REIMBURSABLE COST CENTERS							
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	20,370,000	0	20,370,000		105.00
106.00	10600	HEART ACQUISITION	3,880,800	0	3,880,800		106.00
107.00	10700	LIVER ACQUISITION	9,450,000	380,000	9,830,000		107.00
108.00	10800	LUNG ACQUISITION	2,320,000	0	2,320,000		108.00
109.00	10900	PANCREAS ACQUISITION	1,508,000	0	1,508,000		109.00
116.00	11600	HOSPICE	0	0	0		116.00
200.00		Subtotal (see instructions)	2,865,614,852	3,052,142,428	5,917,757,280		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	2,865,614,852	3,052,142,428	5,917,757,280		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0281	Period: From 09/01/2016 To 08/31/2017	Worksheet C Part I Date/Time Prepared: 1/30/2018 11:21 am
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
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
35.00	02060	SPECIAL CARE NURSERY			35.00
40.00	04000	SUBPROVIDER - IPF			40.00
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.063104		50.00
51.00	05100	RECOVERY ROOM	0.247749		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.246275		52.00
53.00	05300	ANESTHESIOLOGY	0.113556		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.142661		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.087750		55.00
56.00	05600	RADIOISOTOPE	0.141048		56.00
57.00	05700	CT SCAN	0.035585		57.00
58.00	05800	MRI	0.048976		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.074718		59.00
59.01	03650	VASCULAR LAB	0.059768		59.01
59.02	03140	CARDIAC GRAPHICS	0.055812		59.02
59.03	03560	PULMONARY FUNCTION	0.074156		59.03
59.04	03290	EPS	0.137281		59.04
59.05	03340	GI	0.144591		59.05
60.00	06000	LABORATORY	0.140648		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.345880		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.276916		63.00
65.00	06500	RESPIRATORY THERAPY	0.195008		65.00
66.00	06600	PHYSICAL THERAPY	0.411319		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.411510		67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.140210		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.395488		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.487842		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.413468		73.00
76.97	07697	CARDIAC REHABILITATION	0.148935		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0.813354		90.00
90.01	09001	PSYCH CLINIC	0.958735		90.01
90.02	09002	TRANSPLANT CLINIC	0.598249		90.02
90.03	09003	OB CLINIC	0.000000		90.03
91.00	09100	EMERGENCY	0.110259		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.255169		92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0.412358		92.01
		OTHER REIMBURSABLE COST CENTERS			
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			100.00
		SPECIAL PURPOSE COST CENTERS			
105.00	10500	KIDNEY ACQUISITION			105.00
106.00	10600	HEART ACQUISITION			106.00
107.00	10700	LIVER ACQUISITION			107.00
108.00	10800	LUNG ACQUISITION			108.00
109.00	10900	PANCREAS ACQUISITION			109.00
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: 14-0281

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

Worksheet C
Part I
Date/Time Prepared:
1/30/2018 11:21 am

		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	232,180,295	232,180,295	0	232,180,295	30.00
31.00	03100 INTENSIVE CARE UNIT	60,038,205	60,038,205	193,708	60,231,913	31.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
35.00	02060 SPECIAL CARE NURSERY	25,128,226	25,128,226	0	25,128,226	35.00
40.00	04000 SUBPROVIDER - IPF	8,978,346	8,978,346	0	8,978,346	40.00
43.00	04300 NURSERY	5,759,048	5,759,048	0	5,759,048	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	59,414,505	59,414,505	256,223	59,670,728	50.00
51.00	05100 RECOVERY ROOM	11,857,974	11,857,974	36,938	11,894,912	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	32,404,075	32,404,075	1,531	32,405,606	52.00
53.00	05300 ANESTHESIOLOGY	8,554,050	8,554,050	49,787	8,603,837	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	52,979,907	52,979,907	37,755	53,017,662	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	17,311,155	17,311,155	15,990	17,327,145	55.00
56.00	05600 RADIOISOTOPE	10,237,292	10,237,292	2,049	10,239,341	56.00
57.00	05700 CT SCAN	12,886,179	12,886,179	37,031	12,923,210	57.00
58.00	05800 MRI	14,934,542	14,934,542	4,210	14,938,752	58.00
59.00	05900 CARDIAC CATHETERIZATION	5,545,340	5,545,340	17,734	5,563,074	59.00
59.01	03650 VASCULAR LAB	2,118,323	2,118,323	0	2,118,323	59.01
59.02	03140 CARDIAC GRAPHICS	9,441,625	9,441,625	13,805	9,455,430	59.02
59.03	03560 PULMONARY FUNCTION	1,276,768	1,276,768	261	1,277,029	59.03
59.04	03290 EPS	5,200,593	5,200,593	36,070	5,236,663	59.04
59.05	03340 GI	19,522,922	19,522,922	44,719	19,567,641	59.05
60.00	06000 LABORATORY	120,321,622	120,321,622	0	120,321,622	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	16,117,402	16,117,402	0	16,117,402	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	8,989,777	8,989,777	0	8,989,777	63.00
65.00	06500 RESPIRATORY THERAPY	16,856,037	16,856,037	1,005	16,857,042	65.00
66.00	06600 PHYSICAL THERAPY	5,684,802	5,684,802	2,435	5,687,237	66.00
67.00	06700 OCCUPATIONAL THERAPY	2,954,047	2,954,047	0	2,954,047	67.00
70.00	07000 ELECTROENCEPHALOGRAPHY	7,360,385	7,360,385	29,363	7,389,748	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	82,531,448	82,531,448	0	82,531,448	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	115,788,124	115,788,124	0	115,788,124	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	135,708,598	135,708,598	0	135,708,598	73.00
76.97	07697 CARDIAC REHABILITATION	596,533	596,533	3,081	599,614	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	9,119,997	9,119,997	54,109	9,174,106	90.00
90.01	09001 PSYCH CLINIC	7,954,121	7,954,121	0	7,954,121	90.01
90.02	09002 TRANSPLANT CLINIC	4,448,116	4,448,116	0	4,448,116	90.02
90.03	09003 OB CLINIC	0	0	0	0	90.03
91.00	09100 EMERGENCY	29,503,358	29,503,358	83,032	29,586,390	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	16,307,573	16,307,573	0	16,307,573	92.00
92.01	09201 OBSERVATION BEDS-DISTINCT	7,134,100	7,134,100	0	7,134,100	92.01
OTHER REIMBURSABLE COST CENTERS						
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	376,746	376,746		376,746	100.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500 KIDNEY ACQUISITION	14,180,160	14,180,160		14,180,160	105.00
106.00	10600 HEART ACQUISITION	3,664,830	3,664,830		3,664,830	106.00
107.00	10700 LIVER ACQUISITION	7,109,309	7,109,309		7,109,309	107.00
108.00	10800 LUNG ACQUISITION	1,412,716	1,412,716		1,412,716	108.00
109.00	10900 PANCREAS ACQUISITION	1,452,829	1,452,829		1,452,829	109.00
116.00	11600 HOSPICE	0	0		0	116.00
200.00	Subtotal (see instructions)	1,211,342,000	1,211,342,000	920,836	1,212,262,836	200.00
201.00	Less Observation Beds	16,307,573	16,307,573		16,307,573	201.00
202.00	Total (see instructions)	1,195,034,427	1,195,034,427	920,836	1,195,955,263	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0281

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

Worksheet C Part I Date/Time Prepared: 1/30/2018 11:21 am

		Title XIX			Hospital	Cost	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	402,554,534		402,554,534		30.00
31.00	03100	INTENSIVE CARE UNIT	135,747,243		135,747,243		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
35.00	02060	SPECIAL CARE NURSERY	72,111,198		72,111,198		35.00
40.00	04000	SUBPROVIDER - I/PF	19,922,828		19,922,828		40.00
43.00	04300	NURSERY	19,141,609		19,141,609		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	524,202,091	421,393,763	945,595,854	0.062833	50.00
51.00	05100	RECOVERY ROOM	20,113,187	27,898,839	48,012,026	0.246979	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	124,557,752	7,025,312	131,583,064	0.246263	52.00
53.00	05300	ANESTHESIOLOGY	38,875,616	36,891,444	75,767,060	0.112899	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	113,169,143	258,463,819	371,632,962	0.142560	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	10,655,382	186,805,782	197,461,164	0.087669	55.00
56.00	05600	RADIOISOTOPE	8,996,357	63,598,147	72,594,504	0.141020	56.00
57.00	05700	CT SCAN	99,201,210	263,958,847	363,160,057	0.035483	57.00
58.00	05800	MRI	51,645,589	253,378,122	305,023,711	0.048962	58.00
59.00	05900	CARDIAC CATHETERIZATION	33,523,224	40,931,194	74,454,418	0.074480	59.00
59.01	03650	VASCULAR LAB	14,285,380	21,157,290	35,442,670	0.059768	59.01
59.02	03140	CARDIAC GRAPHICS	57,377,782	112,037,870	169,415,652	0.055731	59.02
59.03	03560	PULMONARY FUNCTION	3,009,996	14,210,922	17,220,918	0.074141	59.03
59.04	03290	EPS	10,068,769	28,076,770	38,145,539	0.136336	59.04
59.05	03340	GI	14,284,623	121,046,508	135,331,131	0.144260	59.05
60.00	06000	LABORATORY	282,704,614	572,777,292	855,481,906	0.140648	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	39,353,832	7,244,461	46,598,293	0.345880	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	17,012,521	15,451,393	32,463,914	0.276916	63.00
65.00	06500	RESPIRATORY THERAPY	84,292,953	2,150,034	86,442,987	0.194996	65.00
66.00	06600	PHYSICAL THERAPY	12,185,299	1,641,538	13,826,837	0.411143	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,674,493	504,054	7,178,547	0.411510	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	30,198,273	22,506,597	52,704,870	0.139653	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	118,372,917	90,309,886	208,682,803	0.395488	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	148,705,478	88,642,003	237,347,481	0.487842	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	211,429,236	116,790,901	328,220,137	0.413468	73.00
76.97	07697	CARDIAC REHABILITATION	4,752	4,021,248	4,026,000	0.148170	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	117,779	11,161,577	11,279,356	0.088557	90.00
90.01	09001	PSYCH CLINIC	455,132	7,841,344	8,296,476	0.958735	90.01
90.02	09002	TRANSPLANT CLINIC	231,894	7,203,332	7,435,226	0.598249	90.02
90.03	09003	OB CLINIC	0	0	0	0.000000	90.03
91.00	09100	EMERGENCY	71,514,030	196,821,718	268,335,748	0.109949	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	28,161,870	35,747,130	63,909,000	0.255169	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	3,227,466	14,073,291	17,300,757	0.412358	92.01
OTHER REIMBURSABLE COST CENTERS							
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	20,370,000	0	20,370,000		105.00
106.00	10600	HEART ACQUISITION	3,880,800	0	3,880,800		106.00
107.00	10700	LIVER ACQUISITION	9,450,000	380,000	9,830,000		107.00
108.00	10800	LUNG ACQUISITION	2,320,000	0	2,320,000		108.00
109.00	10900	PANCREAS ACQUISITION	1,508,000	0	1,508,000		109.00
116.00	11600	HOSPICE	0	0	0		116.00
200.00		Subtotal (see instructions)	2,865,614,852	3,052,142,428	5,917,757,280		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	2,865,614,852	3,052,142,428	5,917,757,280		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0281	Period: From 09/01/2016 To 08/31/2017	Worksheet C Part I Date/Time Prepared: 1/30/2018 11:21 am	
Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
		INPATIENT ROUTINE SERVICE COST CENTERS	11.00			
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
35.00	02060	SPECIAL CARE NURSERY				35.00
40.00	04000	SUBPROVIDER - IPF				40.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
59.01	03650	VASCULAR LAB	0.000000			59.01
59.02	03140	CARDIAC GRAPHICS	0.000000			59.02
59.03	03560	PULMONARY FUNCTION	0.000000			59.03
59.04	03290	EPS	0.000000			59.04
59.05	03340	GI	0.000000			59.05
60.00	06000	LABORATORY	0.000000			60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000			62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
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
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0.000000			76.98
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	PSYCH CLINIC	0.000000			90.01
90.02	09002	TRANSPLANT CLINIC	0.000000			90.02
90.03	09003	OB CLINIC	0.000000			90.03
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	0.000000			92.01
		OTHER REIMBURSABLE COST CENTERS				
100.00	10000	I&R SERVICES-NOT APPRVD PRGM				100.00
		SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION				105.00
106.00	10600	HEART ACQUISITION				106.00
107.00	10700	LIVER ACQUISITION				107.00
108.00	10800	LUNG ACQUISITION				108.00
109.00	10900	PANCREAS ACQUISITION				109.00
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: 14-0281	Period: From 09/01/2016 To 08/31/2017	Worksheet D Part I Date/Time Prepared: 1/30/2018 11:21 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	22,254,198	0	22,254,198	190,528	116.80	30.00
31.00	INTENSIVE CARE UNIT	4,882,828		4,882,828	29,572	165.12	31.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
35.00	SPECIAL CARE NURSERY	1,847,894		1,847,894	18,857	98.00	35.00
40.00	SUBPROVIDER - IPF	1,210,777	0	1,210,777	8,921	135.72	40.00
43.00	NURSERY	157,117		157,117	23,660	6.64	43.00
200.00	Total (Lines 30-199)	30,352,814		30,352,814	271,538		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	53,793	6,283,022				
31.00	INTENSIVE CARE UNIT	11,624	1,919,355				
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				
35.00	SPECIAL CARE NURSERY	0	0				
40.00	SUBPROVIDER - IPF	2,179	295,734				
43.00	NURSERY	0	0				
200.00	Total (Lines 30-199)	67,596	8,498,111				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0281	Period: From 09/01/2016 To 08/31/2017	Worksheet D Part II Date/Time Prepared: 1/30/2018 11:21 am
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Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital 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	8,432,127	945,595,854	0.008917	176,231,885	1,571,460	50.00
51.00	05100	RECOVERY ROOM	807,162	48,012,026	0.016812	6,679,319	112,293	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,407,956	131,583,064	0.018300	195,321	3,574	52.00
53.00	05300	ANESTHESIOLOGY	298,436	75,767,060	0.003939	13,462,173	53,027	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,801,111	371,632,962	0.015610	38,824,747	606,054	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,472,400	197,461,164	0.007457	3,733,886	27,844	55.00
56.00	05600	RADIOISOTOPE	892,025	72,594,504	0.012288	3,740,953	45,969	56.00
57.00	05700	CT SCAN	725,884	363,160,057	0.001999	37,528,047	75,019	57.00
58.00	05800	MRI	1,704,222	305,023,711	0.005587	17,498,380	97,763	58.00
59.00	05900	CARDIAC CATHETERIZATION	346,212	74,454,418	0.004650	17,287,476	80,387	59.00
59.01	03650	VASCULAR LAB	158,667	35,442,670	0.004477	5,912,681	26,471	59.01
59.02	03140	CARDIAC GRAPHICS	471,867	169,415,652	0.002785	24,224,784	67,466	59.02
59.03	03560	PULMONARY FUNCTION	113,720	17,220,918	0.006604	1,016,045	6,710	59.03
59.04	03290	EPS	394,513	38,145,539	0.010342	4,614,552	47,724	59.04
59.05	03340	GI	1,825,843	135,331,131	0.013492	5,742,075	77,472	59.05
60.00	06000	LABORATORY	4,941,019	855,481,906	0.005776	93,447,203	539,751	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,149,174	46,598,293	0.024661	11,325,997	279,310	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	251,768	32,463,914	0.007755	4,582,319	35,536	63.00
65.00	06500	RESPIRATORY THERAPY	685,060	86,442,987	0.007925	26,057,186	206,503	65.00
66.00	06600	PHYSICAL THERAPY	188,583	13,826,837	0.013639	5,187,714	70,755	66.00
67.00	06700	OCCUPATIONAL THERAPY	261,578	7,178,547	0.036439	2,773,375	101,059	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	834,007	52,704,870	0.015824	9,464,964	149,774	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,403,158	208,682,803	0.011516	36,436,369	419,601	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,352,895	237,347,481	0.014127	72,328,726	1,021,788	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,053,910	328,220,137	0.012351	57,517,775	710,402	73.00
76.97	07697	CARDIAC REHABILITATION	16,484	4,026,000	0.004094	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	570,048	11,279,356	0.050539	41,146	2,079	90.00
90.01	09001	PSYCH CLINIC	238,252	8,296,476	0.028717	15,427	443	90.01
90.02	09002	TRANSPLANT CLINIC	121,952	7,435,226	0.016402	79,622	1,306	90.02
90.03	09003	OB CLINIC	0	0	0.000000	0	0	90.03
91.00	09100	EMERGENCY	2,423,757	268,335,748	0.009033	26,616,548	240,427	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,563,065	63,909,000	0.024458	20,500,291	501,396	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	361,318	17,300,757	0.020885	690,402	14,419	92.01
200.00		Total (lines 50-199)	49,268,173	5,230,371,068		723,757,388	7,193,782	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0281	Period: From 09/01/2016 To 08/31/2017	Worksheet D Part III Date/Time Prepared: 1/30/2018 11:21 am
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Cost Center Description	Title XVIII				Hospital	PPS
	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	259,909	0	259,909	30.00
31.00	03100	INTENSIVE CARE UNIT	0	41,593	0	41,593	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
35.00	02060	SPECIAL CARE NURSERY	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	12,515	0	12,515	40.00
43.00	04300	NURSERY	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	314,017	0	314,017	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	190,528	1.36	53,793	73,158	30.00
31.00	03100	INTENSIVE CARE UNIT	29,572	1.41	11,624	16,390	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	34.00
35.00	02060	SPECIAL CARE NURSERY	18,857	0.00	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	8,921	1.40	2,179	3,051	40.00
43.00	04300	NURSERY	23,660	0.00	0	0	43.00
200.00		Total (lines 30-199)	271,538		67,596	92,599	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0281	Period: From 09/01/2016 To 08/31/2017	Worksheet D Part IV Date/Time Prepared: 1/30/2018 11:21 am
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Cost Center Description		Title XVIII				Hospital	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	669,438	0	669,438
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	345,689	0	345,689
56.00	05600	RADIOISOTOPE	0	0	339,684	0	339,684
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
59.01	03650	VASCULAR LAB	0	0	0	0	59.01
59.02	03140	CARDIAC GRAPHICS	0	0	0	0	59.02
59.03	03560	PULMONARY FUNCTION	0	0	0	0	59.03
59.04	03290	EPS	0	0	0	0	59.04
59.05	03340	GI	0	0	0	0	59.05
60.00	06000	LABORATORY	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
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
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	1,701,752	0	1,701,752
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	PSYCH CLINIC	0	0	0	0	90.01
90.02	09002	TRANSPLANT CLINIC	0	0	0	0	90.02
90.03	09003	OB CLINIC	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	18,248	0	18,248
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	26,620	0	26,620
200.00		Total (lines 50-199)	0	0	3,101,431	0	3,101,431

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0281	Period: From 09/01/2016 To 08/31/2017	Worksheet D Part IV Date/Time Prepared: 1/30/2018 11:21 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	945,595,854	0.000000	0.000000	176,231,885	50.00
51.00	05100	RECOVERY ROOM	0	48,012,026	0.000000	0.000000	6,679,319	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	131,583,064	0.000000	0.000000	195,321	52.00
53.00	05300	ANESTHESIOLOGY	0	75,767,060	0.000000	0.000000	13,462,173	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	669,438	371,632,962	0.001801	0.001801	38,824,747	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	345,689	197,461,164	0.001751	0.001751	3,733,886	55.00
56.00	05600	RADIOISOTOPE	339,684	72,594,504	0.004679	0.004679	3,740,953	56.00
57.00	05700	CT SCAN	0	363,160,057	0.000000	0.000000	37,528,047	57.00
58.00	05800	MRI	0	305,023,711	0.000000	0.000000	17,498,380	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	74,454,418	0.000000	0.000000	17,287,476	59.00
59.01	03650	VASCULAR LAB	0	35,442,670	0.000000	0.000000	5,912,681	59.01
59.02	03140	CARDIAC GRAPHICS	0	169,415,652	0.000000	0.000000	24,224,784	59.02
59.03	03560	PULMONARY FUNCTION	0	17,220,918	0.000000	0.000000	1,016,045	59.03
59.04	03290	EPS	0	38,145,539	0.000000	0.000000	4,614,552	59.04
59.05	03340	GI	0	135,331,131	0.000000	0.000000	5,742,075	59.05
60.00	06000	LABORATORY	0	855,481,906	0.000000	0.000000	93,447,203	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	46,598,293	0.000000	0.000000	11,325,997	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	32,463,914	0.000000	0.000000	4,582,319	63.00
65.00	06500	RESPIRATORY THERAPY	0	86,442,987	0.000000	0.000000	26,057,186	65.00
66.00	06600	PHYSICAL THERAPY	0	13,826,837	0.000000	0.000000	5,187,714	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	7,178,547	0.000000	0.000000	2,773,375	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	52,704,870	0.000000	0.000000	9,464,964	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	208,682,803	0.000000	0.000000	36,436,369	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	237,347,481	0.000000	0.000000	72,328,726	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,701,752	328,220,137	0.005185	0.005185	57,517,775	73.00
76.97	07697	CARDIAC REHABILITATION	0	4,026,000	0.000000	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	11,279,356	0.000000	0.000000	41,146	90.00
90.01	09001	PSYCH CLINIC	0	8,296,476	0.000000	0.000000	15,427	90.01
90.02	09002	TRANSPLANT CLINIC	0	7,435,226	0.000000	0.000000	79,622	90.02
90.03	09003	OB CLINIC	0	0	0.000000	0.000000	0	90.03
91.00	09100	EMERGENCY	0	268,335,748	0.000000	0.000000	26,616,548	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	18,248	63,909,000	0.000286	0.000286	20,500,291	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	26,620	17,300,757	0.001539	0.001539	690,402	92.01
200.00		Total (lines 50-199)	3,101,431	5,230,371,068			723,757,388	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0281	Period: From 09/01/2016 To 08/31/2017	Worksheet D Part IV Date/Time Prepared: 1/30/2018 11:21 am
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Cost Center Description		Title XVIII						
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges before Geo Recl assi fi cation	Outpatient Program Charges on/after Geo Recl assi fi cation	Outpatient Program Pass-Through Costs (col. 9 before Geo Recl assi fi cation)	Outpatient Program Pass-Through Costs (col. 9 on/after Geo Recl assi fi cation)		
		11.00	12.00	12.01	13.00	13.01		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	89,225,756	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	5,392,023	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	14,094	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	8,120,413	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	69,923	54,336,746	0	97,860	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,538	60,819,174	0	106,494	0	55.00
56.00	05600	RADIOISOTOPE	17,504	22,746,778	0	106,432	0	56.00
57.00	05700	CT SCAN	0	88,129,026	0	0	0	57.00
58.00	05800	MRI	0	68,152,004	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	16,506,107	0	0	0	59.00
59.01	03650	VASCULAR LAB	0	8,576,532	0	0	0	59.01
59.02	03140	CARDIAC GRAPHICS	0	35,199,585	0	0	0	59.02
59.03	03560	PULMONARY FUNCTION	0	4,975,313	0	0	0	59.03
59.04	03290	EPS	0	9,682,940	0	0	0	59.04
59.05	03340	GI	0	29,957,688	0	0	0	59.05
60.00	06000	LABORATORY	0	53,050,225	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	2,403,225	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,808,317	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	484,275	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	348,300	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	155,536	0	0	0	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,768,556	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	22,045,707	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	32,127,248	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	298,230	32,558,762	0	168,817	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	1,913,472	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	4,075,369	0	0	0	90.00
90.01	09001	PSYCH CLINIC	0	2,500,185	0	0	0	90.01
90.02	09002	TRANSPLANT CLINIC	0	2,807,131	0	0	0	90.02
90.03	09003	OB CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	33,272,089	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	5,863	12,145,621	0	3,474	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	1,063	2,450,371	0	3,771	0	92.01
200.00		Total (lines 50-199)	399,121	712,748,568	0	486,848	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0281	Period: From 09/01/2016 To 08/31/2017	Worksheet D Part V Date/Time Prepared: 1/30/2018 11:21 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			
		PPS Reimbursed Services (see inst.) before Geo Recl assi fi cati on	PPS Reimbursed Services (see inst.) on/after Geo Recl assi fi cati on	Cost Reimbursed Services Subject To Ded. & Coi ns. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coi ns. (see inst.)
	1.00	2.00	2.01	3.00	4.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.062833	89,225,756	0	55,194	0
51.00 05100 RECOVERY ROOM	0.246979	5,392,023	0	0	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.246263	14,094	0	0	0
53.00 05300 ANESTHESIOLOGY	0.112899	8,120,413	0	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.142560	54,336,746	0	3,037	0
55.00 05500 RADIOLOGY-THERAPEUTIC	0.087669	60,819,174	0	515	0
56.00 05600 RADIOISOTOPE	0.141020	22,746,778	0	4,681	0
57.00 05700 CT SCAN	0.035483	88,129,026	0	26,343	0
58.00 05800 MRI	0.048962	68,152,004	0	8,190	0
59.00 05900 CARDIAC CATHETERIZATION	0.074480	16,506,107	0	2,200	0
59.01 03650 VASCULAR LAB	0.059768	8,576,532	0	0	0
59.02 03140 CARDIAC GRAPHICS	0.055731	35,199,585	0	3,786	0
59.03 03560 PULMONARY FUNCTION	0.074141	4,975,313	0	22	0
59.04 03290 EPS	0.136336	9,682,940	0	0	0
59.05 03340 GI	0.144260	29,957,688	0	0	0
60.00 06000 LABORATORY	0.140648	53,050,225	0	48,990	0
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.345880	2,403,225	0	0	0
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.276916	2,808,317	0	288	0
65.00 06500 RESPIRATORY THERAPY	0.194996	484,275	0	0	0
66.00 06600 PHYSICAL THERAPY	0.411143	348,300	0	0	0
67.00 06700 OCCUPATIONAL THERAPY	0.411510	155,536	0	0	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0.139653	5,768,556	0	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.395488	22,045,707	0	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.487842	32,127,248	0	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.413468	32,558,762	0	168,365	0
76.97 07697 CARDIAC REHABILITATION	0.148170	1,913,472	0	0	0
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0.808557	4,075,369	0	1,501	0
90.01 09001 PSYCH CLINIC	0.958735	2,500,185	0	0	0
90.02 09002 TRANSPLANT CLINIC	0.598249	2,807,131	0	0	0
90.03 09003 OB CLINIC	0.000000	0	0	0	0
91.00 09100 EMERGENCY	0.109949	33,272,089	0	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.255169	12,145,621	0	63,847	0
92.01 09201 OBSERVATION BEDS-DISTINCT	0.412358	2,450,371	0	0	0
200.00 Subtotal (see instructions)		712,748,568	0	386,959	0
201.00 Less PBP Clinic Lab. Services-Program Only Charges				0	0
202.00 Net Charges (line 200 +/- line 201)		712,748,568	0	386,959	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0281	Period: From 09/01/2016 To 08/31/2017	Worksheet D Part V Date/Time Prepared: 1/30/2018 11:21 am
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		Title XVIII		Hospital		PPS	
Cost Center Description		Costs					
		PPS Services (see inst.) before Geo Reclassification	PPS Services (see inst.) on/after Geo Reclassification	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
		5.00	5.01	6.00	7.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	5,606,322	0	3,468	0		50.00
51.00	05100 RECOVERY ROOM	1,331,716	0	0	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,471	0	0	0		52.00
53.00	05300 ANESTHESIOLOGY	916,787	0	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	7,746,247	0	433	0		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	5,331,956	0	45	0		55.00
56.00	05600 RADIOISOTOPE	3,207,751	0	660	0		56.00
57.00	05700 CT SCAN	3,127,082	0	935	0		57.00
58.00	05800 MRI	3,336,858	0	401	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	1,229,375	0	164	0		59.00
59.01	03650 VASCULAR LAB	512,602	0	0	0		59.01
59.02	03140 CARDIAC GRAPHICS	1,961,708	0	211	0		59.02
59.03	03560 PULMONARY FUNCTION	368,875	0	2	0		59.03
59.04	03290 EPS	1,320,133	0	0	0		59.04
59.05	03340 GI	4,321,696	0	0	0		59.05
60.00	06000 LABORATORY	7,461,408	0	6,890	0		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	831,227	0	0	0		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	777,668	0	80	0		63.00
65.00	06500 RESPIRATORY THERAPY	94,432	0	0	0		65.00
66.00	06600 PHYSICAL THERAPY	143,201	0	0	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	64,005	0	0	0		67.00
70.00	07000 ELECTROENCEPHALOGRAPHY	805,596	0	0	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	8,718,813	0	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	15,673,021	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	13,462,006	0	69,614	0		73.00
76.97	07697 CARDIAC REHABILITATION	283,519	0	0	0		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0		76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	3,295,168	0	1,214	0		90.00
90.01	09001 PSYCH CLINIC	2,397,015	0	0	0		90.01
90.02	09002 TRANSPLANT CLINIC	1,679,363	0	0	0		90.02
90.03	09003 OB CLINIC	0	0	0	0		90.03
91.00	09100 EMERGENCY	3,658,233	0	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	3,099,186	0	16,292	0		92.00
92.01	09201 OBSERVATION BEDS-DISTINCT	1,010,430	0	0	0		92.01
200.00	Subtotal (see instructions)	103,776,870	0	100,409	0		200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0			201.00
202.00	Net Charges (line 200 +/- line 201)	103,776,870	0	100,409	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0281 Component CCN: 14-S281		Period: From 09/01/2016 To 08/31/2017		Worksheet D Part II Date/Time Prepared: 1/30/2018 11:21 am		
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	8,432,127	945,595,854	0.008917	4,682	42	50.00
51.00	05100	RECOVERY ROOM	807,162	48,012,026	0.016812	165,414	2,781	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,407,956	131,583,064	0.018300	0	0	52.00
53.00	05300	ANESTHESIOLOGY	298,436	75,767,060	0.003939	19,734	78	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,801,111	371,632,962	0.015610	55,125	861	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,472,400	197,461,164	0.007457	0	0	55.00
56.00	05600	RADIOISOTOPE	892,025	72,594,504	0.012288	5,500	68	56.00
57.00	05700	CT SCAN	725,884	363,160,057	0.001999	146,677	293	57.00
58.00	05800	MRI	1,704,222	305,023,711	0.005587	58,869	329	58.00
59.00	05900	CARDIAC CATHETERIZATION	346,212	74,454,418	0.004650	0	0	59.00
59.01	03650	VASCULAR LAB	158,667	35,442,670	0.004477	0	0	59.01
59.02	03140	CARDIAC GRAPHICS	471,867	169,415,652	0.002785	0	0	59.02
59.03	03560	PULMONARY FUNCTION	113,720	17,220,918	0.006604	0	0	59.03
59.04	03290	EPS	394,513	38,145,539	0.010342	0	0	59.04
59.05	03340	GI	1,825,843	135,331,131	0.013492	0	0	59.05
60.00	06000	LABORATORY	4,941,019	855,481,906	0.005776	391,990	2,264	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,149,174	46,598,293	0.024661	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	251,768	32,463,914	0.007755	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	685,060	86,442,987	0.007925	5,728	45	65.00
66.00	06600	PHYSICAL THERAPY	188,583	13,826,837	0.013639	8,922	122	66.00
67.00	06700	OCCUPATIONAL THERAPY	261,578	7,178,547	0.036439	321,903	11,730	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	834,007	52,704,870	0.015824	16,200	256	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,403,158	208,682,803	0.011516	32,172	370	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,352,895	237,347,481	0.014127	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,053,910	328,220,137	0.012351	163,232	2,016	73.00
76.97	07697	CARDIAC REHABILITATION	16,484	4,026,000	0.004094	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	570,048	11,279,356	0.050539	351	18	90.00
90.01	09001	PSYCH CLINIC	238,252	8,296,476	0.028717	0	0	90.01
90.02	09002	TRANSPLANT CLINIC	121,952	7,435,226	0.016402	0	0	90.02
90.03	09003	OB CLINIC	0	0	0.000000	0	0	90.03
91.00	09100	EMERGENCY	2,423,757	268,335,748	0.009033	593,722	5,363	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	63,909,000	0.000000	201,963	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	361,318	17,300,757	0.020885	0	0	92.01
200.00		Total (lines 50-199)	47,705,108	5,230,371,068		2,192,184	26,636	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0281 Component CCN: 14-S281	Period: From 09/01/2016 To 08/31/2017	Worksheet D Part IV Date/Time Prepared: 1/30/2018 11:21 am
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	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	669,438	669,438	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	345,689	345,689	55.00
56.00	05600	RADIOISOTOPE	0	0	339,684	339,684	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
59.01	03650	VASCULAR LAB	0	0	0	0	59.01
59.02	03140	CARDIAC GRAPHICS	0	0	0	0	59.02
59.03	03560	PULMONARY FUNCTION	0	0	0	0	59.03
59.04	03290	EPS	0	0	0	0	59.04
59.05	03340	GI	0	0	0	0	59.05
60.00	06000	LABORATORY	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
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
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	1,701,752	1,701,752	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	PSYCH CLINIC	0	0	0	0	90.01
90.02	09002	TRANSPLANT CLINIC	0	0	0	0	90.02
90.03	09003	OB CLINIC	0	0	0	0	90.03
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	0	0	26,620	26,620	92.01
200.00		Total (lines 50-199)	0	0	3,083,183	3,083,183	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0281 Component CCN: 14-S281	Period: From 09/01/2016 To 08/31/2017	Worksheet D Part IV Date/Time Prepared: 1/30/2018 11:21 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	945,595,854	0.000000	0.000000	4,682	50.00
51.00	05100 RECOVERY ROOM	0	48,012,026	0.000000	0.000000	165,414	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	131,583,064	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	75,767,060	0.000000	0.000000	19,734	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	669,438	371,632,962	0.001801	0.001801	55,125	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	345,689	197,461,164	0.001751	0.001751	0	55.00
56.00	05600 RADIOISOTOPE	339,684	72,594,504	0.004679	0.004679	5,500	56.00
57.00	05700 CT SCAN	0	363,160,057	0.000000	0.000000	146,677	57.00
58.00	05800 MRI	0	305,023,711	0.000000	0.000000	58,869	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	74,454,418	0.000000	0.000000	0	59.00
59.01	03650 VASCULAR LAB	0	35,442,670	0.000000	0.000000	0	59.01
59.02	03140 CARDIAC GRAPHICS	0	169,415,652	0.000000	0.000000	0	59.02
59.03	03560 PULMONARY FUNCTION	0	17,220,918	0.000000	0.000000	0	59.03
59.04	03290 EPS	0	38,145,539	0.000000	0.000000	0	59.04
59.05	03340 GI	0	135,331,131	0.000000	0.000000	0	59.05
60.00	06000 LABORATORY	0	855,481,906	0.000000	0.000000	391,990	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	46,598,293	0.000000	0.000000	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	32,463,914	0.000000	0.000000	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	86,442,987	0.000000	0.000000	5,728	65.00
66.00	06600 PHYSICAL THERAPY	0	13,826,837	0.000000	0.000000	8,922	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	7,178,547	0.000000	0.000000	321,903	67.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	52,704,870	0.000000	0.000000	16,200	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	208,682,803	0.000000	0.000000	32,172	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	237,347,481	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,701,752	328,220,137	0.005185	0.005185	163,232	73.00
76.97	07697 CARDIAC REHABILITATION	0	4,026,000	0.000000	0.000000	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	11,279,356	0.000000	0.000000	351	90.00
90.01	09001 PSYCH CLINIC	0	8,296,476	0.000000	0.000000	0	90.01
90.02	09002 TRANSPLANT CLINIC	0	7,435,226	0.000000	0.000000	0	90.02
90.03	09003 OB CLINIC	0	0	0.000000	0.000000	0	90.03
91.00	09100 EMERGENCY	0	268,335,748	0.000000	0.000000	593,722	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	63,909,000	0.000000	0.000000	201,963	92.00
92.01	09201 OBSERVATION BEDS-DISTINCT	26,620	17,300,757	0.001539	0.001539	0	92.01
200.00	Total (lines 50-199)	3,083,183	5,230,371,068			2,192,184	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0281 Component CCN: 14-S281	Period: From 09/01/2016 To 08/31/2017	Worksheet D Part IV Date/Time Prepared: 1/30/2018 11:21 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges before Geo Recl assi fi cati on	Outpatient Program Charges on/after Geo Recl assi fi cati on	Outpatient Program Pass-Through Costs (col. 9 x col. 12) before Geo Recl assi fi cati on	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after Geo Recl assi fi cati on	
		11.00	12.00	12.01	13.00	13.01	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	99	453	0	1	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	26	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	03650 VASCULAR LAB	0	0	0	0	0	59.01
59.02	03140 CARDIAC GRAPHICS	0	0	0	0	0	59.02
59.03	03560 PULMONARY FUNCTION	0	0	0	0	0	59.03
59.04	03290 EPS	0	0	0	0	0	59.04
59.05	03340 GI	0	0	0	0	0	59.05
60.00	06000 LABORATORY	0	0	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
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
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	846	0	0	0	0	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 PSYCH CLINIC	0	0	0	0	0	90.01
90.02	09002 TRANSPLANT CLINIC	0	0	0	0	0	90.02
90.03	09003 OB CLINIC	0	0	0	0	0	90.03
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	0	0	0	0	0	92.01
200.00	Total (lines 50-199)	971	453	0	1	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0281 Component CCN: 14-S281	Period: From 09/01/2016 To 08/31/2017	Worksheet D Part V Date/Time Prepared: 1/30/2018 11:21 am
Title XVIII			Subprovider - IPF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges					
		PPS Reimbursed Services (see inst.) before Reclassification	PPS Reimbursed Services (see inst.) on/after Geo	Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)		
	1.00	2.00	2.01	3.00	4.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0.062833	0	0	0	0	50.00	
51.00 05100 RECOVERY ROOM	0.246979	0	0	0	0	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.246263	0	0	0	0	52.00	
53.00 05300 ANESTHESIOLOGY	0.112899	0	0	0	0	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.142560	453	0	0	0	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	0.087669	0	0	0	0	55.00	
56.00 05600 RADIOISOTOPE	0.141020	0	0	0	0	56.00	
57.00 05700 CT SCAN	0.035483	0	0	0	0	57.00	
58.00 05800 MRI	0.048962	0	0	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0.074480	0	0	0	0	59.00	
59.01 03650 VASCULAR LAB	0.059768	0	0	0	0	59.01	
59.02 03140 CARDIAC GRAPHICS	0.055731	0	0	0	0	59.02	
59.03 03560 PULMONARY FUNCTION	0.074141	0	0	0	0	59.03	
59.04 03290 EPS	0.136336	0	0	0	0	59.04	
59.05 03340 GI	0.144260	0	0	0	0	59.05	
60.00 06000 LABORATORY	0.140648	0	0	0	0	60.00	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.345880	0	0	0	0	62.00	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.276916	0	0	0	0	63.00	
65.00 06500 RESPIRATORY THERAPY	0.194996	0	0	0	0	65.00	
66.00 06600 PHYSICAL THERAPY	0.411143	0	0	0	0	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0.411510	0	0	0	0	67.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0.139653	0	0	0	0	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.395488	0	0	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.487842	0	0	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0.413468	0	0	0	0	73.00	
76.97 07697 CARDIAC REHABILITATION	0.148170	0	0	0	0	76.97	
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0.808557	0	0	0	0	90.00	
90.01 09001 PSYCH CLINIC	0.958735	0	0	0	0	90.01	
90.02 09002 TRANSPLANT CLINIC	0.598249	0	0	0	0	90.02	
90.03 09003 OB CLINIC	0.000000	0	0	0	0	90.03	
91.00 09100 EMERGENCY	0.109949	0	0	0	0	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.255169	0	0	0	0	92.00	
92.01 09201 OBSERVATION BEDS-DISTINCT	0.412358	0	0	0	0	92.01	
200.00 Subtotal (see instructions)		453	0	0	0	200.00	
201.00 Less PBP Clinic Lab. Services-Program Only Charges					0	201.00	
202.00 Net Charges (line 200 +/- line 201)		453	0	0	0	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0281 Component CCN: 14-S281	Period: From 09/01/2016 To 08/31/2017	Worksheet D Part V Date/Time Prepared: 1/30/2018 11:21 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Costs					
	PPS Services (see inst.) before Geographical Reclassification	PPS Services (see inst.) on/after Geographical Reclassification	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	5.00	5.01	6.00	7.00		
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	65	0	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0	0	0		56.00
57.00 05700 CT SCAN	0	0	0	0		57.00
58.00 05800 MRI	0	0	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0		59.00
59.01 03650 VASCULAR LAB	0	0	0	0		59.01
59.02 03140 CARDIAC GRAPHICS	0	0	0	0		59.02
59.03 03560 PULMONARY FUNCTION	0	0	0	0		59.03
59.04 03290 EPS	0	0	0	0		59.04
59.05 03340 GI	0	0	0	0		59.05
60.00 06000 LABORATORY	0	0	0	0		60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0		63.00
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
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0		73.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0		76.98
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0		90.00
90.01 09001 PSYCH CLINIC	0	0	0	0		90.01
90.02 09002 TRANSPLANT CLINIC	0	0	0	0		90.02
90.03 09003 OB CLINIC	0	0	0	0		90.03
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	0	0	0	0		92.01
200.00 Subtotal (see instructions)	65	0	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0			201.00
202.00 Net Charges (line 200 +/- line 201)	65	0	0	0		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0281	Period: From 09/01/2016 To 08/31/2017	Worksheet D Part III Date/Time Prepared: 1/30/2018 11:21 am
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Cost Center Description			Title XIX				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)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	259,909	0	0	259,909	30.00
31.00	03100	INTENSIVE CARE UNIT	0	41,593	0	0	41,593	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02060	SPECIAL CARE NURSERY	0	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	12,515	0	0	12,515	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	314,017	0	0	314,017	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	190,528	1.36	11,499	15,639		30.00
31.00	03100	INTENSIVE CARE UNIT	29,572	1.41	1,919	2,706		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0		34.00
35.00	02060	SPECIAL CARE NURSERY	18,857	0.00	1,224	0		35.00
40.00	04000	SUBPROVIDER - IPF	8,921	1.40	984	1,378		40.00
43.00	04300	NURSERY	23,660	0.00	1,536	0		43.00
200.00		Total (lines 30-199)	271,538		17,162	19,723		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0281	Period: From 09/01/2016 To 08/31/2017	Worksheet D Part IV Date/Time Prepared: 1/30/2018 11:21 am
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Cost Center Description		Title XIX				Hospital		Total Cost (sum of col 1 through col 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	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	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	669,438	0	669,438	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	345,689	0	345,689	55.00	
56.00	05600	RADIOISOTOPE	0	0	339,684	0	339,684	56.00	
57.00	05700	CT SCAN	0	0	0	0	0	57.00	
58.00	05800	MRI	0	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00	
59.01	03650	VASCULAR LAB	0	0	0	0	0	59.01	
59.02	03140	CARDIAC GRAPHICS	0	0	0	0	0	59.02	
59.03	03560	PULMONARY FUNCTION	0	0	0	0	0	59.03	
59.04	03290	EPS	0	0	0	0	0	59.04	
59.05	03340	GI	0	0	0	0	0	59.05	
60.00	06000	LABORATORY	0	0	0	0	0	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00	
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	
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	1,701,752	0	1,701,752	73.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	90.00	
90.01	09001	PSYCH CLINIC	0	0	0	0	0	90.01	
90.02	09002	TRANSPLANT CLINIC	0	0	0	0	0	90.02	
90.03	09003	OB CLINIC	0	0	0	0	0	90.03	
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	0	0	26,620	0	26,620	92.01	
200.00		Total (lines 50-199)	0	0	3,083,183	0	3,083,183	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0281	Period: From 09/01/2016 To 08/31/2017	Worksheet D Part IV Date/Time Prepared: 1/30/2018 11:21 am
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Cost Center Description		Title XIX				Hospital		Cost
		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	945,595,854	0.000000	0.000000	0	50.00
51.00	05100	RECOVERY ROOM	0	48,012,026	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	131,583,064	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	75,767,060	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	669,438	371,632,962	0.001801	0.001801	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	345,689	197,461,164	0.001751	0.001751	0	55.00
56.00	05600	RADIOISOTOPE	339,684	72,594,504	0.004679	0.004679	0	56.00
57.00	05700	CT SCAN	0	363,160,057	0.000000	0.000000	0	57.00
58.00	05800	MRI	0	305,023,711	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	74,454,418	0.000000	0.000000	0	59.00
59.01	03650	VASCULAR LAB	0	35,442,670	0.000000	0.000000	0	59.01
59.02	03140	CARDIAC GRAPHICS	0	169,415,652	0.000000	0.000000	0	59.02
59.03	03560	PULMONARY FUNCTION	0	17,220,918	0.000000	0.000000	0	59.03
59.04	03290	EPS	0	38,145,539	0.000000	0.000000	0	59.04
59.05	03340	GI	0	135,331,131	0.000000	0.000000	0	59.05
60.00	06000	LABORATORY	0	855,481,906	0.000000	0.000000	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	46,598,293	0.000000	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	32,463,914	0.000000	0.000000	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	86,442,987	0.000000	0.000000	0	65.00
66.00	06600	PHYSICAL THERAPY	0	13,826,837	0.000000	0.000000	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	7,178,547	0.000000	0.000000	0	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	52,704,870	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	208,682,803	0.000000	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	237,347,481	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,701,752	328,220,137	0.005185	0.005185	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	4,026,000	0.000000	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	11,279,356	0.000000	0.000000	0	90.00
90.01	09001	PSYCH CLINIC	0	8,296,476	0.000000	0.000000	0	90.01
90.02	09002	TRANSPLANT CLINIC	0	7,435,226	0.000000	0.000000	0	90.02
90.03	09003	OB CLINIC	0	0	0.000000	0.000000	0	90.03
91.00	09100	EMERGENCY	0	268,335,748	0.000000	0.000000	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	63,909,000	0.000000	0.000000	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	26,620	17,300,757	0.001539	0.001539	0	92.01
200.00		Total (lines 50-199)	3,083,183	5,230,371,068			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0281

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

Worksheet D
Part IV
Date/Time Prepared:
1/30/2018 11:21 am

Cost Center Description			Title XIX			Hospital	Cost	
			Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges before Geo Recl assi fi cation	Outpatient Program Charges on/after Geo Recl assi fi cation	Outpatient Program Pass-Through Costs (col. 9 x col. 12) before Geo Recl assi fi cation	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after Geo Recl assi fi cation	
			11.00	12.00	12.01	13.00	13.01	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	03650	VASCULAR LAB	0	0	0	0	0	59.01
59.02	03140	CARDIAC GRAPHICS	0	0	0	0	0	59.02
59.03	03560	PULMONARY FUNCTION	0	0	0	0	0	59.03
59.04	03290	EPS	0	0	0	0	0	59.04
59.05	03340	GI	0	0	0	0	0	59.05
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
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
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PSYCH CLINIC	0	0	0	0	0	90.01
90.02	09002	TRANSPLANT CLINIC	0	0	0	0	0	90.02
90.03	09003	OB CLINIC	0	0	0	0	0	90.03
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	0	0	0	0	0	92.01
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0281 Component CCN: 14-S281	Period: From 09/01/2016 To 08/31/2017	Worksheet D Part IV Date/Time Prepared: 1/30/2018 11:21 am
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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
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	669,438	0	669,438	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	345,689	0	345,689	55.00
56.00	05600 RADIOISOTOPE	0	0	339,684	0	339,684	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	03650 VASCULAR LAB	0	0	0	0	0	59.01
59.02	03140 CARDIAC GRAPHICS	0	0	0	0	0	59.02
59.03	03560 PULMONARY FUNCTION	0	0	0	0	0	59.03
59.04	03290 EPS	0	0	0	0	0	59.04
59.05	03340 GI	0	0	0	0	0	59.05
60.00	06000 LABORATORY	0	0	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
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
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	1,701,752	0	1,701,752	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 PSYCH CLINIC	0	0	0	0	0	90.01
90.02	09002 TRANSPLANT CLINIC	0	0	0	0	0	90.02
90.03	09003 OB CLINIC	0	0	0	0	0	90.03
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	0	0	26,620	0	26,620	92.01
200.00	Total (lines 50-199)	0	0	3,083,183	0	3,083,183	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0281 Component CCN: 14-S281	Period: From 09/01/2016 To 08/31/2017	Worksheet D Part IV Date/Time Prepared: 1/30/2018 11:21 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	945,595,854	0.000000	0.000000	0	50.00
51.00	05100 RECOVERY ROOM	0	48,012,026	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	131,583,064	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	75,767,060	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	669,438	371,632,962	0.001801	0.001801	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	345,689	197,461,164	0.001751	0.001751	0	55.00
56.00	05600 RADIOISOTOPE	339,684	72,594,504	0.004679	0.004679	0	56.00
57.00	05700 CT SCAN	0	363,160,057	0.000000	0.000000	0	57.00
58.00	05800 MRI	0	305,023,711	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	74,454,418	0.000000	0.000000	0	59.00
59.01	03650 VASCULAR LAB	0	35,442,670	0.000000	0.000000	0	59.01
59.02	03140 CARDIAC GRAPHICS	0	169,415,652	0.000000	0.000000	0	59.02
59.03	03560 PULMONARY FUNCTION	0	17,220,918	0.000000	0.000000	0	59.03
59.04	03290 EPS	0	38,145,539	0.000000	0.000000	0	59.04
59.05	03340 GI	0	135,331,131	0.000000	0.000000	0	59.05
60.00	06000 LABORATORY	0	855,481,906	0.000000	0.000000	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	46,598,293	0.000000	0.000000	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	32,463,914	0.000000	0.000000	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	86,442,987	0.000000	0.000000	0	65.00
66.00	06600 PHYSICAL THERAPY	0	13,826,837	0.000000	0.000000	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	7,178,547	0.000000	0.000000	0	67.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	52,704,870	0.000000	0.000000	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	208,682,803	0.000000	0.000000	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	237,347,481	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,701,752	328,220,137	0.005185	0.005185	0	73.00
76.97	07697 CARDIAC REHABILITATION	0	4,026,000	0.000000	0.000000	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	11,279,356	0.000000	0.000000	0	90.00
90.01	09001 PSYCH CLINIC	0	8,296,476	0.000000	0.000000	0	90.01
90.02	09002 TRANSPLANT CLINIC	0	7,435,226	0.000000	0.000000	0	90.02
90.03	09003 OB CLINIC	0	0	0.000000	0.000000	0	90.03
91.00	09100 EMERGENCY	0	268,335,748	0.000000	0.000000	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	63,909,000	0.000000	0.000000	0	92.00
92.01	09201 OBSERVATION BEDS-DISTINCT	26,620	17,300,757	0.001539	0.001539	0	92.01
200.00	Total (lines 50-199)	3,083,183	5,230,371,068			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0281 Component CCN: 14-S281	Period: From 09/01/2016 To 08/31/2017	Worksheet D Part IV Date/Time Prepared: 1/30/2018 11:21 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges before Geo Recl assi fi cation	Outpatient Program Charges on/after Geo Recl assi fi cation	Outpatient Program Pass-Through Costs (col. 9 x col. 12) before Geo Recl assi fi cation	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after Geo Recl assi fi cation	Cost
		11.00	12.00	12.01	13.00	13.01	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	03650 VASCULAR LAB	0	0	0	0	0	59.01
59.02	03140 CARDIAC GRAPHICS	0	0	0	0	0	59.02
59.03	03560 PULMONARY FUNCTION	0	0	0	0	0	59.03
59.04	03290 EPS	0	0	0	0	0	59.04
59.05	03340 GI	0	0	0	0	0	59.05
60.00	06000 LABORATORY	0	0	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
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
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 PSYCH CLINIC	0	0	0	0	0	90.01
90.02	09002 TRANSPLANT CLINIC	0	0	0	0	0	90.02
90.03	09003 OB CLINIC	0	0	0	0	0	90.03
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	0	0	0	0	0	92.01
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0281	Period: From 09/01/2016 To 08/31/2017	Worksheet D-1 Date/Time Prepared: 1/30/2018 11:21 am
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)		190,528	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		190,528	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)		177,146	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)		53,793	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)		232,180,295	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)		232,180,295	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)		232,180,295	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,218.62	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		65,553,226	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)		65,553,226	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0281	Period: From 09/01/2016 To 08/31/2017	Worksheet D-1 Date/Time Prepared: 1/30/2018 11:21 am		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	60,231,913	29,572	2,036.79	11,624	23,675,647	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	SPECIAL CARE NURSERY	25,128,226	18,857	1,332.57	0	0	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					137,511,526	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					226,740,399	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)					8,291,925	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					7,592,903	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					15,884,828	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					210,855,571	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)					13,382	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,218.62	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					16,307,573	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0281		Period: From 09/01/2016 To 08/31/2017		Worksheet D-1 Date/Time Prepared: 1/30/2018 11:21 am	
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	22,254,198	232,180,295	0.095849	16,307,573	1,563,065	90.00
91.00	Nursing School cost	0	232,180,295	0.000000	16,307,573	0	91.00
92.00	Allied health cost	259,909	232,180,295	0.001119	16,307,573	18,248	92.00
93.00	All other Medical Education	0	232,180,295	0.000000	16,307,573	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0281 Component CCN: 14-S281	Period: From 09/01/2016 To 08/31/2017	Worksheet D-1 Date/Time Prepared: 1/30/2018 11:21 am
		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)		8,921	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		8,921	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		8,921	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,179	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)		8,978,346	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)		8,978,346	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)		8,978,346	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,006.43	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,193,011	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)		2,193,011	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0281		Period: From 09/01/2016 To 08/31/2017		Worksheet D-1	
		Component CCN: 14-S281				Date/Time Prepared: 1/30/2018 11:21 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00
47.00 SPECIAL CARE NURSERY	0	0	0.00	0	0		47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					452,415		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,645,426		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)					298,785		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					27,607		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					326,392		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,319,034		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: 14-0281 Component CCN: 14-S281		Period: From 09/01/2016 To 08/31/2017		Worksheet D-1 Date/Time Prepared: 1/30/2018 11:21 am	
		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	1,210,777	8,978,346	0.134855	0	0	90.00
91.00	Nursing School cost	0	8,978,346	0.000000	0	0	91.00
92.00	Allied health cost	12,515	8,978,346	0.001394	0	0	92.00
93.00	All other Medical Education	0	8,978,346	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0281	Period: From 09/01/2016 To 08/31/2017	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 1/30/2018 11:21 am
Cost Center Description			Cost	
			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		190,528	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		190,528	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)		177,146	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)		11,499	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)		23,660	15.00
16.00	Nursery days (title V or XIX only)		1,536	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)		232,180,295	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)		232,180,295	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)		232,180,295	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,218.62	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		14,012,911	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)		14,012,911	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0281		Period: From 09/01/2016 To 08/31/2017		Worksheet D-1	
		Title XIX		Hospital		Date/Time Prepared: 1/30/2018 11:21 am	
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)	
42.00	NURSERY (title V & XIX only)	5,759,048	23,660	243.41	1,536	373,878	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	60,038,205	29,572	2,030.24	1,919	3,896,031	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	SPECIAL CARE NURSERY	25,128,226	18,857	1,332.57	1,224	1,631,066	47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					19,913,886	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)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	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)					13,382	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,218.62	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					16,307,573	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0281		Period: From 09/01/2016 To 08/31/2017		Worksheet D-1 Date/Time Prepared: 1/30/2018 11:21 am	
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	22,254,198	232,180,295	0.095849	16,307,573	1,563,065	90.00
91.00	Nursing School cost	0	232,180,295	0.000000	16,307,573	0	91.00
92.00	Allied health cost	259,909	232,180,295	0.001119	16,307,573	18,248	92.00
93.00	All other Medical Education	0	232,180,295	0.000000	16,307,573	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0281 Component CCN: 14-S281	Period: From 09/01/2016 To 08/31/2017	Worksheet D-1 Date/Time Prepared: 1/30/2018 11:21 am
		Title XIX	Subprovider - IPF	Cost
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)		8,921	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		8,921	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		8,921	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		984	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)		23,660	15.00
16.00	Nursery days (title V or XIX only)		1,536	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)		8,978,346	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)		8,978,346	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)		8,978,346	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,006.43	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		990,327	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)		990,327	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0281	Period: From 09/01/2016 To 08/31/2017	Worksheet D-1	
				Component CCN: 14-S281	Date/Time Prepared: 1/30/2018 11:21 am		
				Title XIX	Subprovider - IPF	Cost	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	46.00
47.00 SPECIAL CARE NURSERY	0	0	0.00	0	0	0	47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						0	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						990,327	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)						0	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						0	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0	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: 14-0281 Component CCN: 14-S281		Period: From 09/01/2016 To 08/31/2017		Worksheet D-1 Date/Time Prepared: 1/30/2018 11:21 am	
		Title XIX		Subprovider - IPF		Cost	
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	1,210,777	8,978,346	0.134855	0	0	90.00
91.00	Nursing School cost	0	8,978,346	0.000000	0	0	91.00
92.00	Allied health cost	12,515	8,978,346	0.001394	0	0	92.00
93.00	All other Medical Education	0	8,978,346	0.000000	0	0	93.00

APPORTIONMENT OF COST OF SERVICES RENDERED BY INTERNS AND RESIDENTS

Provider CCN: 14-0281

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

Worksheet D-2

Date/Time Prepared:
1/30/2018 11:21 am

Cost Center Description	Percent of Assigned Time	Expense Allocation	Total Inpatient Day All Patients	Average Cost Per Day	Health Care Program Inpatient Days Title V																																																																																																																	
	1.00	2.00	3.00	4.00	5.00																																																																																																																	
PART I - NOT IN APPROVED TEACHING PROGRAM																																																																																																																						
Hospital Inpatient Routine Services:																																																																																																																						
1.00 Total cost of services rendered	100.00	376,746				1.00																																																																																																																
2.00 ADULTS & PEDIATRICS	95.01	357,946	190,528	1.88	0	2.00																																																																																																																
3.00 INTENSIVE CARE UNIT	0.00	0	29,572	0.00	0	3.00																																																																																																																
4.00 CORONARY CARE UNIT						4.00																																																																																																																
5.00 BURN INTENSIVE CARE UNIT						5.00																																																																																																																
6.00 SURGICAL INTENSIVE CARE UNIT	0.00	0	0	0.00	0	6.00																																																																																																																
7.00 SPECIAL CARE NURSERY	0.00	0	18,857	0.00	0	7.00																																																																																																																
8.00 NURSERY	0.00	0	23,660	0.00	0	8.00																																																																																																																
9.00 Subtotal (sum of lines 2 through 8)	95.01	357,946				9.00																																																																																																																
10.00 SUBPROVIDER - IPF	0.00	0	8,921	0.00	0	10.00																																																																																																																
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16.00 HOME HEALTH AGENCY						16.00																																																																																																																
17.00 CMHC						17.00																																																																																																																
18.00 AMBULATORY SURGICAL CENTER (D.P.)						18.00																																																																																																																
19.00 HOSPICE	0.00	0				19.00																																																																																																																
20.00 Subtotal (sum of lines 9 through 19)	95.01	357,946				20.00																																																																																																																
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Cost Center Description	Expenses Allocated To cost centers on Worksheet B, Part I columns 21 and 22	Swing bed Amount	Net cost (column 1 plus column 2)	Total Inpatient Days - All Patients	Average Cost Per Day (col. 3 ÷ col. 4)																																																																																																																	
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APPORTIONMENT OF COST OF SERVICES RENDERED BY INTERNS AND RESIDENTS Provider CCN: 14-0281

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

Worksheet D-2
Date/Time Prepared:
1/30/2018 11:21 am

Cost Center Description		Expenses Allocated To cost centers on Worksheet B, Part I columns 21 and 22	Swing bed Amount	Net cost (column 1 plus column 2)	Total Inpatient Days - All Patients	Average Cost Per Day (col. 3 ÷ col. 4)	
41.00	SKILLED NURSING FACILITY	1.00	2.00	3.00	4.00	5.00	
42.00	Total (sum of lines 37 through 41)	0		0			41.00 42.00
Cost Center Description		Not In Approved Teaching Program			In Approved Teaching Program		
		(from Part I:)		Amount	(from Part II, col. 7, -)		
		1.00		2.00	3.00		
PART III - SUMMARY FOR TITLE XVIII (TO BE COMPLETED ONLY IF BOTH PARTS I AND II ARE USED)							
Hospital							
43.00	Inpatient	col. 9, line 9.00		0		line 37.00	43.00
44.00	Outpatient	col. 9, line 27.00		0			44.00
45.00	Total Hospital (sum of lines 43 and 44)			0			45.00
46.00	SUBPROVIDER - IPF	col. 9, line 10.00		0		col. 9, line 38.00	46.00
47.00	SUBPROVIDER - IRF						47.00
48.00	SUBPROVIDER						48.00
49.00	SKILLED NURSING FACILITY						49.00

Cost Center Description	Health Care Program Inpatient Days		Title V (col. 4 x col. 5)	Title XVIII (col. 4 x col. 6)	Title XIX (col. 4 x col. 7)		
	Title XVIII, Part B Only Less Part A Coverage but no Part B Coverage	Title XIX					
	6.00	7.00					
PART I - NOT IN APPROVED TEACHING PROGRAM							
1.00	Total cost of services rendered					1.00	
Hospital Inpatient Routine Services:							
2.00	ADULTS & PEDIATRICS	56,977	11,499	0	107,117	21,618	2.00
3.00	INTENSIVE CARE UNIT	23,204	1,919	0	0	0	3.00
4.00	CORONARY CARE UNIT						4.00
5.00	BURN INTENSIVE CARE UNIT						5.00
6.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	6.00
7.00	SPECIAL CARE NURSERY	0	1,224	0	0	0	7.00
8.00	NURSERY		1,536	0			8.00
9.00	Subtotal (sum of lines 2 through 8)			0	107,117	21,618	9.00
10.00	SUBPROVIDER - IPF	4,630	984	0	0	0	10.00
11.00	SUBPROVIDER - IRF						11.00
12.00	SUBPROVIDER						12.00
13.00	SKILLED NURSING FACILITY						13.00
14.00	NURSING FACILITY						14.00
15.00	OTHER LONG TERM CARE						15.00
16.00	HOME HEALTH AGENCY						16.00
17.00	CMHC						17.00
18.00	AMBULATORY SURGICAL CENTER (D.P.)						18.00
19.00	HOSPICE						19.00
20.00	Subtotal (sum of lines 9 through 19)						20.00
Cost Center Description		Titles V and XIX Outpatient and Title XVIII Part B Charges		Titles V and XIX Outpatient and Title XVIII Part B Cost			
		Title XVIII Part B	Title XIX	Title V	Title XVIII Part B	Title XIX	
		6.00	7.00	8.00	9.00	10.00	
Hospital Outpatient Services:							
21.00	RURAL HEALTH CLINIC						21.00
22.00	FEDERALLY QUALIFIED HEALTH CENTER						22.00
23.00	CLINIC	5,442,640	0	0	9,073	0	23.00
23.01	PSYCH CLINIC	4,837,215	0	0	0	0	23.01
23.02	TRANSPLANT CLINIC	5,801,434	0	0	0	0	23.02
23.03	OB CLINIC	1,012	0	0	0	0	23.03
24.00	EMERGENCY	118,208,227	0	0	0	0	24.00
25.00	OBSERVATION BEDS (NON-DISTINCT PART	51,775,825	0	0	0	0	25.00
25.01	OBSERVATION BEDS-DISTINCT	4,815,729	0	0	0	0	25.01
26.00	OTHER OUTPATIENT SERVICE COST CENTER						26.00
27.00	Subtotal (sum of lines 21 through 26)			0	9,073	0	27.00
28.00	Total (sum of lines 20 and 27)						28.00
Cost Center Description		Title XVIII Part B Inpatient Days	Expenses Applicable to Title XVIII (col. 5 x col. 6)	PSA Adj. Interns & Residents			
		6.00	7.00	11.00			
PART II - IN AN APPROVED TEACHING PROGRAM (TITLE XVIII, PART B INPATIENT ROUTINE COSTS ONLY)							
Hospital Inpatient Routine Services:							
29.00	ADULTS & PEDIATRICS	0	0	0			29.00
30.00	Swing Bed - SNF	0	0				30.00
31.00	Swing Bed - NF						31.00
32.00	INTENSIVE CARE UNIT	0	0	0			32.00
33.00	CORONARY CARE UNIT						33.00
34.00	BURN INTENSIVE CARE UNIT						34.00
35.00	SURGICAL INTENSIVE CARE UNIT	0	0	0			35.00
36.00	SPECIAL CARE NURSERY	0	0	0			36.00
37.00	Subtotal (sum of lines 29, and 32 through 36)	0	0	0			37.00
38.00	SUBPROVIDER - IPF	0	0	0			38.00
39.00	SUBPROVIDER - IRF						39.00
40.00	SUBPROVIDER						40.00
41.00	SKILLED NURSING FACILITY						41.00
42.00	Total (sum of lines 37 through 41)		0	0			42.00

APPORTIONMENT OF COST OF SERVICES RENDERED BY INTERNS AND RESIDENTS

Provider CCN: 14-0281

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

Worksheet D-2

Date/Time Prepared:
1/30/2018 11:21 am

Cost Center Description	In Approved Teaching Program	Total Title XVIII Costs			
	Amount	(to Wkst. E, Part B -)	(col. 2 + col. 4)		
	4.00	5.00	6.00		
PART III - SUMMARY FOR TITLE XVIII (TO BE COMPLETED ONLY IF BOTH PARTS I AND II ARE USED)					
Hospital					
43.00	Inpatient	0		0	43.00
44.00	Outpatient				44.00
45.00	Total Hospital (sum of lines 43 and 44)	0	line 22	0	45.00
46.00	SUBPROVIDER - IPF	0	line 22	0	46.00
47.00	SUBPROVIDER - IRF				47.00
48.00	SUBPROVIDER				48.00
49.00	SKILLED NURSING FACILITY				49.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0281	Period: From 09/01/2016 To 08/31/2017	Worksheet D-3 Date/Time Prepared: 1/30/2018 11:21 am	
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		112,317,487		30.00
31.00	03100 INTENSIVE CARE UNIT		51,566,990		31.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
35.00	02060 SPECIAL CARE NURSERY		0		35.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.063104	176,231,885	11,120,937	50.00
51.00	05100 RECOVERY ROOM	0.247749	6,679,319	1,654,795	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.246275	195,321	48,103	52.00
53.00	05300 ANESTHESIOLOGY	0.113556	13,462,173	1,528,711	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.142661	38,824,747	5,538,777	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.087750	3,733,886	327,648	55.00
56.00	05600 RADIOISOTOPE	0.141048	3,740,953	527,654	56.00
57.00	05700 CT SCAN	0.035585	37,528,047	1,335,436	57.00
58.00	05800 MRI	0.048976	17,498,380	857,001	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.074718	17,287,476	1,291,686	59.00
59.01	03650 VASCULAR LAB	0.059768	5,912,681	353,389	59.01
59.02	03140 CARDIAC GRAPHICS	0.055812	24,224,784	1,352,034	59.02
59.03	03560 PULMONARY FUNCTION	0.074156	1,016,045	75,346	59.03
59.04	03290 EPS	0.137281	4,614,552	633,490	59.04
59.05	03340 GI	0.144591	5,742,075	830,252	59.05
60.00	06000 LABORATORY	0.140648	93,447,203	13,143,162	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.345880	11,325,997	3,917,436	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.276916	4,582,319	1,268,917	63.00
65.00	06500 RESPIRATORY THERAPY	0.195008	26,057,186	5,081,360	65.00
66.00	06600 PHYSICAL THERAPY	0.411319	5,187,714	2,133,805	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.411510	2,773,375	1,141,272	67.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.140210	9,464,964	1,327,083	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.395488	36,436,369	14,410,147	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.487842	72,328,726	35,284,990	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.413468	57,517,775	23,781,759	73.00
76.97	07697 CARDIAC REHABILITATION	0.148935	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.813354	41,146	33,466	90.00
90.01	09001 PSYCH CLINIC	0.958735	15,427	14,790	90.01
90.02	09002 TRANSPLANT CLINIC	0.598249	79,622	47,634	90.02
90.03	09003 OB CLINIC	0.000000	0	0	90.03
91.00	09100 EMERGENCY	0.110259	26,616,548	2,934,714	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.255169	20,500,291	5,231,039	92.00
92.01	09201 OBSERVATION BEDS-DISTINCT	0.412358	690,402	284,693	92.01
200.00	Total (sum of lines 50 through 94 and 96 through 98)		723,757,388	137,511,526	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)		723,757,388		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0281 Component CCN: 14-S281	Period: From 09/01/2016 To 08/31/2017	Worksheet D-3 Date/Time Prepared: 1/30/2018 11:21 am	
		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
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
35.00	02060 SPECIAL CARE NURSERY		0		35.00
40.00	04000 SUBPROVIDER - IPF		4,514,351		40.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.063104	4,682	295	50.00
51.00	05100 RECOVERY ROOM	0.247749	165,414	40,981	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.246275	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.113556	19,734	2,241	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.142661	55,125	7,864	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.087750	0	0	55.00
56.00	05600 RADIOISOTOPE	0.141048	5,500	776	56.00
57.00	05700 CT SCAN	0.035585	146,677	5,220	57.00
58.00	05800 MRI	0.048976	58,869	2,883	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.074718	0	0	59.00
59.01	03650 VASCULAR LAB	0.059768	0	0	59.01
59.02	03140 CARDIAC GRAPHICS	0.055812	0	0	59.02
59.03	03560 PULMONARY FUNCTION	0.074156	0	0	59.03
59.04	03290 EPS	0.137281	0	0	59.04
59.05	03340 GI	0.144591	0	0	59.05
60.00	06000 LABORATORY	0.140648	391,990	55,133	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.345880	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.276916	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.195008	5,728	1,117	65.00
66.00	06600 PHYSICAL THERAPY	0.411319	8,922	3,670	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.411510	321,903	132,466	67.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.140210	16,200	2,271	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.395488	32,172	12,724	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.487842	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.413468	163,232	67,491	73.00
76.97	07697 CARDIAC REHABILITATION	0.148935	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.813354	351	285	90.00
90.01	09001 PSYCH CLINIC	0.958735	0	0	90.01
90.02	09002 TRANSPLANT CLINIC	0.598249	0	0	90.02
90.03	09003 OB CLINIC	0.000000	0	0	90.03
91.00	09100 EMERGENCY	0.110259	593,722	65,463	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.255169	201,963	51,535	92.00
92.01	09201 OBSERVATION BEDS-DISTINCT	0.412358	0	0	92.01
200.00	Total (sum of lines 50 through 94 and 96 through 98)		2,192,184	452,415	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)		2,192,184		202.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 14-0281

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 1/30/2018 11:21 am

Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
Kidney Hospital PPS							
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	249,598	1,218.62	120	146,234	1.00
2.00	INTENSIVE CARE UNIT	43.00	10,442	2,036.79	2	4,074	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	SPECIAL CARE NURSERY	47.00	0	1,332.57	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		260,040		122	150,308	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.062833	4,035,875	253,586	8.00	
9.00	RECOVERY ROOM	51.00	0.246979	209,371	51,710	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.246263	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.112899	282,187	31,859	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.142560	163,375	23,291	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.087669	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.141020	771,631	108,815	14.00	
15.00	CT SCAN	57.00	0.035483	884,426	31,382	15.00	
16.00	MRI	58.00	0.048962	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.074480	0	0	17.00	
17.01	VASCULAR LAB	59.01	0.059768	0	0	17.01	
17.02	CARDIAC GRAPHICS	59.02	0.055731	128,985	7,188	17.02	
17.03	PULMONARY FUNCTION	59.03	0.074141	0	0	17.03	
17.04	EPS	59.04	0.136336	0	0	17.04	
17.05	GI	59.05	0.144260	0	0	17.05	
18.00	LABORATORY	60.00	0.140648	1,730,514	243,393	18.00	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0.345880	0	0	20.00	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.276916	590	163	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.194996	7,592	1,480	23.00	
24.00	PHYSICAL THERAPY	66.00	0.411143	0	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.411510	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.000000	0	0	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.139653	0	0	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.395488	1,056,992	418,028	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.487842	0	0	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.413468	167,124	69,100	31.00	
32.00	RENAL DIALYSIS	74.00	0.000000	0	0	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00	0.000000	0	0	34.00	
34.97	CARDIAC REHABILITATION	76.97	0.148170	0	0	34.97	
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.000000	0	0	34.98	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.808557	0	0	37.00	
37.01	PSYCH CLINIC	90.01	0.958735	0	0	37.01	
37.02	TRANSPLANT CLINIC	90.02	0.598249	301,193	180,188	37.02	
37.03	OB CLINIC	90.03	0.000000	0	0	37.03	
38.00	EMERGENCY	91.00	0.109949	6,382	702	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.255169	0	0	39.00	
39.01	OBSERVATION BEDS-DISTINCT	92.01	0.412358	0	0	39.01	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8-40)			9,746,237	1,420,885	41.00	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 14-0281

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

Worksheet D-4

Date/Time Prepared: 1/30/2018 11:21 am

		Kidney		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	1.88	120	226	42.00	
43.00	INTENSIVE CARE UNIT	3.00	0.00	2	0	43.00	
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00	
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00	
47.00	SPECIAL CARE NURSERY	7.00	0.00	0	0	47.00	
48.00	TOTAL (sum of lines 42 through 47)			122	226	48.00	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00	
51.00	CLINIC	23.00	0	0.001667	0	51.00	
51.01	PSYCH CLINIC	23.01	0	0.000000	0	51.01	
51.02	TRANSPLANT CLINIC	23.02	301,193	0.000000	0	51.02	
51.03	OB CLINIC	23.03	0	0.000000	0	51.03	
52.00	EMERGENCY	24.00	6,382	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	0	0.000000	0	53.00	
53.01	OBSERVATION BEDS-DISTINCT	25.01	0	0.000000	0	53.01	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		307,575		0	55.00	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	1,571,193		10,006,277		56.00	
57.00	Interns and Residents (inpatient)	226		0		57.00	
58.00	Interns and Residents (outpatient)	0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	14,180,160		14,752,451		59.00	
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00	
61.00	Total (sum of lines 56 thru 60)	15,751,579		24,758,728		61.00	
62.00	Total Usable Organs (see instructions)		273			62.00	
63.00	Medicare Usable Organs (see instructions)		155			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.567766			64.00	
65.00	Medicare Cost/Charges (see instructions)	8,943,211		14,057,164		65.00	
66.00	Revenue for Organs Sold	477,646		0		66.00	
67.00	Subtotal (line 65 minus line 66)	8,465,565		14,057,164		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	8,465,565	0	14,057,164	0	69.00	
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00		2.00		3.00	
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		107	18		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00	
73.00	Organs Purchased from OPOs		0	148		73.00	
74.00	Total (sum of lines 70 through 73)		107	166		74.00	
75.00	Organs Transplanted		97	148	0	75.00	
76.00	Organs Sold to Other Hospitals		10	0	0	76.00	
77.00	Organs Sold to OPOs		0	18	0	77.00	
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00	
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00	
80.00	Organs Sold Outside the U.S.		0	0	0	80.00	
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0	81.00	
82.00	Organs Used for Research		0	0	0	82.00	
83.00	Unusable/Discarded Organs		0	0	0	83.00	
84.00	Total (sum of lines 75 through 83 should equal line 74)		107	166		84.00	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 14-0281

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 1/30/2018 11:21 am

Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	72,778	1,218.62	35	42,652	1.00
2.00	INTENSIVE CARE UNIT	43.00	49,891	2,036.79	11	22,405	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	SPECIAL CARE NURSERY	47.00	0	1,332.57	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		122,669		46	65,057	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.062833	1,362,549	85,613	8.00	
9.00	RECOVERY ROOM	51.00	0.246979	18,370	4,537	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.246263	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.112899	84,230	9,509	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.142560	32,650	4,655	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.087669	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.141020	0	0	14.00	
15.00	CT SCAN	57.00	0.035483	12,536	445	15.00	
16.00	MRI	58.00	0.048962	356,178	17,439	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.074480	0	0	17.00	
17.01	VASCULAR LAB	59.01	0.059768	9,702	580	17.01	
17.02	CARDIAC GRAPHICS	59.02	0.055731	9,632	537	17.02	
17.03	PULMONARY FUNCTION	59.03	0.074141	2,598	193	17.03	
17.04	EPS	59.04	0.136336	0	0	17.04	
17.05	GI	59.05	0.144260	0	0	17.05	
18.00	LABORATORY	60.00	0.140648	638,379	89,787	18.00	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0.345880	0	0	20.00	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.276916	1,706	472	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.194996	7,746	1,510	23.00	
24.00	PHYSICAL THERAPY	66.00	0.411143	0	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.411510	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.000000	0	0	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.139653	0	0	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.395488	155,690	61,574	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.487842	0	0	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.413468	42,898	17,737	31.00	
32.00	RENAL DIALYSIS	74.00	0.000000	0	0	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00	0.000000	0	0	34.00	
34.97	CARDIAC REHABILITATION	76.97	0.148170	0	0	34.97	
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.000000	0	0	34.98	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.808557	0	0	37.00	
37.01	PSYCH CLINIC	90.01	0.958735	0	0	37.01	
37.02	TRANSPLANT CLINIC	90.02	0.598249	26,861	16,070	37.02	
37.03	OB CLINIC	90.03	0.000000	0	0	37.03	
38.00	EMERGENCY	91.00	0.109949	0	0	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.255169	0	0	39.00	
39.01	OBSERVATION BEDS-DISTINCT	92.01	0.412358	0	0	39.01	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8-40)			2,761,725	310,658	41.00	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 14-0281

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 1/30/2018 11:21 am

		Liver		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	1.88	35	66	42.00	
43.00	INTENSIVE CARE UNIT	3.00	0.00	11	0	43.00	
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00	
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00	
47.00	SPECIAL CARE NURSERY	7.00	0.00	0	0	47.00	
48.00	TOTAL (sum of lines 42 through 47)			46	66	48.00	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00	
51.00	CLINIC	23.00	0	0.001667	0	51.00	
51.01	PSYCH CLINIC	23.01	0	0.000000	0	51.01	
51.02	TRANSPLANT CLINIC	23.02	26,861	0.000000	0	51.02	
51.03	OB CLINIC	23.03	0	0.000000	0	51.03	
52.00	EMERGENCY	24.00	0	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	0	0.000000	0	53.00	
53.01	OBSERVATION BEDS-DISTINCT	25.01	0	0.000000	0	53.01	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		26,861		0	55.00	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	375,715		2,884,394		56.00	
57.00	Interns and Residents (inpatient)	66		0		57.00	
58.00	Interns and Residents (outpatient)	0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	7,109,309		5,627,768		59.00	
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00	
61.00	Total (sum of lines 56 thru 60)	7,485,090		8,512,162		61.00	
62.00	Total Usable Organs (see instructions)		111			62.00	
63.00	Medicare Usable Organs (see instructions)		28			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.252252			64.00	
65.00	Medicare Cost/Charges (see instructions)	1,888,129		2,147,210		65.00	
66.00	Revenue for Organs Sold	159,673		0		66.00	
67.00	Subtotal (line 65 minus line 66)	1,728,456		2,147,210		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,728,456	0	2,147,210	0	69.00	
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00		2.00		3.00	
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		13	8		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00	
73.00	Organs Purchased from OPOs		0	90		73.00	
74.00	Total (sum of lines 70 through 73)		13	98		74.00	
75.00	Organs Transplanted		10	90	0	75.00	
76.00	Organs Sold to Other Hospitals		3	0	0	76.00	
77.00	Organs Sold to OPOs		0	8	0	77.00	
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00	
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00	
80.00	Organs Sold Outside the U.S.		0	0	0	80.00	
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0	81.00	
82.00	Organs Used for Research		0	0	0	82.00	
83.00	Unusable/Disarded Organs		0	0	0	83.00	
84.00	Total (sum of lines 75 through 83 should equal line 74)		13	98		84.00	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 14-0281

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 1/30/2018 11:21 am

Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	1,218.62	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	2,321	2,036.79	1	2,037	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	SPECIAL CARE NURSERY	47.00	0	1,332.57	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		2,321		1	2,037	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.062833	46,113	2,897	8.00	
9.00	RECOVERY ROOM	51.00	0.246979	0	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.246263	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.112899	3,004	339	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.142560	1,069	152	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.087669	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.141020	0	0	14.00	
15.00	CT SCAN	57.00	0.035483	2,233	79	15.00	
16.00	MRI	58.00	0.048962	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.074480	0	0	17.00	
17.01	VASCULAR LAB	59.01	0.059768	0	0	17.01	
17.02	CARDIAC GRAPHICS	59.02	0.055731	3,232	180	17.02	
17.03	PULMONARY FUNCTION	59.03	0.074141	0	0	17.03	
17.04	EPS	59.04	0.136336	0	0	17.04	
17.05	GI	59.05	0.144260	0	0	17.05	
18.00	LABORATORY	60.00	0.140648	9,741	1,370	18.00	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0.345880	0	0	20.00	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.276916	131	36	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.194996	1,290	252	23.00	
24.00	PHYSICAL THERAPY	66.00	0.411143	0	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.411510	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.000000	0	0	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.139653	0	0	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.395488	2,431	961	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.487842	0	0	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.413468	1,667	689	31.00	
32.00	RENAL DIALYSIS	74.00	0.000000	0	0	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00	0.000000	0	0	34.00	
34.97	CARDIAC REHABILITATION	76.97	0.148170	0	0	34.97	
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.000000	0	0	34.98	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.808557	0	0	37.00	
37.01	PSYCH CLINIC	90.01	0.958735	0	0	37.01	
37.02	TRANSPLANT CLINIC	90.02	0.598249	0	0	37.02	
37.03	OB CLINIC	90.03	0.000000	0	0	37.03	
38.00	EMERGENCY	91.00	0.109949	0	0	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.255169	0	0	39.00	
39.01	OBSERVATION BEDS-DISTINCT	92.01	0.412358	0	0	39.01	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8-40)			70,911	6,955	41.00	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 14-0281

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 1/30/2018 11:21 am

		Heart		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	1.88	0	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	1	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	0	46.00
47.00	SPECIAL CARE NURSERY	7.00	0.00	0	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			1	0	0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	0	0.001667	0	0	51.00
51.01	PSYCH CLINIC	23.01	0	0.000000	0	0	51.01
51.02	TRANSPLANT CLINIC	23.02	0	0.000000	0	0	51.02
51.03	OB CLINIC	23.03	0	0.000000	0	0	51.03
52.00	EMERGENCY	24.00	0	0.000000	0	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	0	0.000000	0	0	53.00
53.01	OBSERVATION BEDS-DISTINCT	25.01	0	0.000000	0	0	53.01
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		0	0	0	0	55.00
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	8,992		73,232			56.00
57.00	Interns and Residents (inpatient)	0		0			57.00
58.00	Interns and Residents (outpatient)	0		0			58.00
59.00	Direct Organ Acquisition (see instructions)	3,664,830		3,339,354			59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0			60.00
61.00	Total (sum of lines 56 thru 60)	3,673,822		3,412,586			61.00
62.00	Total Usable Organs (see instructions)		37				62.00
63.00	Medicare Usable Organs (see instructions)		9				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.243243				64.00
65.00	Medicare Cost/Charges (see instructions)	893,631		830,088			65.00
66.00	Revenue for Organs Sold	6,667		0			66.00
67.00	Subtotal (line 65 minus line 66)	886,964		830,088			67.00
68.00	Organs Furnished Part B	0	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	886,964	0	830,088	0	0	69.00
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00		2.00		3.00	
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		0	4			70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0			71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0			72.00
73.00	Organs Purchased from OPOs		0	33			73.00
74.00	Total (sum of lines 70 through 73)		0	37			74.00
75.00	Organs Transplanted		0	33	0	0	75.00
76.00	Organs Sold to Other Hospitals		0	0	0	0	76.00
77.00	Organs Sold to OPOs		0	4	0	0	77.00
78.00	Organs Sold to Transplant Hospitals		0	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals		0	0	0	0	79.00
80.00	Organs Sold Outside the U.S.		0	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0	0	81.00
82.00	Organs Used for Research		0	0	0	0	82.00
83.00	Unusable/Disarded Organs		0	0	0	0	83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)		0	37	0	0	84.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 14-0281

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 1/30/2018 11:21 am

Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
Lung Hospital PPS							
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	1,218.62	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	2,901	2,036.79	1	2,037	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	SPECIAL CARE NURSERY	47.00	0	1,332.57	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		2,901		1	2,037	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.062833	57,641	3,622	8.00	
9.00	RECOVERY ROOM	51.00	0.246979	0	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.246263	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.112899	3,755	424	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.142560	1,336	190	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.087669	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.141020	2,792	394	14.00	
15.00	CT SCAN	57.00	0.035483	0	0	15.00	
16.00	MRI	58.00	0.048962	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.074480	0	0	17.00	
17.01	VASCULAR LAB	59.01	0.059768	0	0	17.01	
17.02	CARDIAC GRAPHICS	59.02	0.055731	4,040	225	17.02	
17.03	PULMONARY FUNCTION	59.03	0.074141	0	0	17.03	
17.04	EPS	59.04	0.136336	0	0	17.04	
17.05	GI	59.05	0.144260	0	0	17.05	
18.00	LABORATORY	60.00	0.140648	12,176	1,713	18.00	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0.345880	0	0	20.00	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.276916	164	45	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.194996	1,613	315	23.00	
24.00	PHYSICAL THERAPY	66.00	0.411143	0	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.411510	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.000000	0	0	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.139653	0	0	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.395488	3,039	1,202	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.487842	0	0	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.413468	2,084	862	31.00	
32.00	RENAL DIALYSIS	74.00	0.000000	0	0	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00	0.000000	0	0	34.00	
34.97	CARDIAC REHABILITATION	76.97	0.148170	0	0	34.97	
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.000000	0	0	34.98	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.808557	0	0	37.00	
37.01	PSYCH CLINIC	90.01	0.958735	0	0	37.01	
37.02	TRANSPLANT CLINIC	90.02	0.598249	0	0	37.02	
37.03	OB CLINIC	90.03	0.000000	0	0	37.03	
38.00	EMERGENCY	91.00	0.109949	0	0	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.255169	0	0	39.00	
39.01	OBSERVATION BEDS-DISTINCT	92.01	0.412358	0	0	39.01	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8-40)			88,640	8,992	41.00	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 14-0281

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 1/30/2018 11:21 am

		Lung		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition	Organ Acquisition	Organ Acquisition
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	1.88	0	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	1	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	0	46.00
47.00	SPECIAL CARE NURSERY	7.00	0.00	0	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			1	0	0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition	Organ Acquisition	
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	0	0.001667	0	0	51.00
51.01	PSYCH CLINIC	23.01	0	0.000000	0	0	51.01
51.02	TRANSPLANT CLINIC	23.02	0	0.000000	0	0	51.02
51.03	OB CLINIC	23.03	0	0.000000	0	0	51.03
52.00	EMERGENCY	24.00	0	0.000000	0	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	0	0.000000	0	0	53.00
53.01	OBSERVATION BEDS-DISTINCT	25.01	0	0.000000	0	0	53.01
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		0	0	0	0	55.00
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	11,029		91,541			56.00
57.00	Interns and Residents (inpatient)	0		0			57.00
58.00	Interns and Residents (outpatient)	0		0			58.00
59.00	Direct Organ Acquisition (see instructions)	1,412,716		1,745,349			59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0			60.00
61.00	Total (sum of lines 56 thru 60)	1,423,745		1,836,890			61.00
62.00	Total Usable Organs (see instructions)		15				62.00
63.00	Medicare Usable Organs (see instructions)		11				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.733333				64.00
65.00	Medicare Cost/Charges (see instructions)	1,044,079		1,347,052			65.00
66.00	Revenue for Organs Sold	8,333		0			66.00
67.00	Subtotal (line 65 minus line 66)	1,035,746		1,347,052			67.00
68.00	Organs Furnished Part B	0	0	0	0		68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,035,746	0	1,347,052	0		69.00
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00		2.00		3.00	
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		0	5			70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0			71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0			72.00
73.00	Organs Purchased from OPOs		0	10			73.00
74.00	Total (sum of lines 70 through 73)		0	15			74.00
75.00	Organs Transplanted		0	10	0		75.00
76.00	Organs Sold to Other Hospitals		0	0	0		76.00
77.00	Organs Sold to OPOs		0	5	0		77.00
78.00	Organs Sold to Transplant Hospitals		0	0	0		78.00
79.00	Organs Sold to Military or VA Hospitals		0	0	0		79.00
80.00	Organs Sold Outside the U.S.		0	0	0		80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0		81.00
82.00	Organs Used for Research		0	0	0		82.00
83.00	Unusable/Discarded Organs		0	0	0		83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)		0	15			84.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 14-0281

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 1/30/2018 11:21 am

Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	1,218.62	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	1,740	2,036.79	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	SPECIAL CARE NURSERY	47.00	0	1,332.57	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		1,740		0	0	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.062833	34,585	2,173	8.00	
9.00	RECOVERY ROOM	51.00	0.246979	0	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.246263	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.112899	2,253	254	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.142560	2,027	289	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.087669	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.141020	0	0	14.00	
15.00	CT SCAN	57.00	0.035483	1,675	59	15.00	
16.00	MRI	58.00	0.048962	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.074480	0	0	17.00	
17.01	VASCULAR LAB	59.01	0.059768	0	0	17.01	
17.02	CARDIAC GRAPHICS	59.02	0.055731	2,712	151	17.02	
17.03	PULMONARY FUNCTION	59.03	0.074141	0	0	17.03	
17.04	EPS	59.04	0.136336	0	0	17.04	
17.05	GI	59.05	0.144260	0	0	17.05	
18.00	LABORATORY	60.00	0.140648	49,587	6,974	18.00	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0.345880	0	0	20.00	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.276916	98	27	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.194996	968	189	23.00	
24.00	PHYSICAL THERAPY	66.00	0.411143	0	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.411510	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.000000	0	0	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.139653	0	0	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.395488	1,823	721	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.487842	0	0	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.413468	1,251	517	31.00	
32.00	RENAL DIALYSIS	74.00	0.000000	0	0	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00	0.000000	0	0	34.00	
34.97	CARDIAC REHABILITATION	76.97	0.148170	0	0	34.97	
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.000000	0	0	34.98	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.808557	0	0	37.00	
37.01	PSYCH CLINIC	90.01	0.958735	0	0	37.01	
37.02	TRANSPLANT CLINIC	90.02	0.598249	12,409	7,424	37.02	
37.03	OB CLINIC	90.03	0.000000	0	0	37.03	
38.00	EMERGENCY	91.00	0.109949	0	0	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.255169	0	0	39.00	
39.01	OBSERVATION BEDS-DISTINCT	92.01	0.412358	0	0	39.01	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8-40)			109,388	18,778	41.00	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 14-0281

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 1/30/2018 11:21 am

		Pancreas		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	1.88	0	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	0	46.00
47.00	SPECIAL CARE NURSERY	7.00	0.00	0	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			0	0	0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	0	0.001667	0	0	51.00
51.01	PSYCH CLINIC	23.01	0	0.000000	0	0	51.01
51.02	TRANSPLANT CLINIC	23.02	12,409	0.000000	0	0	51.02
51.03	OB CLINIC	23.03	0	0.000000	0	0	51.03
52.00	EMERGENCY	24.00	0	0.000000	0	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	0	0.000000	0	0	53.00
53.01	OBSERVATION BEDS-DISTINCT	25.01	0	0.000000	0	0	53.01
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		12,409		0	0	55.00
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	18,778		111,128			56.00
57.00	Interns and Residents (inpatient)	0		0			57.00
58.00	Interns and Residents (outpatient)	0		0			58.00
59.00	Direct Organ Acquisition (see instructions)	1,452,829		1,684,347			59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0			60.00
61.00	Total (sum of lines 56 thru 60)	1,471,607		1,795,475			61.00
62.00	Total Usable Organs (see instructions)		21				62.00
63.00	Medicare Usable Organs (see instructions)		12				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.571429				64.00
65.00	Medicare Cost/Charges (see instructions)	840,919		1,025,986			65.00
66.00	Revenue for Organs Sold	5,000		0			66.00
67.00	Subtotal (line 65 minus line 66)	835,919		1,025,986			67.00
68.00	Organs Furnished Part B	0	0	0	0		68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	835,919	0	1,025,986	0		69.00
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00		2.00		3.00	
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		0	3			70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0			71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0			72.00
73.00	Organs Purchased from OPOs		0	18			73.00
74.00	Total (sum of lines 70 through 73)		0	21			74.00
75.00	Organs Transplanted		0	18	0		75.00
76.00	Organs Sold to Other Hospitals		0	0	0		76.00
77.00	Organs Sold to OPOs		0	3	0		77.00
78.00	Organs Sold to Transplant Hospitals		0	0	0		78.00
79.00	Organs Sold to Military or VA Hospitals		0	0	0		79.00
80.00	Organs Sold Outside the U.S.		0	0	0		80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0		81.00
82.00	Organs Used for Research		0	0	0		82.00
83.00	Unusable/Disarded Organs		0	0	0		83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)		0	21			84.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0281	Period: From 09/01/2016 To 08/31/2017	Worksheet E Part A Date/Time Prepared: 1/30/2018 11:21 am	
		Title XVIII	Hospital	PPS	
		Before GEO Reclass	1.00	On/After GEO Reclass	1.01
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments		0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		12,191,835	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		132,854,594	0	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	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	0	1.04
2.00	Outlier payments for discharges. (see instructions)		12,402,730	0	2.00
2.01	Outlier reconciliation amount		0	0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	0	2.02
3.00	Managed Care Simulated Payments		20,310,647	0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		858.41		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)		296.56		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)		1.11		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)		32.55		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)		330.22		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		540.90		10.00
11.00	FTE count for residents in dental and podiatric programs.		3.06		11.00
12.00	Current year allowable FTE (see instructions)		333.28		12.00
13.00	Total allowable FTE count for the prior year.		333.28		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.		333.28		14.00
15.00	Sum of lines 12 through 14 divided by 3.		333.28		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		333.28		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.388253		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.394779		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.388253		21.00
22.00	IME payment adjustment (see instructions)		27,822,806	0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		3,895,988	0	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).		0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		210.68		24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000		26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000		27.00
28.00	IME add-on adjustment amount (see instructions)		0	0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		27,822,806	0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		3,895,988	0	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.99		30.00
31.00	Percentage of Medicaid patient days (see instructions)		18.03		31.00
32.00	Sum of lines 30 and 31		24.02		32.00
33.00	Allowable disproportionate share percentage (see instructions)		9.03	9.03	33.00
34.00	Disproportionate share adjustment (see instructions)		3,274,424	0	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0281	Period: From 09/01/2016 To 08/31/2017	Worksheet E Part A Date/Time Prepared: 1/30/2018 11:21 am
		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)	8,423,230	7,892,127	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	690,427	7,243,457	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	7,933,884		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 GEO Reclass	On/After GEO Reclass	
		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)	189,236,816	7,243,457	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0	0	48.00
		Amount		
		1.00		
49.00	Total payment for inpatient operating costs (see instructions)		200,376,261	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		15,698,094	50.00
51.00	Exception on 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).		7,433,359	52.00
53.00	Nursing and Allied Health Managed Care payment		112,605	53.00
54.00	Special add-on payments for new technologies		46,950	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)		12,952,650	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).		89,548	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		399,121	58.00
59.00	Total (sum of amounts on lines 49 through 58)		237,108,588	59.00
60.00	Primary payer payments		38,499	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		237,070,089	61.00
62.00	Deductibles billed to program beneficiaries		9,712,808	62.00
63.00	Coinurance billed to program beneficiaries		1,623,447	63.00
64.00	Allowable bad debts (see instructions)		2,241,435	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		1,456,933	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,531,219	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		227,190,767	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	RECONCILIATION		0	70.00
70.01	OTHER ADJUSTMENTS		0	70.01
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)		542,699	70.93
70.94	HRR adjustment amount (see instructions)		-524,430	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0281	Period: From 09/01/2016 To 08/31/2017	Worksheet E Part A Date/Time Prepared: 1/30/2018 11:21 am	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			2,161,396	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			225,047,640	71.00
71.01	Sequestration adjustment (see instructions)			4,500,953	71.01
72.00	Interim payments			221,385,852	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)			-839,165	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			6,221,191	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	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	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0281

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
1/30/2018 11:21 am

		Title XVIII			Hospital		PPS	
	W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)		
	0	1.00	2.00	3.00	4.00	5.00		
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	12,191,835	0	12,191,835		12,191,835	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	132,854,594	0		132,854,594	132,854,594	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	12,402,730	0	810,327	11,592,403	12,402,730	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	20,310,647	0	1,755,322	18,555,325	20,310,647	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.388253	0.388253	0.388253	0.388253		5.00
6.00	IME payment adjustment (see instructions)	22.00	27,822,806	0	2,338,638	25,484,168	27,822,806	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	3,895,988	0	0	3,895,988	3,895,988	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	27,822,806	0	2,338,638	25,484,168	27,822,806	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	3,895,988	0	0	3,895,988	3,895,988	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0903	0.0903	0.0903	0.0903		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	3,274,424	0	275,231	2,999,193	3,274,424	11.00
11.01	Uncompensated care payments	36.00	7,933,884	0	827,144	7,730,908	8,558,052	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	196,480,273	0	16,443,175	180,037,098	196,480,273	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	200,376,261	0	16,443,175	183,933,086	200,376,261	15.00
16.00	Payment for inpatient program capital	50.00	15,698,094	0	1,309,838	14,388,256	15,698,094	16.00
17.00	Special add-on payments for new technologies	54.00	46,950	0	20,589	26,362	46,951	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0281

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
1/30/2018 11:21 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
19.00	SUBTOTAL			0	17,773,602	198,347,704	216,121,306	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	11,731,121	0	977,928	10,753,193	11,731,121	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	1,539,804	0	129,577	1,410,227	1,539,804	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.1571	0.1571	0.1571	0.1571		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	1,842,959	0	153,632	1,689,327	1,842,959	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0498	0.0498	0.0498	0.0498		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	584,210	0	48,701	535,509	584,210	25.00
26.00	Total prospective capital payments (see instructions)	12.00	15,698,094	0	1,309,838	14,388,256	15,698,094	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 14-0281		Period: From 09/01/2016 To 08/31/2017		Worksheet E Part A Exhibit 5 Date/Time Prepared: 1/30/2018 11:21 am	
		Title XVIII		Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	12,191,835	12,191,835		12,191,835	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	132,854,594		132,854,594	132,854,594	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	12,402,730	810,327	11,592,403	12,402,730	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	20,310,647	1,755,322	18,555,325	20,310,647	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.388253	0.388253	0.388253		5.00
6.00	IME payment adjustment (see instructions)	22.00	27,822,806	2,338,638	25,484,168	27,822,806	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	3,895,988	336,706	3,559,282	3,895,988	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	27,822,806	2,338,638	25,484,168	27,822,806	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	3,895,988	336,706	3,559,282	3,895,988	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0903	0.0903	0.0903		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	3,274,424	275,231	2,999,193	3,274,424	11.00
11.01	Uncompensated care payments	36.00	7,933,884	690,427	7,243,457	7,933,884	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	196,480,273	16,306,458	180,173,815	196,480,273	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	200,376,261	16,643,164	183,733,097	200,376,261	15.00
16.00	Payment for inpatient program capital	50.00	15,698,094	1,309,838	14,388,256	15,698,094	16.00
17.00	Special add-on payments for new technologies	54.00	46,950	20,589	26,361	46,950	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			17,973,591	198,147,714	216,121,305	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0281

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

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
1/30/2018 11:21 am

		Title XVIII			Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)					
		0	1.00	2.00	3.00	4.00		
20.00	Capital DRG other than outlier	1.00	11,731,121	977,928	10,753,193	11,731,121	20.00	
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01	
21.00	Capital DRG outlier payments	2.00	1,539,804	129,577	1,410,227	1,539,804	21.00	
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01	
22.00	Indirect medical education percentage (see instructions)	5.00	0.1571	0.1571	0.1571		22.00	
23.00	Indirect medical education adjustment (see instructions)	6.00	1,842,959	153,632	1,689,327	1,842,959	23.00	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0498	0.0498	0.0498		24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	584,210	48,701	535,509	584,210	25.00	
26.00	Total prospective capital payments (see instructions)	12.00	15,698,094	1,309,838	14,388,256	15,698,094	26.00	
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)					
		0	1.00	2.00	3.00	4.00		
27.00							27.00	
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00	
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00	
30.00	HVBP payment adjustment (see instructions)	70.93	542,699	-37,611	580,310	542,699	30.00	
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01	
31.00	HRR adjustment (see instructions)	70.94	-524,430	-125,788	-398,642	-524,430	31.00	
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01	
						(Amt. to Wkst. E, Pt. A)		
		0	1.00	2.00	3.00	4.00		
32.00	HAC Reduction Program adjustment (see instructions)	70.99		178,102	1,983,294	2,161,396	32.00	
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0281	Period: From 09/01/2016 To 08/31/2017	Worksheet E Part B Date/Time Prepared: 1/30/2018 11:21 am
		Title XVIII	Hospital	PPS
		before Geo Recl assi fi cati on	on/after Geo Recl assi fi cati on	
		1.00	1.01	
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)	100,409		1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	103,290,022	0	2.00
3.00	PPS payments	90,831,978	0	3.00
4.00	Outlier payment (see instructions)	595,749	0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.820	0.000	5.00
6.00	Line 2 times line 5	84,697,818	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	486,848		9.00
10.00	Organ acquisitions	0		10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	100,409		11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges	386,959		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)	386,959		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 chargebasis 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)	386,959		18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	286,550		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)	100,409		21.00
22.00	Interns and residents (see instructions)	116,190		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)	91,914,575		24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)	23,257		25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	17,004,335		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)	75,103,582		27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)	3,190,233		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)	78,293,815		30.00
31.00	Primary payer payments	3,552		31.00
32.00	Subtotal (line 30 minus line 31)	78,290,263		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)	2,332,435		34.00
35.00	Adjusted reimbursable bad debts (see instructions)	1,516,083		35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	1,518,963		36.00
37.00	Subtotal (see instructions)	79,806,346		37.00
38.00	MSP-LCC reconciliation amount from PS&R	-14		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)	79,806,360		40.00
40.01	Sequestration adjustment (see instructions)	1,596,127		40.01
41.00	Interim payments	78,466,984		41.00
42.00	Tentative settlement (for contractors use only)	0		42.00
43.00	Balance due provider/program (see instructions)	-256,751		43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	1,725,687		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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0281 Component CCN: 14-S281	Period: From 09/01/2016 To 08/31/2017	Worksheet E Part B Date/Time Prepared: 1/30/2018 11:21 am
		Title XVIII	Subprovider - IPF	PPS
			before Geo Reclassification on	on/after Geo Reclassification on
			1.00	1.01
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		64	2.00
3.00	PPS payments		120	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		1	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
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 chargebasis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		121	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)		24	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)		97	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		97	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		97	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)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		97	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)		97	40.00
40.01	Sequestration adjustment (see instructions)		2	40.01
41.00	Interim payments		94	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		1	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: 14-0281

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

Worksheet E-1
Part I
Date/Time Prepared:
1/30/2018 11:21 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		198,574,327		72,961,131	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		20,163,231		4,931,647	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	03/14/2017	2,063,167	03/14/2017	387,888	3.01	
3.02		08/31/2017	585,127	08/31/2017	186,318	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)		2,648,294		574,206	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)		221,385,852		78,466,984	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		0	6.01	
6.02	SETTLEMENT TO PROGRAM		839,165		256,751	6.02	
7.00	Total Medicare program liability (see instructions)		220,546,687		78,210,233	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: 14-0281
Component CCN: 14-S281

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

Worksheet E-1
Part I
Date/Time Prepared:
1/30/2018 11:21 am
PPS

Title XVIII

Subprovider -
IPF

		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					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		1,847,105		94	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)		1,847,105		94	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		8,049		1	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,855,154		95	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: 14-0281	Period: From 09/01/2016 To 08/31/2017	Worksheet E-1 Part II Date/Time Prepared: 1/30/2018 11:21 am
		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		43,474	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		65,417	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		10,710	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		225,575	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		5,917,757,280	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		103,349,421	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168		0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)		0	8.00
9.00	Sequestration adjustment amount (see instructions)		0	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		0	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)		0	30.00
31.00	Other Adjustment (specify)		0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)		0	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0281 Component CCN: 14-S281	Period: From 09/01/2016 To 08/31/2017	Worksheet E-3 Part II Date/Time Prepared: 1/30/2018 11:21 am
		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)			1,906,957 1.00
2.00	Net IPF PPS Outlier Payments			151,518 2.00
3.00	Net IPF PPS ECT Payments			21,272 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)			2.29 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)			24.441096 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)			2,079,747 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)			2,079,747 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			2,079,747 18.00
19.00	Deductibles			157,892 19.00
20.00	Subtotal (line 18 minus line 19)			1,921,855 20.00
21.00	Coinsurance			37,037 21.00
22.00	Subtotal (line 20 minus line 21)			1,884,818 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			6,422 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			4,174 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			6,160 25.00
26.00	Subtotal (sum of lines 22 and 24)			1,888,992 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)			4,022 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)			1,893,014 31.00
31.01	Sequestration adjustment (see instructions)			37,860 31.01
32.00	Interim payments			1,847,105 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)			8,049 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			151,518 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0281	Period: From 09/01/2016 To 08/31/2017	Worksheet E-3 Part VII Date/Time Prepared: 1/30/2018 11:21 am	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		19,913,886		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		19,913,886	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		19,913,886	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		0	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	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	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		19,913,886	0	18.00
19.00	Interns and Residents (see instructions)		21,618	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		19,913,886	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		21,618	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		21,618	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		21,618	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		21,618	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		21,618	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0281 Component CCN: 14-S281	Period: From 09/01/2016 To 08/31/2017	Worksheet E-3 Part VII Date/Time Prepared: 1/30/2018 11:21 am
		Title XIX	Subprovider - IPF	Cost
		Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services	990,327		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	990,327	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	990,327	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	0	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	0	0	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	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	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	990,327	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	990,327	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0281	Period: From 09/01/2016 To 08/31/2017	Worksheet E-4 Date/Time Prepared: 1/30/2018 11:21 am	
		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.			318.27	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			1.11	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)			36.76	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)			356.14	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			543.82	6.00
7.00	Enter the lesser of line 5 or line 6			356.14	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.	137.45	360.71	498.16	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.	90.01	236.22	326.23	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		3.06		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	90.01	239.28		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	93.30	244.22		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	89.58	238.96		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	90.96	240.82		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	90.96	240.82		17.00
18.00	Per resident amount	102,452.91	97,784.56		18.00
19.00	Approved amount for resident costs	9,319,117	23,548,478	32,867,595	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)			2.61	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			187.68	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			2.39	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			101,646.00	23.00
24.00	Multiply line 22 time line 23			242,934	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			33,110,529	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	67,596	10,937		26.00
27.00	Total Inpatient Days (see instructions)	239,947	239,947		27.00
28.00	Ratio of inpatient days to total inpatient days	0.281712	0.045581		28.00
29.00	Program direct GME amount	9,327,633	1,509,211		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		213,252		30.00
31.00	Net Program direct GME amount			10,623,592	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0281	Period: From 09/01/2016 To 08/31/2017	Worksheet E-4 Date/Time Prepared: 1/30/2018 11:21 am
		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)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		229,385,825	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		12,952,650	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		38,499	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		242,299,976	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		103,993,534	42.00
43.00	Primary payer payments (see instructions)		3,552	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		103,989,982	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		346,289,958	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.699703	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.300297	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		10,623,592	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		7,433,359	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		3,190,233	50.00

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

Provider CCN: 14-0281

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

Worksheet G

Date/Time Prepared:
1/30/2018 11:21 am

		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	248,017	4,085,844	9,427,226	0	1.00
2.00	Temporary investments	36,276,904	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	360,223,071	0	0	0	4.00
5.00	Other receivable	10,647,422	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-76,919,718	0	0	0	6.00
7.00	Inventory	37,938,712	0	0	0	7.00
8.00	Prepaid expenses	4,885,975	0	0	0	8.00
9.00	Other current assets	55,531,212	0	0	0	9.00
10.00	Due from other funds	-3,246,944	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	425,584,651	4,085,844	9,427,226	0	11.00
FIXED ASSETS						
12.00	Land	208,945,354	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	1,985,074,373	0	0	0	15.00
16.00	Accumulated depreciation	-1,043,389,809	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	376,048,285	0	0	0	19.00
20.00	Accumulated depreciation	-271,266,357	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)	1,255,411,846	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	2,088,199,180	115,204	730,769	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	1	0	0	0	33.00
34.00	Other assets	379,233,426	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	2,467,432,607	115,204	730,769	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	4,148,429,104	4,201,048	10,157,995	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	45,382,025	0	0	0	37.00
38.00	Salaries, wages, and fees payable	44,156,848	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	16,215,000	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	192,264,659	0	0	0	43.00
44.00	Other current liabilities	141,915,407	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	439,933,939	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	60,975,608	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	1,190,336,038	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	1,251,311,646	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	1,691,245,585	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	2,457,183,519				52.00
53.00	Specific purpose fund		4,201,048			53.00
54.00	Donor created - endowment fund balance - restricted			10,157,995		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)	2,457,183,519	4,201,048	10,157,995	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	4,148,429,104	4,201,048	10,157,995	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0281

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

Worksheet G-1

Date/Time Prepared:
1/30/2018 11:21 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		2,247,690,473		4,085,844		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		158,063,923				2.00
3.00	Total (sum of line 1 and line 2)		2,405,754,396		4,085,844		3.00
4.00	NET ASSETS RELEASE PROPERTY & EQUIP	1,885,187		0		0	4.00
5.00	YEAR END ADJUSTMENT	46,460,507		180,941		0	5.00
6.00	POST RETIRE BENE RELATED PENS COST	2,975,469		0		0	6.00
7.00	OTHER	114,188		507,786		0	7.00
8.00	GIFTS, GRANTS OTHER REVENUE	0		3,534,296		730,769	8.00
9.00	DISTRIBUTIONS TO/FRM AFFILIATES	0		25,581,141		0	9.00
10.00	Total additions (sum of line 4-9)		51,435,351		29,804,164		10.00
11.00	Subtotal (line 3 plus line 10)		2,457,189,747		33,890,008		11.00
12.00	TRANS TO AFFILIATES	6,225		0		0	12.00
13.00	CHANGE IN VALUE OF SPLIT INT AGREEM	1		0		0	13.00
14.00	NET TRANSFERS TO AFFILIATES	0		0		0	14.00
15.00	FOR OPERATING EXPENSES	0		0		0	15.00
16.00	FOR PROPERTY AND EQUI ADDITIONS	0		1,885,187		0	16.00
17.00	OTHER	0		27,804,773		0	17.00
18.00	Total deductions (sum of lines 12-17)		6,226		29,689,960		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		2,457,183,521		4,200,048		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	9,427,226		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)	9,427,226		0			3.00
4.00	NET ASSETS RELEASE PROPERTY & EQUIP		0				4.00
5.00	YEAR END ADJUSTMENT		0				5.00
6.00	POST RETIRE BENE RELATED PENS COST		0				6.00
7.00	OTHER		0				7.00
8.00	GIFTS, GRANTS OTHER REVENUE		0				8.00
9.00	DISTRIBUTIONS TO/FRM AFFILIATES		0				9.00
10.00	Total additions (sum of line 4-9)		730,769		0		10.00
11.00	Subtotal (line 3 plus line 10)		10,157,995		0		11.00
12.00	TRANS TO AFFILIATES		0				12.00
13.00	CHANGE IN VALUE OF SPLIT INT AGREEM		0				13.00
14.00	NET TRANSFERS TO AFFILIATES		0				14.00
15.00	FOR OPERATING EXPENSES		0				15.00
16.00	FOR PROPERTY AND EQUI ADDITIONS		0				16.00
17.00	OTHER		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)		10,157,995		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0281

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
1/30/2018 11:21 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	629,952,708		629,952,708	1.00
2.00	SUBPROVIDER - IPF	18,618,501		18,618,501	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				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	648,571,209		648,571,209	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	0		0	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	SPECIAL CARE NURSERY	0		0	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	0		0	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	648,571,209		648,571,209	17.00
18.00	Ancillary services	2,241,000,558	2,856,526,900	5,097,527,458	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	0	0	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	2,889,571,767	2,856,526,900	5,746,098,667	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		1,708,943,272		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00	BAD DEBT	0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	**DEDUCT (SPECIFY)** NON OPERATING	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		1,708,943,272		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0281

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

Worksheet G-3

Date/Time Prepared:
1/30/2018 11:21 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	5,746,098,667	1.00
2.00	Less contractual allowances and discounts on patients' accounts	4,227,177,735	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,518,920,932	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	1,708,943,272	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-190,022,340	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	36,727,861	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	10,240,944	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	780,885	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.)	-20,511	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	49,346,463	22.00
23.00	Governmental appropriations	114,385,428	23.00
24.00	OTHER REVENUE, SHARED, NET ASSETS,	13,879,633	24.00
24.11	SHARED, TELECOM, OTHER	122,745,560	24.11
25.00	Total other income (sum of lines 6-24)	348,086,263	25.00
26.00	Total (line 5 plus line 25)	158,063,923	26.00
27.00	OTHER EXPENSES	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)	158,063,923	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0281	Period: From 09/01/2016 To 08/31/2017	Worksheet L Parts I-III Date/Time Prepared: 1/30/2018 11:21 am	
		Title XVIII	Hospital	PPS	
			Urban	Rural	
			1.00	1.01	
PART I - FULLY PROSPECTIVE METHOD					
CAPITAL FEDERAL AMOUNT					
1.00	Capital DRG other than outlier		11,731,121	0	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	0	1.01
2.00	Capital DRG outlier payments		1,539,804		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)		644.37		3.00
4.00	Number of interns & residents (see instructions)		333.28		4.00
5.00	Indirect medical education percentage (see instructions)		15.71		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)		1,842,959		6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.99		7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		18.03		8.00
9.00	Sum of lines 7 and 8		24.02		9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.98		10.00
11.00	Disproportionate share adjustment (see instructions)		584,210		11.00
12.00	Total prospective capital payments (see instructions)		15,698,094		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