

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: 14-0286	Period: From 09/01/2016 To 08/31/2017	Worksheet S Parts I-III Date/Time Prepared: 1/29/2018 11:01 am
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PART I - COST REPORT STATUS

Provider use only 1. Electronically filed cost report Date: 1/29/2018 Time: 11:01 am
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by KISHWAUKEE COMMUNITY HOSPITAL (14-0286) 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 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	86,087	20,393	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
4.00 SUBPROVIDER I						4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00 Total	0	86,087	20,393	0	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0286		Period: From 09/01/2016 To 08/31/2017		Worksheet S-2 Part I Date/Time Prepared: 1/29/2018 11:00 am	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: ONE KISH HOSPITAL DRIVE			PO Box:				1.00	
2.00	City: DEKALB			State: IL		Zip Code: 60115-		County: DEKALB	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)	
		1.00		2.00	3.00	4.00	5.00	6.00	7.00 8.00
Hospital and Hospital-Based Component Identification:									
3.00	Hospital			KISHWAUKEE COMMUNITY HOSPITAL	140286	16974	1	12/21/1975	N P O
4.00	Subprovider - IPF								
5.00	Subprovider - IRF								
6.00	Subprovider - (Other)								
7.00	Swing Beds - SNF								
8.00	Swing Beds - NF								
9.00	Hospital-Based SNF								
10.00	Hospital-Based NF								
11.00	Hospital-Based OLTC								
12.00	Hospital-Based HHA								
13.00	Separately Certified ASC								
14.00	Hospital-Based Hospice								
15.00	Hospital-Based Health Clinic - RHC								
16.00	Hospital-Based Health Clinic - FQHC								
17.00	Hospital-Based (CMHC) I								
17.10	Hospital-Based (CORF) I								
18.00	Renal Dialysis								
19.00	Other								
							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)						N	Y	22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N	22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N	22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.							1 N	23.00
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days
				1.00	2.00	3.00	4.00	5.00	6.00
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			1,749	866	0	0	800	0
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0286	Period: From 09/01/2016 To 08/31/2017	Worksheet S-2 Part I Date/Time Prepared: 1/29/2018 11:00 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.	1				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00	
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)	N				37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00	
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N		N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N		N		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		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		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		47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N		N		48.00	
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00	
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)	N				60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05

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	Y/N	IME	Direct GME	IME	Direct GME		
	1.00	2.00	3.00	4.00	5.00		
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)	0.00	0.00				61.06
	Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count			
	1.00	2.00	3.00	4.00			
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.		0.00	0.00		61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.		0.00	0.00		61.20	
						1.00	
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)					N	63.00
	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))				
	1.00	2.00	3.00				
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000		64.00	
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00	

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000
				1.00	2.00	3.00
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.			N		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)				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
				1.00		
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N		81.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			N		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	N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N	94.00

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		V		XIX			
		1.00		2.00			
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		97.00	
Rural Providers							
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N				105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N				106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.	N				107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N		109.00
					1.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N		110.00	
					1.00	2.00	3.00
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				0	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	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:	404,070		0		494,415	
					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.	N				125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0286		Period: From 09/01/2016 To 08/31/2017		Worksheet S-2 Part I Date/Time Prepared: 1/29/2018 11:00 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	14H134				140.00	
		1.00	2.00			3.00		
141.00	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.							
	Name: KISHWAUKEE HEALTH SYSTEM	Contractor's Name: NATIONAL GOVERNMENT SERVICES		Contractor's Number: 131			141.00	
142.00	Street: ONE KISH HOSPITAL DRIVE	PO Box:					142.00	
143.00	City: DEKALB	State: IL	Zip Code: 60115				143.00	
						1.00		
144.00	Are provider based physicians' costs included in Worksheet A?			Y			144.00	
						1.00		
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y					145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N					146.00	
						1.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N			147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N			148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N			149.00	
						1.00		
		Part A	Part B	Title V	Title XIX			
		1.00	2.00	3.00	4.00			
155.00	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)	N	N	N	N		155.00	
156.00	Hospital	N	N	N	N		156.00	
157.00	Subprovider - IPF	N	N	N	N		157.00	
158.00	Subprovider - IRF	N	N	N	N		158.00	
159.00	SUBPROVIDER						159.00	
159.00	SNF	N	N	N	N		159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N		160.00	
161.00	CMHC						161.00	
161.10	CORF		N	N	N		161.10	
						1.00		
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N			165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	
							1.00	
167.00	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.					N	167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)						168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					0.00	169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0286	Period: From 09/01/2016 To 08/31/2017	Worksheet S-2 Part I Date/Time Prepared: 1/29/2018 11:00 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)				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)				0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0286		Period: From 09/01/2016 To 08/31/2017		Worksheet S-2 Part II Date/Time Prepared: 1/29/2018 11:00 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				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.	Y					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
				Y/N			
				1.00			
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				N		15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	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	12/07/2017	Y	12/07/2017		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: 14-0286	Period: From 09/01/2016 To 08/31/2017	Worksheet S-2 Part II Date/Time Prepared: 1/29/2018 11:00 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		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?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00		2.00	
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.	BRANDON		HOFMANN	41.00
42.00	Enter the employer/company name of the cost report preparer.	NORTHWESTERN MEMORIAL HEALTHCARE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	815-756-1521 EXT 153548		BRANDON.HOFMANN@NM.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0286	Period: From 09/01/2016 To 08/31/2017	Worksheet S-2 Part II Date/Time Prepared: 1/29/2018 11:00 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.	SENIOR FINANCIAL ANALYST		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0286

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

Worksheet S-3
Part I
Date/Time Prepared:
1/29/2018 11:00 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Vi si 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	86	31,390	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)		86	31,390	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	12	4,380	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		98	35,770	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		98				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0286

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

Worksheet S-3
Part I
Date/Time Prepared:
1/29/2018 11:00 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)	8,940	2,005	18,123			1.00
2.00 HMO and other (see instructions)	2,509	800				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	8,940	2,005	18,123			7.00
8.00 INTENSIVE CARE UNIT	1,628	317	2,868			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		139	1,253			13.00
14.00 Total (see instructions)	10,568	2,461	22,244	0.00	845.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER		0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	845.00	27.00
28.00 Observation Bed Days		311	3,236			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	154	243			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0286

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

Worksheet S-3
Part I
Date/Time Prepared:
1/29/2018 11:00 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	2,235	1,277	5,317	1.00
2.00 HMO and other (see instructions)				491	0		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0	2,235	1,277	5,317		14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	0	17.00
18.00 SUBPROVIDER	0.00	0	0	0	0	0	18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY	0.00						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
25.10 CMHC - CORF	0.00						25.10
26.00 RURAL HEALTH CLINIC	0.00						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days							33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0286

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

Worksheet S-3
Part II
Date/Time Prepared:
1/29/2018 11:00 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	53,094,539	0	53,094,539	1,701,564.00	31.20
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		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
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	0	0	0.00	0.00
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)		913,682	0	913,682	26,952.00	33.90
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		0	0	0	0.00	0.00
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		306,065	0	306,065	3,949.00	77.50
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		8,303,604	0	8,303,604	135,156.00	61.44
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)		14,687,412	0	14,687,412		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		242,672	0	242,672		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related		1,902,447	0	1,902,447		
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	200,972	0	200,972	6.00	33,495.33
27.00	Administrative & General	5.00	9,394,465	-341,990	9,052,475	306,830.00	29.50

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0286

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

Worksheet S-3
Part II
Date/Time Prepared:
1/29/2018 11:00 am

		Worksheet A Line Number	Amount Reported	Recl assifi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
		1.00	2.00	3.00	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	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	856,088	0	856,088	65,134.00	13.14	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	837,717	-575,897	261,820	19,430.00	13.48	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	575,890	575,890	42,745.00	13.47	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,028,865	0	1,028,865	32,453.00	31.70	38.00
39.00	Central Services and Supply	14.00	259,662	0	259,662	13,684.00	18.98	39.00
40.00	Pharmacy	15.00	1,870,285	0	1,870,285	41,067.00	45.54	40.00
41.00	Medical Records & Medical Records Library	16.00	1,395,020	0	1,395,020	50,477.00	27.64	41.00
42.00	Social Service	17.00	542,283	0	542,283	14,114.00	38.42	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0286

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

Worksheet S-3
Part III
Date/Time Prepared:
1/29/2018 11:00 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 III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	53,094,539	0	53,094,539	1,701,564.00	31.20	1.00
2.00	Excluded area salaries (see instructions)	913,682	0	913,682	26,952.00	33.90	2.00
3.00	Subtotal salaries (line 1 minus line 2)	52,180,857	0	52,180,857	1,674,612.00	31.16	3.00
4.00	Subtotal other wages & related costs (see inst.)	8,609,669	0	8,609,669	139,105.00	61.89	4.00
5.00	Subtotal wage-related costs (see inst.)	16,589,859	0	16,589,859	0.00	31.79	5.00
6.00	Total (sum of lines 3 thru 5)	77,380,385	0	77,380,385	1,813,717.00	42.66	6.00
7.00	Total overhead cost (see instructions)	16,385,357	-341,997	16,043,360	585,940.00	27.38	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0286	Period: From 09/01/2016 To 08/31/2017	Worksheet S-3 Part IV Date/Time Prepared: 1/29/2018 11:00 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		425,118	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)		0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		9,325,342	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		607,376	9.00
10.00	Dental, Hearing and Vision Plan		149,704	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		22,144	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)		55,372	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		0	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		4,071,237	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		-3,124	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		276,915	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		14,930,084	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 14-0286	Period: From 09/01/2016 To 08/31/2017	Worksheet S-3 Part V Date/Time Prepared: 1/29/2018 11:00 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	14,930,084 1.00
2.00	Hospital		0	14,687,412 2.00
3.00	Subprovider - IPF		0	0 3.00
4.00	Subprovider - IRF		0	0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA		0	0 11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC		0	0 14.00
15.00	Hospital-Based Health Clinic FQHC		0	0 15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10		0	0 16.10
17.00	Renal Dialysis			17.00
18.00	Other		0	242,672 18.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0286

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

Worksheet S-7

Date/Time Prepared:
1/29/2018 11:00 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: 14-0286

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

Worksheet S-7

Date/Time Prepared:
1/29/2018 11:00 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	
SNF SERVICES						
201.00	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: 14-0286	Period: From 09/01/2016 To 08/31/2017	Worksheet S-10 Date/Time Prepared: 1/29/2018 11:00 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)		0.237627	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		6,005,186	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00
4.00	If line 3 is yes, does line 2 include all DSH or supplemental payments from Medicaid?		N	4.00
5.00	If line 4 is no, then enter DSH or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		101,032,524	6.00
7.00	Medicaid cost (line 1 times line 6)		24,008,056	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)		18,002,870	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)		18,002,870	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)	4,690,957	1,022,472	5,713,429
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,114,698	1,022,472	2,137,170
22.00	Payments received from patients for amounts previously written off as charity care	121,377	176,154	297,531
23.00	Cost of charity care (line 21 minus line 22)	993,321	846,318	1,839,639
			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)		8,437,937	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		426,073	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		655,497	27.01
28.00	Non-Medicare bad debt expense (line 26 minus line 27.01)		7,782,440	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		2,078,742	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		3,918,381	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		21,921,251	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0286

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

Worksheet A
Date/Time Prepared:
1/29/2018 11:00 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100		9,064,113	9,064,113	-3,133,189	5,930,924	1.00
2.00	00200		0	0	3,135,945	3,135,945	2.00
4.00	00400	200,972	5,321,544	5,522,516	10,090,295	15,612,811	4.00
5.00	00500	9,394,465	33,147,009	42,541,474	-3,145,073	39,396,401	5.00
7.00	00700	0	0	0	0	0	7.00
8.00	00800	0	492,037	492,037	0	492,037	8.00
9.00	00900	856,088	903,995	1,760,083	-328,820	1,431,263	9.00
10.00	01000	837,717	1,618,259	2,455,976	-1,787,629	668,347	10.00
11.00	01100	0	0	0	1,471,938	1,471,938	11.00
12.00	01200	0	0	0	0	0	12.00
12.01	01201	0	199,889	199,889	0	199,889	12.01
13.00	01300	1,028,865	225,995	1,254,860	-169,157	1,085,703	13.00
14.00	01400	259,662	702,168	961,830	-222,354	739,476	14.00
15.00	01500	1,870,285	4,957,104	6,827,389	-4,163,442	2,663,947	15.00
16.00	01600	1,395,020	929,949	2,324,969	-281,596	2,043,373	16.00
17.00	01700	542,283	121,231	663,514	-94,079	569,435	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	10,720,060	6,035,664	16,755,724	-3,790,581	12,965,143	30.00
31.00	03100	2,565,896	940,624	3,506,520	-477,874	3,028,646	31.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	384,521	384,521	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	1,524,128	8,109,635	9,633,763	-3,900,340	5,733,423	50.00
50.01	05001	798,247	275,945	1,074,192	37,644	1,111,836	50.01
50.02	05002	365,562	554,687	920,249	-557	919,692	50.02
51.00	05100	489,324	96,519	585,843	-69,935	515,908	51.00
52.00	05200	0	0	0	1,796,923	1,796,923	52.00
53.00	05300	0	568,619	568,619	0	568,619	53.00
54.00	05400	4,503,267	5,947,784	10,451,051	-754,544	9,696,507	54.00
55.00	05500	1,710,788	8,522,418	10,233,206	-307,906	9,925,300	55.00
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
60.00	06000	2,749,679	5,664,723	8,414,402	-597,676	7,816,726	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	1,372,094	391,371	1,763,465	-228,315	1,535,150	65.00
66.00	06600	2,444,853	1,398,629	3,843,482	-399,318	3,444,164	66.00
67.00	06700	189,418	111,391	300,809	-27,529	273,280	67.00
68.00	06800	170,046	24,334	194,380	-22,587	171,793	68.00
69.00	06900	436,366	358,095	794,461	-57,268	737,193	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	149,177	149,177	71.00
72.00	07200	0	0	0	4,325,437	4,325,437	72.00
73.00	07300	0	0	0	3,881,422	3,881,422	73.00
76.00	03950	0	294,465	294,465	52,052	346,517	76.00
76.01	03951	224,282	52,795	277,077	-35,262	241,815	76.01
76.97	07697	529,424	119,196	648,620	190,306	838,926	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	384,271	155,727	539,998	-71,125	468,873	90.00
91.00	09100	3,565,590	6,462,362	10,027,952	-624,842	9,403,110	91.00
92.00	09200						92.00
93.00	04950	1,052,205	508,626	1,560,831	-176,827	1,384,004	93.00
93.01	04951	0	570,403	570,403	0	570,403	93.01
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300		2,756	2,756	-2,756	0	113.00
118.00		52,180,857	104,850,061	157,030,918	645,079	157,675,997	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	69,973	224,222	294,195	-22,046	272,149	190.00
191.00	19100	0	0	0	0	0	191.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	0	79,451	79,451	0	79,451	194.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 14-0286		Period: From 09/01/2016 To 08/31/2017		Worksheet A Date/Time Prepared: 1/29/2018 11:00 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	
194.01	07951	COMMUNITY WELLNESS	563,362	129,325	692,687	-71,078	621,609	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	280,347	889,365	1,169,712	-551,955	617,757	194.02
200.00		TOTAL (SUM OF LINES 118-199)	53,094,539	106,172,424	159,266,963	0	159,266,963	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0286

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

Worksheet A
Date/Time Prepared:
1/29/2018 11:00 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	1,585,008	7,515,932	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	890,922	4,026,867	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	318,078	15,930,889	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-3,452,376	35,944,025	5.00
7.00	00700	OPERATION OF PLANT	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	492,037	8.00
9.00	00900	HOUSEKEEPING	-19,453	1,411,810	9.00
10.00	01000	DIETARY	-969	667,378	10.00
11.00	01100	CAFETERIA	-691,566	780,372	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
12.01	01201	MAINTENANCE OF PLANT	0	199,889	12.01
13.00	01300	NURSING ADMINISTRATION	0	1,085,703	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	739,476	14.00
15.00	01500	PHARMACY	-8	2,663,939	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-2,298	2,041,075	16.00
17.00	01700	SOCIAL SERVICE	0	569,435	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-2,228,159	10,736,984	30.00
31.00	03100	INTENSIVE CARE UNIT	-911	3,027,735	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	384,521	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	5,733,423	50.00
50.01	05001	AMBULATORY SERVICES	0	1,111,836	50.01
50.02	05002	ENDOSCOPY	0	919,692	50.02
51.00	05100	RECOVERY ROOM	0	515,908	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-109,499	1,687,424	52.00
53.00	05300	ANESTHESIOLOGY	-312,125	256,494	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-740,572	8,955,935	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-1,733,684	8,191,616	55.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-47,995	7,768,731	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	1,535,150	65.00
66.00	06600	PHYSICAL THERAPY	-570,903	2,873,261	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	273,280	67.00
68.00	06800	SPEECH PATHOLOGY	0	171,793	68.00
69.00	06900	ELECTROCARDIOLOGY	0	737,193	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	149,177	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	4,325,437	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,881,422	73.00
76.00	03950	SLEEP LAB	0	346,517	76.00
76.01	03951	CLINICAL NUTRITION	-625	241,190	76.01
76.97	07697	CARDIAC REHABILITATION	-88,348	750,578	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	468,873	90.00
91.00	09100	EMERGENCY	-4,656,798	4,746,312	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	04950	OUTPATIENT COUNSELING	-206,377	1,177,627	93.00
93.01	04951	OUTSIDE SERVICES	0	570,403	93.01
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-12,068,658	145,607,339	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	272,149	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	07950	HOME OFFICE COSTS	-79,451	0	194.00
194.01	07951	COMMUNITY WELLNESS	0	621,609	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	-112,192	505,565	194.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0286

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

Worksheet A
Date/Time Prepared:
1/29/2018 11:00 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
200.00	TOTAL (SUM OF LINES 118-199)	-12,260,301	147,006,662	200.00

RECLASSIFICATIONS

Provider CCN: 14-0286

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

Worksheet A-6
Date/Time Prepared:
1/29/2018 11:00 am

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
A - CAFETERIA						
1.00	CAFETERIA	11.00	575,890	896,048	1.00	
	TOTALS		575,890	896,048		
B - SCHEDULING COSTS						
1.00	OPERATING ROOM	50.00	76,806	1,198	1.00	
2.00	AMBULATORY SERVICES	50.01	172,998	2,699	2.00	
3.00	ENDOSCOPY	50.02	58,756	917	3.00	
4.00	RADIOLOGY-DIAGNOSTIC	54.00	33,430	522	4.00	
	TOTALS		341,990	5,336		
C - NURSERY DELIVERY AND LABOR						
1.00	NURSERY	43.00	347,229	37,292	1.00	
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,367,415	146,858	2.00	
	TOTALS		1,714,644	184,150		
D - MEDICAL SUPPLY						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	149,177	1.00	
	TOTALS		0	149,177		
E - INTEREST						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	2,756	1.00	
	TOTALS		0	2,756		
F - DEPRECIATION						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	3,135,945	1.00	
	TOTALS		0	3,135,945		
G - DRUGS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	3,881,422	1.00	
	TOTALS		0	3,881,422		
H - ROUTINE OBSERVATION						
1.00	ADULTS & PEDIATRICS	30.00	46,786	9,111	1.00	
	TOTALS		46,786	9,111		
I - PROF BUILDING CPSTS						
1.00	COMMUNITY WELLNESS	194.01	0	19,771	1.00	
	TOTALS		0	19,771		
J - MOB BUILDING COSTS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	57,354	1.00	
2.00	NURSING ADMINISTRATION	13.00	0	5,096	2.00	
3.00	RESPIRATORY THERAPY	65.00	0	19,855	3.00	
4.00	SLEEP LAB	76.00	0	41,152	4.00	
5.00	CLINICAL NUTRITION	76.01	0	69,469	5.00	
6.00	CARDIAC REHABILITATION	76.97	0	281,192	6.00	
7.00	EMERGENCY	91.00	0	12,932	7.00	
	TOTALS		0	487,050		
K - KISH HEALTHCARE BUILDING COSTS						
1.00	EMERGENCY	91.00	0	20,049	1.00	
	TOTALS		0	20,049		
L - IMPLANTABLE DEVICES						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	4,325,437	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
	TOTALS		0	4,325,437		
M - MEDICAL DIRECTOR FEES						
1.00	OUTPATIENT COUNSELING	93.00	0	3,500	1.00	
2.00	OTHER NONREIMBURSABLE COST CENTERS	194.02	0	13,750	2.00	
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	7,680	3.00	
4.00	ELECTROCARDIOLOGY	69.00	0	7,680	4.00	
5.00	CARDIAC REHABILITATION	76.97	0	7,680	5.00	
6.00	INTENSIVE CARE UNIT	31.00	0	18,975	6.00	
7.00	RESPIRATORY THERAPY	65.00	0	18,975	7.00	
8.00	ADULTS & PEDIATRICS	30.00	0	63,125	8.00	
9.00	OPERATING ROOM	50.00	0	17,100	9.00	
10.00	OTHER NONREIMBURSABLE COST CENTERS	194.02	0	6,300	10.00	
11.00	NURSING ADMINISTRATION	13.00	0	18,750	11.00	
12.00	RADIOLOGY-THERAPEUTIC	55.00	0	2,450	12.00	
13.00	SLEEP LAB	76.00	0	10,900	13.00	
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	282,650	14.00	
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	151,250	15.00	
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	76,875	16.00	
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	215,622	17.00	
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	109,593	18.00	
19.00	OPERATING ROOM	50.00	0	32,250	19.00	

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
20.00	OUTPATIENT COUNSELING	93.00	0	6,825	20.00
	TOTALS		0	1,071,930	
N - DIRECTLY ASSIGNED BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	10,090,295	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
	TOTALS		0	10,090,295	
O - CLINICAL NUTRITION COSTS					
1.00	CLINICAL NUTRITION	76.01	7	858	1.00
	TOTALS		7	858	
P - ROUTINE DIABETES					
1.00	ADULTS & PEDIATRICS	30.00	61,168	3,137	1.00
	TOTALS		61,168	3,137	
500.00	Grand Total: Increases		2,740,485	24,282,472	500.00

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - CAFETERIA							
1.00	DIETARY	10.00	575,890	896,048	0		1.00
	TOTALS		575,890	896,048			
B - SCHEDULING COSTS							
1.00	ADMINISTRATIVE & GENERAL	5.00	341,990	5,336	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
	TOTALS		341,990	5,336			
C - NURSERY DELIVERY AND LABOR							
1.00	ADULTS & PEDIATRICS	30.00	1,714,644	184,150	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		1,714,644	184,150			
D - MEDICAL SUPPLY							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	149,177	0		1.00
	TOTALS		0	149,177			
E - INTEREST							
1.00	INTEREST EXPENSE	113.00	0	2,756	11		1.00
	TOTALS		0	2,756			
F - DEPRECIATION							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	3,135,945	9		1.00
	TOTALS		0	3,135,945			
G - DRUGS							
1.00	PHARMACY	15.00	0	3,881,422	0		1.00
	TOTALS		0	3,881,422			
H - ROUTINE OBSERVATION							
1.00	INTENSIVE CARE UNIT	31.00	46,786	9,111	0		1.00
	TOTALS		46,786	9,111			
I - PROF BUILDING CPSTS							
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.02	0	19,771	0		1.00
	TOTALS		0	19,771			
J - MOB BUILDING COSTS							
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.02	0	487,050	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
	TOTALS		0	487,050			
K - KISH HEALTHCARE BUILDING COSTS							
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.02	0	20,049	0		1.00
	TOTALS		0	20,049			
L - IMPLANTABLE DEVICES							
1.00	OPERATING ROOM	50.00	0	3,751,880	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	572,425	0		2.00
3.00	EMERGENCY	91.00	0	1,132	0		3.00
	TOTALS		0	4,325,437			
M - MEDICAL DIRECTOR FEES							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,071,930	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
	TOTALS		0	1,071,930			

RECLASSIFICATIONS

Provider CCN: 14-0286

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

Worksheet A-6

Date/Time Prepared:
1/29/2018 11:00 am

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
N - DIRECTLY ASSIGNED BENEFITS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,783,171	0	1.00	
2.00	HOUSEKEEPING	9.00	0	328,820	0	2.00	
3.00	DIETARY	10.00	0	314,826	0	3.00	
4.00	NURSING ADMINISTRATION	13.00	0	193,003	0	4.00	
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	73,177	0	5.00	
6.00	PHARMACY	15.00	0	282,020	0	6.00	
7.00	MEDICAL RECORDS & LIBRARY	16.00	0	281,596	0	7.00	
8.00	SOCIAL SERVICE	17.00	0	94,079	0	8.00	
9.00	ADULTS & PEDIATRICS	30.00	0	2,075,114	0	9.00	
10.00	INTENSIVE CARE UNIT	31.00	0	440,952	0	10.00	
11.00	OPERATING ROOM	50.00	0	275,814	0	11.00	
12.00	AMBULATORY SERVICES	50.01	0	138,053	0	12.00	
13.00	ENDOSCOPY	50.02	0	60,230	0	13.00	
14.00	RECOVERY ROOM	51.00	0	69,935	0	14.00	
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	777,091	0	15.00	
16.00	RADIOLOGY-THERAPEUTIC	55.00	0	310,356	0	16.00	
17.00	LABORATORY	60.00	0	597,676	0	17.00	
18.00	RESPIRATORY THERAPY	65.00	0	267,145	0	18.00	
19.00	PHYSICAL THERAPY	66.00	0	399,318	0	19.00	
20.00	OCCUPATIONAL THERAPY	67.00	0	27,529	0	20.00	
21.00	SPEECH PATHOLOGY	68.00	0	22,587	0	21.00	
22.00	ELECTROCARDIOLOGY	69.00	0	64,948	0	22.00	
23.00	CLINICAL NUTRITION	76.01	0	41,291	0	23.00	
24.00	CARDIAC REHABILITATION	76.97	0	98,566	0	24.00	
25.00	CLINIC	90.00	0	71,125	0	25.00	
26.00	EMERGENCY	91.00	0	656,691	0	26.00	
27.00	OUTPATIENT COUNSELING	93.00	0	187,152	0	27.00	
28.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	22,046	0	28.00	
29.00	COMMUNITY WELLNESS	194.01	0	90,849	0	29.00	
30.00	OTHER NONREIMBURSABLE COST CENTERS	194.02	0	45,135	0	30.00	
TOTALS			0	10,090,295			
O - CLINICAL NUTRITION COSTS							
1.00	DIETARY	10.00	7	858	0	1.00	
TOTALS			7	858			
P - ROUTINE DIABETES							
1.00	CLINICAL NUTRITION	76.01	61,168	3,137	0	1.00	
TOTALS			61,168	3,137			
500.00	Grand Total: Decreases		2,740,485	24,282,472		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0286

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

Worksheet A-7
Part I
Date/Time Prepared:
1/29/2018 11:00 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	14,163,000	0	0	0	0	1.00
2.00	Land Improvements	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	87,964,116	294,926	0	294,926	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	13,271,525	1,842,019	0	1,842,019	1,719,055	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	115,398,641	2,136,945	0	2,136,945	1,719,055	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	115,398,641	2,136,945	0	2,136,945	1,719,055	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	14,163,000	0				1.00
2.00	Land Improvements	0	0				2.00
3.00	Buildings and Fixtures	88,259,042	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	13,394,489	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	115,816,531	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	115,816,531	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0286

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

Worksheet A-7
Part II
Date/Time Prepared:
1/29/2018 11:00 am

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	NEW CAP REL COSTS-BLDG & FIXT	9,064,113	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	9,064,113	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	NEW CAP REL COSTS-BLDG & FIXT	0	9,064,113				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	9,064,113				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0286

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

Worksheet A-7
Part III
Date/Time Prepared:
1/29/2018 11:00 am

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	NEW CAP REL COSTS-BLDG & FIXT	88,259,042	0	88,259,042	0.868234	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	13,394,489	0	13,394,489	0.131766	0	2.00
3.00	Total (sum of lines 1-2)	101,653,531	0	101,653,531	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	5,846,091	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	4,026,867	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	9,872,958	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1,669,841	0	0	0	7,515,932	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	4,026,867	2.00
3.00	Total (sum of lines 1-2)	1,669,841	0	0	0	11,542,799	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0286

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

Worksheet A-8

Date/Time Prepared:
1/29/2018 11:00 am

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 #		
				1.00	2.00	3.00		4.00
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-2,756	NEW CAP REL COSTS-BLDG & FIXT		1.00	11	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			NEW CAP REL COSTS-MVBLE EQUIP		2.00		0 2.00
3.00	Investment income - other (chapter 2)		0			0.00		0 3.00
4.00	Trade, quantity, and time discounts (chapter 8)	B	-2,762	ADMINISTRATIVE & GENERAL		5.00		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	-9,861,364					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	4,904,567					0 12.00
13.00	Laundry and linen service		0			0.00		0 13.00
14.00	Cafeteria-employees and guests	B	-691,566	CAFETERIA		11.00		0 14.00
15.00	Rental of quarters to employee and others		0			0.00		0 15.00
16.00	Sale of medical and surgical supplies to other than patients		0			0.00		0 16.00
17.00	Sale of drugs to other than patients		0			0.00		0 17.00
18.00	Sale of medical records and abstracts	B	-2,098	MEDICAL RECORDS & LIBRARY		16.00		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		RESPIRATORY THERAPY		65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY		66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			*** Cost Center Deleted ***		114.00		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT			NEW CAP REL COSTS-BLDG & FIXT		1.00		0 26.00
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			NEW CAP REL COSTS-MVBLE EQUIP		2.00		0 27.00
28.00	Non-physician Anesthetist			*** Cost Center Deleted ***		19.00		28.00
29.00	Physicians' assistant					0.00		0 29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY		67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			ADULTS & PEDIATRICS		30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		SPEECH PATHOLOGY		68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0			0.00		0 32.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0286

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

Worksheet A-8

Date/Time Prepared:
1/29/2018 11:00 am

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 #	
				1.00	2.00	
33.00	PHYSICIAN RECRUITMENT & AMORTIZATION	A	-806,290	ADMINISTRATIVE & GENERAL	5.00	0 33.00
33.01	CHAIR LOBBYING EXPENSES	A	-26,626	ADMINISTRATIVE & GENERAL	5.00	0 33.01
33.02	CHAIR LOBBYING EXPENSES	A	-5,024	ADMINISTRATIVE & GENERAL	5.00	0 33.02
33.03	PHYSICIAN BILLING	A	-56,602	ADMINISTRATIVE & GENERAL	5.00	0 33.03
33.04	MEDICARE DEPRECIATION - STRAIGHTLINE	A	-105,267	NEW CAP REL COSTS-BLDG & FIXT	1.00	9 33.04
33.05	MEDICARE DEPERCIATION - STRAIGHTLINE	A	-1,453,319	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9 33.05
33.06	GOODWILL	A	-121,500	NEW CAP REL COSTS-BLDG & FIXT	1.00	9 33.06
33.07	INTANGIBLE AMORTIZATION	A	-252	NEW CAP REL COSTS-BLDG & FIXT	1.00	9 33.07
33.08	WI NDMI LL PROPERTI ES DEPRECIATION	A	-3,869	NEW CAP REL COSTS-BLDG & FIXT	1.00	9 33.08
33.09	ROUTE 23 BUI LDING DEPRECIATION	A	-63,054	NEW CAP REL COSTS-BLDG & FIXT	1.00	9 33.09
33.10	HOME OFFICE BUI LDING DEPRECIATION	A	-29,772	NEW CAP REL COSTS-BLDG & FIXT	1.00	9 33.10
33.11	PROFESSIONAL BLDG HOME OFFICE COSTS	A	-15,592	OTHER NONREIMBURSABLE COST CENTERS	194.02	0 33.11
33.12	KISHHLTHCRE BLDG HO DCH AND HHA COST	A	-50,080	OTHER NONREIMBURSABLE COST CENTERS	194.02	0 33.12
33.13	TALBOT PROPERTI ES EXPENSES	A	-6,018	ADMINISTRATIVE & GENERAL	5.00	0 33.13
33.14	WI NDMI LL PROPERTI ES EXPENSES	A	-25,520	ADMINISTRATIVE & GENERAL	5.00	0 33.14
33.15	PROPERTY TAX	A	-11,098	ADMINISTRATIVE & GENERAL	5.00	0 33.15
33.16	PROPERTY TAX	A	-26,417	RADIOLOGY-THERAPEUTIC	55.00	0 33.16
33.17	PROPERTY TAX - TALBOT PROPERTI ES	A	-1,822	ADMINISTRATIVE & GENERAL	5.00	0 33.17
33.18	PROPERTY TAX - LAND DEVELOPMENT	A	-8,165	ADMINISTRATIVE & GENERAL	5.00	0 33.18
33.19	PROPERTY TAX - PROF BUI LDING	A	-46,520	OTHER NONREIMBURSABLE COST CENTERS	194.02	0 33.19
33.20	PROPERTY TAX - 2475 BETHANY BLDG	A	-43,802	HOME OFFICE COSTS	194.00	0 33.20
33.21	PROPERTY TAX - WI NDMI LL	A	-28,085	ADMINISTRATIVE & GENERAL	5.00	0 33.21
33.22	COMMUNITY RELATIONS	A	-227,377	ADMINISTRATIVE & GENERAL	5.00	0 33.22
33.23	PHYSICIAN MEDICAL MALPRACTICE	A	-20,216	ADMINISTRATIVE & GENERAL	5.00	0 33.23
33.24	MISC INCOME - CME OTHER REV	B	-8,400	ADMINISTRATIVE & GENERAL	5.00	0 33.24
33.25	MISC INCOME	B	-3,759	ADMINISTRATIVE & GENERAL	5.00	0 33.25
33.26	HOUSEKEEPING MISC INCOME	B	-9,042	HOUSEKEEPING	9.00	0 33.26
33.27	HOUSEKEEPING MISC INCOME	B	-10,411	HOUSEKEEPING	9.00	0 33.27
33.28	MISC INCOME	B	-907	DIETARY	10.00	0 33.28
33.29	MISC INCOME	B	-62	DIETARY	10.00	0 33.29
33.30	MISC INCOME	B	-8	PHARMACY	15.00	0 33.30
33.31	MISC INCOME	B	-200	MEDICAL RECORDS & LIBRARY	16.00	0 33.31
33.32	MISC INCOME	B	-3,546	RADIOLOGY-DI AGNOSTIC	54.00	0 33.32
33.33	MISC INCOME	B	-324	RADIOLOGY-THERAPEUTIC	55.00	0 33.33
33.34	MISC INCOME	B	-47,995	LABORATORY	60.00	0 33.34
33.35	MISC INCOME	B	-547,988	PHYSICAL THERAPY	66.00	0 33.35
33.36	MISC INCOME	B	-22,915	PHYSICAL THERAPY	66.00	0 33.36
33.37	MISC INCOME	B	-625	CLINICAL NUTRITION	76.01	0 33.37
33.38	MISC INCOME	B	-88,348	CARDIAC REHABILITATION	76.97	0 33.38
34.00	MISC INCOME - EMS	B	-11,893	EMERGENCY	91.00	0 34.00
34.01	HOME OFFICE COSTS	A	-35,649	HOME OFFICE COSTS	194.00	0 34.01
34.02	LOSS ON EARLY EXTINGUISHMENT OF DEBT	A	2,482,249	NEW CAP REL COSTS-BLDG & FIXT	1.00	11 34.02
34.03	INVSTMNT INC OFFSET AGAINST LOSS INT	A	-812,408	NEW CAP REL COSTS-BLDG & FIXT	1.00	11 34.03
34.04	PROVIDER TAX	A	-4,018,722	ADMINISTRATIVE & GENERAL	5.00	0 34.04
34.05	OFFSET GAIN/LOSS NOT RECOGNIZED	A	-33,816	ADMINISTRATIVE & GENERAL	5.00	0 34.05
34.06	HOSPICE COSTS	A	-20,639	ADULTS & PEDIATRICS	30.00	0 34.06
34.07	HOSPICE COSTS	A	-911	INTENSIVE CARE UNIT	31.00	0 34.07
34.08	CRNA / PART B	A	-78,005	RADIOLOGY-THERAPEUTIC	55.00	0 34.08
34.09	CRNA / PART B	A	-30,110	OUTPATIENT COUNSELING	93.00	0 34.09
34.10	SETTLEMENT PAY	A	-58,000	ADMINISTRATIVE & GENERAL	5.00	0 34.10
34.11	FUNDRAISING EXPENSE	A	-2,225	RADIOLOGY-THERAPEUTIC	55.00	0 34.11
35.00	BHS DISCOVERY HOUSE BLDG DEPR	A	-476	NEW CAP REL COSTS-BLDG & FIXT	1.00	9 35.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0286

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

Worksheet A-8

Date/Time Prepared:
1/29/2018 11:00 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
	1.00	2.00	3.00	4.00	5.00	
36.00 BEN GORDON EQUIPMENT	A	-56,900	NEW CAP REL COSTS-MVBLE EQUIP	2.00		9 36.00
37.00		0		0.00		0 37.00
38.00		0		0.00		0 38.00
39.00		0		0.00		0 39.00
40.00		0		0.00		0 40.00
41.00		0		0.00		0 41.00
42.00		0		0.00		0 42.00
43.00		0		0.00		0 43.00
44.00		0		0.00		0 44.00
44.01		0		0.00		0 44.01
44.02		0		0.00		0 44.02
44.03		0		0.00		0 44.03
45.00		0		0.00		0 45.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-12,260,301				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: 14-0286	Period: From 09/01/2016 To 08/31/2017	Worksheet A-8-1 Date/Time Prepared: 1/29/2018 11:00 am
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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	HOME OFFICE EXPENSE	18,498,431	16,555,196 1.00
2.00	1.00	NEW CAP REL COSTS-BLDG & FIX	HOME OFFICE EXPENSE	242,113	0 2.00
3.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	HOME OFFICE EXPENSE	2,401,141	0 3.00
4.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HEALTH INSURANCE	3,506,584	3,188,506 4.00
4.01	5.00	ADMINISTRATIVE & GENERAL	INSURANCE	2,247,018	2,247,018 4.01
4.02	60.00	LABORATORY	LAB WORK	44	44 4.02
4.03	93.00	OUTPATIENT COUNSELING	OP COUNSELING REPAIR-MAINTEN	21,523	21,523 4.03
4.04	60.00	LABORATORY	LAB WORK	424,620	424,620 4.04
4.05	60.00	LABORATORY	LAB WORK	68,637	68,637 4.05
4.06	5.00	ADMINISTRATIVE & GENERAL	PHYSICIAN FEES	576,380	576,380 4.06
4.07	55.00	RADIOLOGY-THERAPEUTIC	PHYSICIAN FEES	1,218,400	1,218,400 4.07
5.00	0		0	29,204,891	24,300,324 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		0.00	KISHHEALTH SYS	100.00	6.00
7.00	B		0.00	CADENCE HEALTH	100.00	7.00
8.00	B		0.00	NW MEDICINE	100.00	8.00
9.00	B		0.00	CD HOSP ASSOC	100.00	9.00
10.00	B		0.00	CD PHYS GROUP	100.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 14-0286

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

Worksheet A-8-1

Date/Time Prepared:
1/29/2018 11:00 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	1,943,235	0		1.00
2.00	242,113	9		2.00
3.00	2,401,141	9		3.00
4.00	318,078	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
5.00	4,904,567			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
10.00	HEALTH CARE		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: 14-0286

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

Worksheet A-8-2
Date/Time Prepared:
1/29/2018 11:00 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	AGGREGATE-ADMINISTRATIVE & GENERAL	47,309	47,309	0	0	0	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	2,207,520	2,207,520	0	0	0	2.00
3.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	282,650	98,048	184,602	237,100	1,519	3.00
4.00	53.00	AGGREGATE-ANESTHESIOLOGY	312,125	312,125	0	0	0	4.00
5.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	181,416	181,416	0	0	0	5.00
6.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	2,270	2,270	0	0	0	6.00
7.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	228,125	228,125	0	0	0	7.00
8.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	325,215	325,215	0	0	0	8.00
9.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	1,218,400	1,218,400	0	0	0	9.00
10.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	408,313	408,313	0	0	0	10.00
11.00	91.00	AGGREGATE-EMERGENCY	4,561,572	4,561,572	0	0	0	11.00
12.00	91.00	AGGREGATE-EMERGENCY	83,333	83,333	0	0	0	12.00
13.00	93.00	AGGREGATE-OUTPATIENT COUNSELING	176,267	176,267	0	0	0	13.00
200.00			10,034,515	9,849,913	184,602		1,519	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	AGGREGATE-ADMINISTRATIVE & GENERAL	0	0	0	0	0	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	173,151	8,658	0	0	0	3.00
4.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	0	0	4.00
5.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	5.00
6.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	6.00
7.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	7.00
8.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	8.00
9.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	0	0	9.00
10.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	0	0	10.00
11.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	11.00
12.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	12.00
13.00	93.00	AGGREGATE-OUTPATIENT COUNSELING	0	0	0	0	0	13.00
200.00			173,151	8,658	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	0	0	47,309	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	2,207,520	2.00
3.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	0	173,151	11,451	109,499	3.00
4.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	312,125	4.00
5.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	181,416	5.00
6.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	2,270	6.00
7.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	228,125	7.00
8.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	325,215	8.00
9.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	1,218,400	9.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0286

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

Worksheet A-8-2
Date/Time Prepared:
1/29/2018 11:00 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		
10.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	408,313		10.00
11.00	91.00	AGGREGATE-EMERGENCY	0	0	0	4,561,572		11.00
12.00	91.00	AGGREGATE-EMERGENCY	0	0	0	83,333		12.00
13.00	93.00	AGGREGATE-OUTPATIENT COUNSELING	0	0	0	176,267		13.00
200.00			0	173,151	11,451	9,861,364		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0286

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

Worksheet B
Part I
Date/Time Prepared:
1/29/2018 11:00 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	7,515,932	7,515,932				1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	4,026,867		4,026,867			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	15,930,889	0	324	15,931,213		4.00
5.00 00500 ADMINISTRATIVE & GENERAL	35,944,025	833,975	661,703	2,726,551	40,166,254	5.00
7.00 00700 OPERATION OF PLANT	0	0	0	0	0	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	492,037	33,919	0	0	525,956	8.00
9.00 00900 HOUSEKEEPING	1,411,810	174,775	68,127	257,849	1,912,561	9.00
10.00 01000 DIETARY	667,378	96,580	6,131	78,859	848,948	10.00
11.00 01100 CAFETERIA	780,372	261,842	13,486	173,455	1,229,155	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
12.01 01201 MAINTENANCE OF PLANT	199,889	641,779	6,591	0	848,259	12.01
13.00 01300 NURSING ADMINISTRATION	1,085,703	34,080	0	309,888	1,429,671	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	739,476	120,344	118,475	78,209	1,056,504	14.00
15.00 01500 PHARMACY	2,663,939	117,132	2,495	563,319	3,346,885	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	2,041,075	60,011	11,377	420,172	2,532,635	16.00
17.00 01700 SOCIAL SERVICE	569,435	17,742	0	163,332	750,509	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	10,736,984	1,315,267	325,267	2,744,880	15,122,398	30.00
31.00 03100 INTENSIVE CARE UNIT	3,027,735	220,054	66,735	758,741	4,073,265	31.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	384,521	43,473	113,370	104,583	645,947	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	5,733,423	422,045	685,105	482,192	7,322,765	50.00
50.01 05001 AMBULATORY SERVICES	1,111,836	262,484	537	292,533	1,667,390	50.01
50.02 05002 ENDOSCOPY	919,692	22,640	14,623	127,802	1,084,757	50.02
51.00 05100 RECOVERY ROOM	515,908	76,871	41,476	147,381	781,636	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,687,424	144,228	27,849	411,857	2,271,358	52.00
53.00 05300 ANESTHESIOLOGY	256,494	8,590	5,375	0	270,459	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	8,955,935	582,651	770,166	1,366,426	11,675,178	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	8,191,616	466,763	118,951	515,279	9,292,609	55.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	7,768,731	307,603	490,444	828,187	9,394,965	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	1,535,150	42,710	141,258	413,266	2,132,384	65.00
66.00 06600 PHYSICAL THERAPY	2,873,261	11,802	6,697	736,375	3,628,135	66.00
67.00 06700 OCCUPATIONAL THERAPY	273,280	0	0	57,052	330,332	67.00
68.00 06800 SPEECH PATHOLOGY	171,793	0	0	51,217	223,010	68.00
69.00 06900 ELECTROCARDIOLOGY	737,193	52,906	78,449	131,431	999,979	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	149,177	0	0	0	149,177	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	4,325,437	0	0	0	4,325,437	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	3,881,422	0	0	0	3,881,422	73.00
76.00 03950 SLEEP LAB	346,517	0	17,518	0	364,035	76.00
76.01 03951 CLINICAL NUTRITION	241,190	0	15,870	49,131	306,191	76.01
76.97 07697 CARDIAC REHABILITATION	750,578	0	957	159,459	910,994	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	468,873	0	9,050	115,740	593,663	90.00
91.00 09100 EMERGENCY	4,746,312	738,680	139,118	1,073,934	6,698,044	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 04950 OUTPATIENT COUNSELING	1,177,627	0	12,421	316,918	1,506,966	93.00
93.01 04951 OUTSIDE SERVICES	570,403	0	0	0	570,403	93.01
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	145,607,339	7,110,946	3,969,945	15,656,018	144,870,236	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	272,149	26,012	5,434	21,075	324,670	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0286

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 07950 HOME OFFICE COSTS	0	169,276	0	0	169,276	194.00
194.01 07951 COMMUNITY WELLNESS	621,609	82,049	1,078	169,681	874,417	194.01
194.02 07953 OTHER NONREIMBURSABLE COST CENTERS	505,565	127,649	50,410	84,439	768,063	194.02
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	147,006,662	7,515,932	4,026,867	15,931,213	147,006,662	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0286

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

Worksheet B
Part I
Date/Time Prepared:
1/29/2018 11:00 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	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL	40,166,254				5.00	
7.00	00700	OPERATION OF PLANT	0	0			7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	198,045	0	724,001		8.00	
9.00	00900	HOUSEKEEPING	720,161	0	0	2,632,722	9.00	
10.00	01000	DIETARY	319,665	0	0	36,015	10.00	
11.00	01100	CAFETERIA	462,830	0	0	97,643	11.00	
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00	
12.01	01201	MAINTENANCE OF PLANT	319,406	0	0	229,580	12.01	
13.00	01300	NURSING ADMINISTRATION	538,333	0	0	14,295	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	397,819	0	0	44,877	14.00	
15.00	01500	PHARMACY	1,260,246	0	0	43,680	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	953,646	0	0	22,379	16.00	
17.00	01700	SOCIAL SERVICE	282,599	0	0	6,616	17.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,694,219	0	243,165	490,477	1,040,040	30.00
31.00	03100	INTENSIVE CARE UNIT	1,533,759	0	40,256	82,060	164,588	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	243,227	0	7,762	16,211	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,757,336	0	33,578	157,384	0	50.00
50.01	05001	AMBULATORY SERVICES	627,844	0	83,322	97,882	0	50.01
50.02	05002	ENDOSCOPY	408,458	0	0	8,443	0	50.02
51.00	05100	RECOVERY ROOM	294,320	0	14,106	28,666	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	855,264	0	28,532	53,784	0	52.00
53.00	05300	ANESTHESIOLOGY	101,839	0	0	3,203	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,396,207	0	85,905	217,275	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,499,067	0	6,357	5,434	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	3,537,608	0	0	114,708	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	802,934	0	0	22,109	0	65.00
66.00	06600	PHYSICAL THERAPY	1,366,149	0	2,021	4,401	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	124,384	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	83,973	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	376,535	0	4,042	19,729	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	56,172	0	2,476	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,628,713	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,461,522	0	0	0	0	73.00
76.00	03950	SLEEP LAB	137,075	0	0	12,813	0	76.00
76.01	03951	CLINICAL NUTRITION	115,294	0	0	21,630	0	76.01
76.97	07697	CARDIAC REHABILITATION	343,028	0	3,921	87,554	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	223,540	0	4,042	0	0	90.00
91.00	09100	EMERGENCY	2,522,102	0	164,516	212,440	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	OUTPATIENT COUNSELING	567,437	0	0	0	0	93.00
93.01	04951	OUTSIDE SERVICES	214,781	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	39,425,537	0	724,001	2,151,288	1,204,628	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	122,252	0	0	16,705	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	HOME OFFICE COSTS	0	0	0	373,687	0	194.00
194.01	07951	COMMUNITY WELLNESS	329,256	0	0	30,597	0	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	289,209	0	0	60,445	0	194.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0286

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

Worksheet B
Part I
Date/Time Prepared:
1/29/2018 11:00 am

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	40,166,254	0	724,001	2,632,722	1,204,628	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0286

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

Worksheet B
Part I
Date/Time Prepared:
1/29/2018 11:00 am

Cost Center Description		CAFETERIA	MAINTENANCE OF PERSONNEL	MAINTENANCE OF PLANT	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		11.00	12.00	12.01	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	1,789,628					11.00
12.00	01200		0				12.00
12.01	01201		0	1,397,245			12.01
13.00	01300	41,016	0	10,248	2,033,563		13.00
14.00	01400	17,043	0	36,188	0	1,552,431	14.00
15.00	01500	51,838	0	35,222	0	17,653	15.00
16.00	01600	62,689	0	18,046	0	13	16.00
17.00	01700	18,406	0	5,335	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	372,411	0	395,504	931,489	57,914	30.00
31.00	03100	85,441	0	66,171	213,708	13,484	31.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	13,776	0	13,072	34,458	3,128	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	60,388	0	126,910	151,045	310,201	50.00
50.01	05001	33,603	0	78,930	84,048	6,339	50.01
50.02	05002	14,486	0	6,808	36,234	46,537	50.02
51.00	05100	13,805	0	23,115	34,529	2,646	51.00
52.00	05200	48,998	0	43,370	122,555	11,133	52.00
53.00	05300	0	0	2,583	0	17,020	53.00
54.00	05400	159,236	0	175,205	0	225,863	54.00
55.00	05500	61,808	0	4,382	0	18,123	55.00
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
60.00	06000	136,029	0	92,497	0	67,732	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	55,644	0	12,843	0	8,675	65.00
66.00	06600	82,600	0	3,549	0	2,562	66.00
67.00	06700	4,942	0	0	0	220	67.00
68.00	06800	4,204	0	0	0	0	68.00
69.00	06900	11,987	0	15,909	0	934	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	22,990	71.00
72.00	07200	0	0	0	0	666,591	72.00
73.00	07300	0	0	0	0	0	73.00
76.00	03950	0	0	0	0	6	76.00
76.01	03951	6,647	0	0	0	205	76.01
76.97	07697	18,861	0	0	0	498	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	14,856	0	0	0	1,082	90.00
91.00	09100	135,632	0	168,059	339,247	49,338	91.00
92.00	09200						92.00
93.00	04950	34,483	0	0	86,250	341	93.00
93.01	04951	0	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300	0	0	0	0	0	113.00
118.00		1,560,829	0	1,333,946	2,033,563	1,551,228	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	5,340	0	7,822	0	0	190.00
191.00	19100	0	0	0	0	0	191.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	195,026	0	50,902	0	0	194.00
194.01	07951	18,577	0	0	0	977	194.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0286

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

Worksheet B
Part I
Date/Time Prepared:
1/29/2018 11:00 am

Cost Center Description		CAFETERIA	MAINTENANCE OF PERSONNEL	MAINTENANCE OF PLANT	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		11.00	12.00	12.01	13.00	14.00	
194.02	07953 OTHER NONREIMBURSABLE COST CENTERS	9,856	0	4,575	0	226	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)	1,789,628	0	1,397,245	2,033,563	1,552,431	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0286

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

Worksheet B
Part I
Date/Time Prepared:
1/29/2018 11:00 am

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			15.00	16.00	17.00	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW 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
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
12.01	01201	MAINTENANCE OF PLANT						12.01
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	4,755,524					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,589,408				16.00
17.00	01700	SOCIAL SERVICE	0	0	1,063,465			17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	270,501	866,444	25,484,562	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	52,343	137,116	6,462,191	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	10,517	59,905	1,048,003	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	374,553	0	11,294,160	0	50.00
50.01	05001	AMBULATORY SERVICES	0	23,778	0	2,703,136	0	50.01
50.02	05002	ENDOSCOPY	0	61,323	0	1,667,046	0	50.02
51.00	05100	RECOVERY ROOM	0	15,390	0	1,208,213	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	41,418	0	3,476,412	0	52.00
53.00	05300	ANESTHESIOLOGY	0	71,002	0	466,106	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	763,903	0	17,698,772	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	242,537	0	13,130,317	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	516,793	0	13,860,332	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	106,484	0	3,141,073	0	65.00
66.00	06600	PHYSICAL THERAPY	0	35,049	0	5,124,466	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	5,274	0	465,152	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,949	0	314,136	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	85,161	0	1,514,276	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	32,673	0	263,488	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	137,220	0	6,757,961	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,755,524	499,489	0	10,597,957	0	73.00
76.00	03950	SLEEP LAB	0	14,062	0	527,991	0	76.00
76.01	03951	CLINICAL NUTRITION	0	1,223	0	451,190	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	4,742	0	1,369,598	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	10,122	0	847,305	0	90.00
91.00	09100	EMERGENCY	0	206,938	0	10,496,316	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04950	OUTPATIENT COUNSELING	0	1,885	0	2,197,362	0	93.00
93.01	04951	OUTSIDE SERVICES	0	2,079	0	787,263	0	93.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,755,524	3,589,408	1,063,465	143,354,784	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	476,789	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0286

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

Worksheet B
Part I
Date/Time Prepared:
1/29/2018 11:00 am

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			15.00	16.00	17.00	24.00	25.00	
194.00	07950	HOME OFFICE COSTS	0	0	0	788,891	0	194.00
194.01	07951	COMMUNITY WELLNESS	0	0	0	1,253,824	0	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	1,132,374	0	194.02
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118-201)	4,755,524	3,589,408	1,063,465	147,006,662		202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 14-0286	Period: From 09/01/2016 To 08/31/2017	Worksheet B Part I Date/Time Prepared: 1/29/2018 11:00 am
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 NEW 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
12.00	01200 MAINTENANCE OF PERSONNEL		12.00
12.01	01201 MAINTENANCE OF PLANT		12.01
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
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	25,484,562	30.00
31.00	03100 INTENSIVE CARE UNIT	6,462,191	31.00
40.00	04000 SUBPROVIDER - I PF	0	40.00
41.00	04100 SUBPROVIDER - I RF	0	41.00
42.00	04200 SUBPROVIDER	0	42.00
43.00	04300 NURSERY	1,048,003	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	11,294,160	50.00
50.01	05001 AMBULATORY SERVICES	2,703,136	50.01
50.02	05002 ENDOSCOPY	1,667,046	50.02
51.00	05100 RECOVERY ROOM	1,208,213	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,476,412	52.00
53.00	05300 ANESTHESIOLOGY	466,106	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	17,698,772	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	13,130,317	55.00
57.00	05700 CT SCAN	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	59.00
60.00	06000 LABORATORY	13,860,332	60.00
60.01	06001 BLOOD LABORATORY	0	60.01
65.00	06500 RESPIRATORY THERAPY	3,141,073	65.00
66.00	06600 PHYSICAL THERAPY	5,124,466	66.00
67.00	06700 OCCUPATIONAL THERAPY	465,152	67.00
68.00	06800 SPEECH PATHOLOGY	314,136	68.00
69.00	06900 ELECTROCARDIOLOGY	1,514,276	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	263,488	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	6,757,961	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	10,597,957	73.00
76.00	03950 SLEEP LAB	527,991	76.00
76.01	03951 CLINICAL NUTRITION	451,190	76.01
76.97	07697 CARDIAC REHABILITATION	1,369,598	76.97
OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000 CLINIC	847,305	90.00
91.00	09100 EMERGENCY	10,496,316	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
93.00	04950 OUTPATIENT COUNSELING	2,197,362	93.00
93.01	04951 OUTSIDE SERVICES	787,263	93.01
OTHER REIMBURSABLE COST CENTERS			
99.10	09910 CORF	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS			
109.00	10900 PANCREAS ACQUISITION	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	110.00
111.00	11100 ISLET ACQUISITION	0	111.00
113.00	11300 INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	143,354,784	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	476,789	190.00
191.00	19100 RESEARCH	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	192.00
194.00	07950 HOME OFFICE COSTS	788,891	194.00
194.01	07951 COMMUNITY WELLNESS	1,253,824	194.01
194.02	07953 OTHER NONREIMBURSABLE COST CENTERS	1,132,374	194.02
200.00	Cross Foot Adjustments	0	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0286

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		Total	
		26.00	
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	147,006,662	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0286

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

Worksheet B
Part II
Date/Time Prepared:
1/29/2018 11:00 am

Cost Center Description	CAPITAL RELATED COSTS			Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
	Directly Assigned New Capital Related Costs	NEW BLDG & FIXT	NEW MVBLE EQUIP			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	324	324	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	3,372,806	833,975	661,703	4,868,484	5.00
7.00 00700	OPERATION OF PLANT	0	0	0	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	33,919	0	33,919	8.00
9.00 00900	HOUSEKEEPING	0	174,775	68,127	242,902	9.00
10.00 01000	DIETARY	2,238	96,580	6,131	104,949	10.00
11.00 01100	CAFETERIA	4,923	261,842	13,486	280,251	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
12.01 01201	MAINTENANCE OF PLANT	0	641,779	6,591	648,370	12.01
13.00 01300	NURSING ADMINISTRATION	5,041	34,080	0	39,121	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	41,310	120,344	118,475	280,129	14.00
15.00 01500	PHARMACY	421,855	117,132	2,495	541,482	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	110,980	60,011	11,377	182,368	16.00
17.00 01700	SOCIAL SERVICE	0	17,742	0	17,742	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	1,671	1,315,267	325,267	1,642,205	30.00
31.00 03100	INTENSIVE CARE UNIT	0	220,054	66,735	286,789	31.00
40.00 04000	SUBPROVIDER - I/PF	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - I/RF	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	0	43,473	113,370	156,843	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	17,700	422,045	685,105	1,124,850	50.00
50.01 05001	AMBULATORY SERVICES	0	262,484	537	263,021	50.01
50.02 05002	ENDOSCOPY	0	22,640	14,623	37,263	50.02
51.00 05100	RECOVERY ROOM	0	76,871	41,476	118,347	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	144,228	27,849	172,077	52.00
53.00 05300	ANESTHESIOLOGY	0	8,590	5,375	13,965	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	191,403	582,651	770,166	1,544,220	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	112,218	466,763	118,951	697,932	55.00
57.00 05700	CT SCAN	0	0	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	184,687	307,603	490,444	982,734	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	19,643	42,710	141,258	203,611	65.00
66.00 06600	PHYSICAL THERAPY	616,652	11,802	6,697	635,151	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	10,269	52,906	78,449	141,624	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00 03950	SLEEP LAB	40,712	0	17,518	58,230	76.00
76.01 03951	CLINICAL NUTRITION	68,725	0	15,870	84,595	76.01
76.97 07697	CARDIAC REHABILITATION	278,182	0	957	279,139	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	70,768	0	9,050	79,818	90.00
91.00 09100	EMERGENCY	12,794	738,680	139,118	890,592	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00 04950	OUTPATIENT COUNSELING	84,333	0	12,421	96,754	93.00
93.01 04951	OUTSIDE SERVICES	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	99.10
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00 11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	5,668,910	7,110,946	3,969,945	16,749,801	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,643	26,012	5,434	40,089	190.00
191.00 19100	RESEARCH	0	0	0	0	191.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0286

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

Worksheet B
Part II
Date/Time Prepared:
1/29/2018 11:00 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
	0			2A	4.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 07950 HOME OFFICE COSTS	0	169,276	0	169,276	0	194.00
194.01 07951 COMMUNITY WELLNESS	0	82,049	1,078	83,127	3	194.01
194.02 07953 OTHER NONREIMBURSABLE COST CENTERS	82,746	127,649	50,410	260,805	2	194.02
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	5,760,299	7,515,932	4,026,867	17,303,098	324	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0286	Period: From 09/01/2016 To 08/31/2017	Worksheet B Part II Date/Time Prepared: 1/29/2018 11:00 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	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	4,868,538					5.00
7.00	00700	OPERATION OF PLANT	0	0				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	24,005	0	57,924			8.00
9.00	00900	HOUSEKEEPING	87,291	0	0	330,198		9.00
10.00	01000	DIETARY	38,747	0	0	4,517	148,215	10.00
11.00	01100	CAFETERIA	56,100	0	0	12,246	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
12.01	01201	MAINTENANCE OF PLANT	38,715	0	0	28,794	0	12.01
13.00	01300	NURSING ADMINISTRATION	65,252	0	0	1,793	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	48,220	0	0	5,629	0	14.00
15.00	01500	PHARMACY	152,755	0	0	5,478	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	115,592	0	0	2,807	0	16.00
17.00	01700	SOCIAL SERVICE	34,254	0	0	830	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	690,163	0	19,454	61,517	127,964	30.00
31.00	03100	INTENSIVE CARE UNIT	185,908	0	3,221	10,292	20,251	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	29,482	0	621	2,033	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	334,218	0	2,686	19,739	0	50.00
50.01	05001	AMBULATORY SERVICES	76,101	0	6,666	12,276	0	50.01
50.02	05002	ENDOSCOPY	49,509	0	0	1,059	0	50.02
51.00	05100	RECOVERY ROOM	35,675	0	1,129	3,595	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	103,667	0	2,283	6,746	0	52.00
53.00	05300	ANESTHESIOLOGY	12,344	0	0	402	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	532,867	0	6,873	27,251	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	424,124	0	509	682	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	428,796	0	0	14,387	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	97,324	0	0	2,773	0	65.00
66.00	06600	PHYSICAL THERAPY	165,592	0	162	552	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	15,077	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	10,178	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	45,640	0	323	2,474	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,809	0	198	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	197,417	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	177,152	0	0	0	0	73.00
76.00	03950	SLEEP LAB	16,615	0	0	1,607	0	76.00
76.01	03951	CLINICAL NUTRITION	13,975	0	0	2,713	0	76.01
76.97	07697	CARDIAC REHABILITATION	41,579	0	314	10,981	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	27,095	0	323	0	0	90.00
91.00	09100	EMERGENCY	305,705	0	13,162	26,644	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	OUTPATIENT COUNSELING	68,779	0	0	0	0	93.00
93.01	04951	OUTSIDE SERVICES	26,034	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,778,756	0	57,924	269,817	148,215	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	14,818	0	0	2,095	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	HOME OFFICE COSTS	0	0	0	46,868	0	194.00
194.01	07951	COMMUNITY WELLNESS	39,909	0	0	3,837	0	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	35,055	0	0	7,581	0	194.02

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0286			Period: From 09/01/2016 To 08/31/2017		Worksheet B Part II Date/Time Prepared: 1/29/2018 11:00 am	
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		5.00	7.00	8.00	9.00	10.00		
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	4,868,538	0	57,924	330,198	148,215		202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0286		Period: From 09/01/2016 To 08/31/2017		Worksheet B Part II Date/Time Prepared: 1/29/2018 11:00 am	
Cost Center Description			CAFETERIA	MAINTENANCE OF PERSONNEL	MAINTENANCE OF PLANT	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			11.00	12.00	12.01	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW 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	348,600					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
12.01	01201	MAINTENANCE OF PLANT	0	0	715,879			12.01
13.00	01300	NURSING ADMINISTRATION	7,989	0	5,251	119,412		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,320	0	18,541	0	355,841	14.00
15.00	01500	PHARMACY	10,098	0	18,046	0	4,046	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	12,211	0	9,246	0	3	16.00
17.00	01700	SOCIAL SERVICE	3,585	0	2,733	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	72,540	0	202,637	54,697	13,275	30.00
31.00	03100	INTENSIVE CARE UNIT	16,643	0	33,903	12,549	3,091	31.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	2,683	0	6,698	2,023	717	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	11,763	0	65,023	8,869	71,103	50.00
50.01	05001	AMBULATORY SERVICES	6,545	0	40,440	4,935	1,453	50.01
50.02	05002	ENDOSCOPY	2,822	0	3,488	2,128	10,667	50.02
51.00	05100	RECOVERY ROOM	2,689	0	11,843	2,028	607	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,544	0	22,220	7,197	2,552	52.00
53.00	05300	ANESTHESIOLOGY	0	0	1,323	0	3,901	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	31,017	0	89,766	0	51,771	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	12,040	0	2,245	0	4,154	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	26,497	0	47,391	0	15,525	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	10,839	0	6,580	0	1,988	65.00
66.00	06600	PHYSICAL THERAPY	16,090	0	1,818	0	587	66.00
67.00	06700	OCCUPATIONAL THERAPY	963	0	0	0	50	67.00
68.00	06800	SPEECH PATHOLOGY	819	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,335	0	8,151	0	214	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	5,270	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	152,794	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03950	SLEEP LAB	0	0	0	0	1	76.00
76.01	03951	CLINICAL NUTRITION	1,295	0	0	0	47	76.01
76.97	07697	CARDIAC REHABILITATION	3,674	0	0	0	114	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	2,894	0	0	0	248	90.00
91.00	09100	EMERGENCY	26,420	0	86,105	19,921	11,309	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	OUTPATIENT COUNSELING	6,717	0	0	5,065	78	93.00
93.01	04951	OUTSIDE SERVICES	0	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	304,032	0	683,448	119,412	355,565	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,040	0	4,007	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	HOME OFFICE COSTS	37,989	0	26,080	0	0	194.00
194.01	07951	COMMUNITY WELLNESS	3,619	0	0	0	224	194.01

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0286		Period: From 09/01/2016 To 08/31/2017		Worksheet B Part II Date/Time Prepared: 1/29/2018 11:00 am	
Cost Center Description		CAFETERIA	MAINTENANCE OF PERSONNEL	MAINTENANCE OF PLANT	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		11.00	12.00	12.01	13.00	14.00	
194.02	07953 OTHER NONREIMBURSABLE COST CENTERS	1,920	0	2,344	0	52	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)	348,600	0	715,879	119,412	355,841	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0286		Period: From 09/01/2016 To 08/31/2017		Worksheet B Part II Date/Time Prepared: 1/29/2018 11:00 am	
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			15.00	16.00	17.00	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW 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
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
12.01	01201	MAINTENANCE OF PLANT						12.01
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	731,916					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	322,235				16.00
17.00	01700	SOCIAL SERVICE	0	0	59,147			17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	24,277	48,189	2,956,982	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	4,698	7,626	584,986	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	944	3,332	205,378	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	33,615	0	1,671,876	0	50.00
50.01	05001	AMBULATORY SERVICES	0	2,134	0	413,577	0	50.01
50.02	05002	ENDOSCOPY	0	5,504	0	112,443	0	50.02
51.00	05100	RECOVERY ROOM	0	1,381	0	177,297	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,717	0	330,011	0	52.00
53.00	05300	ANESTHESIOLOGY	0	6,372	0	38,307	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	68,652	0	2,352,444	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	21,767	0	1,163,463	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	46,381	0	1,561,727	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	9,557	0	332,680	0	65.00
66.00	06600	PHYSICAL THERAPY	0	3,146	0	823,113	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	473	0	16,564	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	265	0	11,263	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	7,643	0	208,407	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,932	0	15,209	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	12,315	0	362,526	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	731,916	44,828	0	953,896	0	73.00
76.00	03950	SLEEP LAB	0	1,262	0	77,715	0	76.00
76.01	03951	CLINICAL NUTRITION	0	110	0	102,736	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	426	0	336,230	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	908	0	111,288	0	90.00
91.00	09100	EMERGENCY	0	18,572	0	1,398,451	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04950	OUTPATIENT COUNSELING	0	169	0	177,568	0	93.00
93.01	04951	OUTSIDE SERVICES	0	187	0	26,221	0	93.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	731,916	322,235	59,147	16,522,358	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	62,049	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0286		Period: From 09/01/2016 To 08/31/2017		Worksheet B Part II Date/Time Prepared: 1/29/2018 11:00 am	
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			15.00	16.00	17.00	24.00	25.00	
194.00	07950	HOME OFFICE COSTS	0	0	0	280,213	0	194.00
194.01	07951	COMMUNITY WELLNESS	0	0	0	130,719	0	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	307,759	0	194.02
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118-201)	731,916	322,235	59,147	17,303,098		202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0286	Period: From 09/01/2016 To 08/31/2017	Worksheet B Part II Date/Time Prepared: 1/29/2018 11:00 am
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 NEW 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
12.00	01200 MAINTENANCE OF PERSONNEL		12.00
12.01	01201 MAINTENANCE OF PLANT		12.01
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
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	2,956,982	30.00
31.00	03100 INTENSIVE CARE UNIT	584,986	31.00
40.00	04000 SUBPROVIDER - I PF	0	40.00
41.00	04100 SUBPROVIDER - I RF	0	41.00
42.00	04200 SUBPROVIDER	0	42.00
43.00	04300 NURSERY	205,378	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	1,671,876	50.00
50.01	05001 AMBULATORY SERVICES	413,577	50.01
50.02	05002 ENDOSCOPY	112,443	50.02
51.00	05100 RECOVERY ROOM	177,297	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	330,011	52.00
53.00	05300 ANESTHESIOLOGY	38,307	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,352,444	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,163,463	55.00
57.00	05700 CT SCAN	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	59.00
60.00	06000 LABORATORY	1,561,727	60.00
60.01	06001 BLOOD LABORATORY	0	60.01
65.00	06500 RESPIRATORY THERAPY	332,680	65.00
66.00	06600 PHYSICAL THERAPY	823,113	66.00
67.00	06700 OCCUPATIONAL THERAPY	16,564	67.00
68.00	06800 SPEECH PATHOLOGY	11,263	68.00
69.00	06900 ELECTROCARDIOLOGY	208,407	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	15,209	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	362,526	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	953,896	73.00
76.00	03950 SLEEP LAB	77,715	76.00
76.01	03951 CLINICAL NUTRITION	102,736	76.01
76.97	07697 CARDIAC REHABILITATION	336,230	76.97
OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000 CLINIC	111,288	90.00
91.00	09100 EMERGENCY	1,398,451	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
93.00	04950 OUTPATIENT COUNSELING	177,568	93.00
93.01	04951 OUTSIDE SERVICES	26,221	93.01
OTHER REIMBURSABLE COST CENTERS			
99.10	09910 CORF	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS			
109.00	10900 PANCREAS ACQUISITION	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	110.00
111.00	11100 ISLET ACQUISITION	0	111.00
113.00	11300 INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	16,522,358	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	62,049	190.00
191.00	19100 RESEARCH	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	192.00
194.00	07950 HOME OFFICE COSTS	280,213	194.00
194.01	07951 COMMUNITY WELLNESS	130,719	194.01
194.02	07953 OTHER NONREIMBURSABLE COST CENTERS	307,759	194.02
200.00	Cross Foot Adjustments	0	200.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0286		Period: From 09/01/2016 To 08/31/2017	Worksheet B Part II Date/Time Prepared: 1/29/2018 11:00 am
Cost Center Description		Total			
		26.00			
201.00	Negative Cost Centers	0	201.00		
202.00	TOTAL (sum lines 118-201)	17,303,098	202.00		

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0286

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

Worksheet B-1
Date/Time Prepared:
1/29/2018 11:00 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00				
GENERAL SERVICE COST CENTERS							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	187,237					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		1,565,847				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	126	52,893,567			4.00
5.00 00500	ADMINISTRATIVE & GENERAL	20,776	257,303	9,052,475	-40,166,254	106,671,132	5.00
7.00 00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	845	0	0	0	525,956	8.00
9.00 00900	HOUSEKEEPING	4,354	26,491	856,088	0	1,912,561	9.00
10.00 01000	DIETARY	2,406	2,384	261,820	0	848,948	10.00
11.00 01100	CAFETERIA	6,523	5,244	575,890	0	1,229,155	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
12.01 01201	MAINTENANCE OF PLANT	15,988	2,563	0	0	848,259	12.01
13.00 01300	NURSING ADMINISTRATION	849	0	1,028,865	0	1,429,671	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	2,998	46,069	259,662	0	1,056,504	14.00
15.00 01500	PHARMACY	2,918	970	1,870,285	0	3,346,885	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,495	4,424	1,395,020	0	2,532,635	16.00
17.00 01700	SOCIAL SERVICE	442	0	542,283	0	750,509	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	32,766	126,480	9,113,370	0	15,122,398	30.00
31.00 03100	INTENSIVE CARE UNIT	5,482	25,950	2,519,110	0	4,073,265	31.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300	NURSERY	1,083	44,084	347,229	0	645,947	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	10,514	266,403	1,600,934	0	7,322,765	50.00
50.01 05001	AMBULATORY SERVICES	6,539	209	971,245	0	1,667,390	50.01
50.02 05002	ENDOSCOPY	564	5,686	424,318	0	1,084,757	50.02
51.00 05100	RECOVERY ROOM	1,915	16,128	489,324	0	781,636	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	3,593	10,829	1,367,415	0	2,271,358	52.00
53.00 05300	ANESTHESIOLOGY	214	2,090	0	0	270,459	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	14,515	299,480	4,536,697	0	11,675,178	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	11,628	46,254	1,710,788	0	9,292,609	55.00
57.00 05700	CT SCAN	0	0	0	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000	LABORATORY	7,663	190,709	2,749,679	0	9,394,965	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	1,064	54,928	1,372,094	0	2,132,384	65.00
66.00 06600	PHYSICAL THERAPY	294	2,604	2,444,853	0	3,628,135	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	189,418	0	330,332	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	170,046	0	223,010	68.00
69.00 06900	ELECTROCARDIOLOGY	1,318	30,505	436,366	0	999,979	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	149,177	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	4,325,437	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	3,881,422	73.00
76.00 03950	SLEEP LAB	0	6,812	0	0	364,035	76.00
76.01 03951	CLINICAL NUTRITION	0	6,171	163,121	0	306,191	76.01
76.97 07697	CARDIAC REHABILITATION	0	372	529,424	0	910,994	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000	CLINIC	0	3,519	384,271	0	593,663	90.00
91.00 09100	EMERGENCY	18,402	54,096	3,565,590	0	6,698,044	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 04950	OUTPATIENT COUNSELING	0	4,830	1,052,205	0	1,506,966	93.00
93.01 04951	OUTSIDE SERVICES	0	0	0	0	570,403	93.01
OTHER REIMBURSABLE COST CENTERS							
99.10 09910	CORF	0	0	0	0	0	99.10
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	177,148	1,543,713	51,979,885	-40,166,254	104,703,982	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	648	2,113	69,973	0	324,670	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0286

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

Worksheet B-1

Date/Time Prepared:
1/29/2018 11:00 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00				
191.00 19100 RESEARCH	0	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
194.00 07950 HOME OFFICE COSTS	4,217	0	0	-169,276	0	0	194.00
194.01 07951 COMMUNITY WELLNESS	2,044	419	563,362	0	874,417	0	194.01
194.02 07953 OTHER NONREIMBURSABLE COST CENTERS	3,180	19,602	280,347	0	768,063	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)	7,515,932	4,026,867	15,931,213		40,166,254		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	40.141275	2.571686	0.301194		0.376543		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			324		4,868,538		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000006		0.045641		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0286

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (MEALS SERVED)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW 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	0				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	54,099			8.00
9.00	00900	HOUSEKEEPING	0	0	175,878		9.00
10.00	01000	DIETARY	0	0	2,406	20,991	10.00
11.00	01100	CAFETERIA	0	0	6,523	0	63,005
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
12.01	01201	MAINTENANCE OF PLANT	0	0	15,337	0	12.01
13.00	01300	NURSING ADMINISTRATIVE	0	0	955	0	1,444
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	2,998	0	600
15.00	01500	PHARMACY	0	0	2,918	0	1,825
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1,495	0	2,207
17.00	01700	SOCIAL SERVICE	0	0	442	0	648
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	18,170	32,766	18,123	13,111
31.00	03100	INTENSIVE CARE UNIT	0	3,008	5,482	2,868	3,008
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	580	1,083	0	485
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	2,509	10,514	0	2,126
50.01	05001	AMBULATORY SERVICES	0	6,226	6,539	0	1,183
50.02	05002	ENDOSCOPY	0	0	564	0	510
51.00	05100	RECOVERY ROOM	0	1,054	1,915	0	486
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,132	3,593	0	1,725
53.00	05300	ANESTHESIOLOGY	0	0	214	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	6,419	14,515	0	5,606
55.00	05500	RADIOLOGY-THERAPEUTIC	0	475	363	0	2,176
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	0	0	7,663	0	4,789
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	1,477	0	1,959
66.00	06600	PHYSICAL THERAPY	0	151	294	0	2,908
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	174
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	148
69.00	06900	ELECTROCARDIOLOGY	0	302	1,318	0	422
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	185	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00	03950	SLEEP LAB	0	0	856	0	0
76.01	03951	CLINICAL NUTRITION	0	0	1,445	0	234
76.97	07697	CARDIAC REHABILITATION	0	293	5,849	0	664
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	302	0	0	523
91.00	09100	EMERGENCY	0	12,293	14,192	0	4,775
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
93.00	04950	OUTPATIENT COUNSELING	0	0	0	0	1,214
93.01	04951	OUTSIDE SERVICES	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	54,099	143,716	20,991	54,950
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	1,116	0	188
191.00	19100	RESEARCH	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
194.00	07950	HOME OFFICE COSTS	0	0	24,964	0	6,866

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0286

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

Worksheet B-1

Date/Time Prepared:
1/29/2018 11:00 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (MEALS SERVED)	
		7.00	8.00	9.00	10.00	11.00	
194.01	07951 COMMUNITY WELLNESS	0	0	2,044	0	654	194.01
194.02	07953 OTHER NONREIMBURSABLE COST CENTERS	0	0	4,038	0	347	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	724,001	2,632,722	1,204,628	1,789,628	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	13.382891	14.969024	57.387833	28.404539	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	57,924	330,198	148,215	348,600	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	1.070704	1.877426	7.060883	5.532894	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0286

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

Worksheet B-1

Date/Time Prepared:
1/29/2018 11:00 am

Cost Center Description		MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	MAINTENANCE OF PLANT (SQUARE FEET)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		12.00	12.01	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
12.00	01200	0					12.00
12.01	01201	0	115,756				12.01
13.00	01300	0	849	28,623			13.00
14.00	01400	0	2,998	0	10,073,563		14.00
15.00	01500	0	2,918	0	114,549	3,881,422	15.00
16.00	01600	0	1,495	0	82	0	16.00
17.00	01700	0	442	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	32,766	13,111	375,798	0	30.00
31.00	03100	0	5,482	3,008	87,494	0	31.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	1,083	485	20,297	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	10,514	2,126	2,012,869	0	50.00
50.01	05001	0	6,539	1,183	41,130	0	50.01
50.02	05002	0	564	510	301,974	0	50.02
51.00	05100	0	1,915	486	17,172	0	51.00
52.00	05200	0	3,593	1,725	72,242	0	52.00
53.00	05300	0	214	0	110,444	0	53.00
54.00	05400	0	14,515	0	1,465,604	0	54.00
55.00	05500	0	363	0	117,598	0	55.00
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
60.00	06000	0	7,663	0	439,506	0	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	0	1,064	0	56,291	0	65.00
66.00	06600	0	294	0	16,627	0	66.00
67.00	06700	0	0	0	1,425	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	1,318	0	6,058	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	149,177	0	71.00
72.00	07200	0	0	0	4,325,437	0	72.00
73.00	07300	0	0	0	0	3,881,422	73.00
76.00	03950	0	0	0	38	0	76.00
76.01	03951	0	0	0	1,332	0	76.01
76.97	07697	0	0	0	3,229	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	7,024	0	90.00
91.00	09100	0	13,923	4,775	320,149	0	91.00
92.00	09200	0	0	0	0	0	92.00
93.00	04950	0	0	1,214	2,211	0	93.00
93.01	04951	0	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300	0	0	0	0	0	113.00
118.00		0	110,512	28,623	10,065,757	3,881,422	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	648	0	0	0	190.00
191.00	19100	0	0	0	0	0	191.00
192.00	19200	0	0	0	0	0	192.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0286

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

Worksheet B-1

Date/Time Prepared:
1/29/2018 11:00 am

Cost Center Description			MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	MAINTENANCE OF PLANT (SQUARE FEET)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			12.00	12.01	13.00	14.00	15.00	
194.00	07950	HOME OFFICE COSTS	0	4,217	0	0	0	194.00
194.01	07951	COMMUNITY WELLNESS	0	0	0	6,341	0	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	0	379	0	1,465	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	1,397,245	2,033,563	1,552,431	4,755,524	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	12.070605	71.046466	0.154109	1.225201	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	715,879	119,412	355,841	731,916	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	6.184379	4.171890	0.035324	0.188569	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0286

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

Worksheet B-1
Date/Time Prepared:
1/29/2018 11:00 am

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	
		16.00	17.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	NEW 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
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
12.01	01201	MAINTENANCE OF PLANT		12.01
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	603,275,660	16.00
17.00	01700	SOCIAL SERVICE	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	45,462,293	30.00
31.00	03100	INTENSIVE CARE UNIT	8,797,202	31.00
40.00	04000	SUBPROVIDER - IPF	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	1,767,603	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	62,950,085	50.00
50.01	05001	AMBULATORY SERVICES	3,996,354	50.01
50.02	05002	ENDOSCOPY	10,306,413	50.02
51.00	05100	RECOVERY ROOM	2,586,548	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,960,950	52.00
53.00	05300	ANESTHESIOLOGY	11,933,162	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	128,400,567	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	40,762,561	55.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	86,856,034	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
65.00	06500	RESPIRATORY THERAPY	17,896,452	65.00
66.00	06600	PHYSICAL THERAPY	5,890,556	66.00
67.00	06700	OCCUPATIONAL THERAPY	886,451	67.00
68.00	06800	SPEECH PATHOLOGY	495,572	68.00
69.00	06900	ELECTROCARDIOLOGY	14,312,787	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,491,217	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	23,062,250	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	83,947,756	73.00
76.00	03950	SLEEP LAB	2,363,421	76.00
76.01	03951	CLINICAL NUTRITION	205,536	76.01
76.97	07697	CARDIAC REHABILITATION	796,981	76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	1,701,136	90.00
91.00	09100	EMERGENCY	34,779,497	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
93.00	04950	OUTPATIENT COUNSELING	316,827	93.00
93.01	04951	OUTSIDE SERVICES	349,449	93.01
OTHER REIMBURSABLE COST CENTERS				
99.10	09910	CORF	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900	PANCREAS ACQUISITION	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	110.00
111.00	11100	ISLET ACQUISITION	0	111.00
113.00	11300	INTEREST EXPENSE	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	603,275,660	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
191.00	19100	RESEARCH	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0286

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

Worksheet B-1

Date/Time Prepared:
1/29/2018 11:00 am

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	
			16.00	17.00	
194.00	07950	HOME OFFICE COSTS	0	0	194.00
194.01	07951	COMMUNITY WELLNESS	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	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)	3,589,408	1,063,465	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.005950	47.809072	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	322,235	59,147	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000534	2.659009	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0286

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

Worksheet C
Part I
Date/Time Prepared:
1/29/2018 11:00 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		25,484,562	0	25,484,562	30.00
31.00	03100 INTENSIVE CARE UNIT		6,462,191	0	6,462,191	31.00
40.00	04000 SUBPROVIDER - I/PF		0	0	0	40.00
41.00	04100 SUBPROVIDER - I/RF		0	0	0	41.00
42.00	04200 SUBPROVIDER		0	0	0	42.00
43.00	04300 NURSERY		1,048,003	0	1,048,003	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		11,294,160	0	11,294,160	50.00
50.01	05001 AMBULATORY SERVICES		2,703,136	0	2,703,136	50.01
50.02	05002 ENDOSCOPY		1,667,046	0	1,667,046	50.02
51.00	05100 RECOVERY ROOM		1,208,213	0	1,208,213	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		3,476,412	11,451	3,487,863	52.00
53.00	05300 ANESTHESIOLOGY		466,106	0	466,106	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		17,698,772	0	17,698,772	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		13,130,317	0	13,130,317	55.00
57.00	05700 CT SCAN		0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION		0	0	0	59.00
60.00	06000 LABORATORY		13,860,332	0	13,860,332	60.00
60.01	06001 BLOOD LABORATORY		0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	3,141,073	0	3,141,073	65.00
66.00	06600 PHYSICAL THERAPY	0	5,124,466	0	5,124,466	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	465,152	0	465,152	67.00
68.00	06800 SPEECH PATHOLOGY	0	314,136	0	314,136	68.00
69.00	06900 ELECTROCARDIOLOGY		1,514,276	0	1,514,276	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		263,488	0	263,488	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		6,757,961	0	6,757,961	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		10,597,957	0	10,597,957	73.00
76.00	03950 SLEEP LAB		527,991	0	527,991	76.00
76.01	03951 CLINICAL NUTRITION		451,190	0	451,190	76.01
76.97	07697 CARDIAC REHABILITATION		1,369,598	0	1,369,598	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	09000 CLINIC		847,305	0	847,305	90.00
91.00	09100 EMERGENCY		10,496,316	0	10,496,316	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		3,861,033	0	3,861,033	92.00
93.00	04950 OUTPATIENT COUNSELING		2,197,362	0	2,197,362	93.00
93.01	04951 OUTSIDE SERVICES		787,263	0	787,263	93.01
OTHER REIMBURSABLE COST CENTERS						
99.10	09910 CORF		0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900 PANCREAS ACQUISITION		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION		0	0	0	110.00
111.00	11100 ISLET ACQUISITION		0	0	0	111.00
113.00	11300 INTEREST EXPENSE		0	0	0	113.00
200.00	Subtotal (see instructions)		147,215,817	11,451	147,227,268	200.00
201.00	Less Observation Beds		3,861,033	0	3,861,033	201.00
202.00	Total (see instructions)		143,354,784	11,451	143,366,235	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0286

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

Worksheet C
Part I
Date/Time Prepared:
1/29/2018 11:00 am

		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	40,189,487		40,189,487		30.00
31.00	03100	INTENSIVE CARE UNIT	8,797,202		8,797,202		31.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	1,767,603		1,767,603		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	27,121,770	35,828,315	62,950,085	0.179415	50.00
50.01	05001	AMBULATORY SERVICES	330,473	3,665,881	3,996,354	0.676401	50.01
50.02	05002	ENDOSCOPY	1,232,482	9,073,931	10,306,413	0.161748	50.02
51.00	05100	RECOVERY ROOM	923,619	1,662,929	2,586,548	0.467114	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,889,042	71,908	6,960,950	0.499416	52.00
53.00	05300	ANESTHESIOLOGY	3,578,098	8,355,064	11,933,162	0.039060	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	32,795,097	95,605,470	128,400,567	0.137840	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	25,620	40,736,941	40,762,561	0.322117	55.00
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	23,913,689	62,942,345	86,856,034	0.159578	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	15,633,116	2,263,336	17,896,452	0.175514	65.00
66.00	06600	PHYSICAL THERAPY	1,248,760	4,641,796	5,890,556	0.869946	66.00
67.00	06700	OCCUPATIONAL THERAPY	343,917	542,534	886,451	0.524735	67.00
68.00	06800	SPEECH PATHOLOGY	200,457	295,115	495,572	0.633886	68.00
69.00	06900	ELECTROCARDIOLOGY	5,606,098	8,706,689	14,312,787	0.105799	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,889,608	2,601,609	5,491,217	0.047984	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,457,223	8,605,027	23,062,250	0.293031	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	57,414,222	26,533,534	83,947,756	0.126245	73.00
76.00	03950	SLEEP LAB	0	2,363,421	2,363,421	0.223401	76.00
76.01	03951	CLINICAL NUTRITION	6,400	199,136	205,536	2.195187	76.01
76.97	07697	CARDIAC REHABILITATION	1,449	795,532	796,981	1.718483	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	17,782	1,683,354	1,701,136	0.498082	90.00
91.00	09100	EMERGENCY	6,942,354	27,837,143	34,779,497	0.301796	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,344,669	3,928,137	5,272,806	0.732254	92.00
93.00	04950	OUTPATIENT COUNSELING	0	316,827	316,827	6.935526	93.00
93.01	04951	OUTSIDE SERVICES	332,572	16,877	349,449	2.252870	93.01
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	254,002,809	349,272,851	603,275,660		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	254,002,809	349,272,851	603,275,660		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0286	Period: From 09/01/2016 To 08/31/2017	Worksheet C Part I Date/Time Prepared: 1/29/2018 11:00 am
Cost Center Description			PPS Inpatient Ratio 11.00	Title XVIII	Hospital PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.179415		50.00
50.01	05001	AMBULATORY SERVICES	0.676401		50.01
50.02	05002	ENDOSCOPY	0.161748		50.02
51.00	05100	RECOVERY ROOM	0.467114		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.501061		52.00
53.00	05300	ANESTHESIOLOGY	0.039060		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.137840		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.322117		55.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.159578		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
65.00	06500	RESPIRATORY THERAPY	0.175514		65.00
66.00	06600	PHYSICAL THERAPY	0.869946		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.524735		67.00
68.00	06800	SPEECH PATHOLOGY	0.633886		68.00
69.00	06900	ELECTROCARDIOLOGY	0.105799		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.047984		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.293031		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.126245		73.00
76.00	03950	SLEEP LAB	0.223401		76.00
76.01	03951	CLINICAL NUTRITION	2.195187		76.01
76.97	07697	CARDIAC REHABILITATION	1.718483		76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0.498082		90.00
91.00	09100	EMERGENCY	0.301796		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.732254		92.00
93.00	04950	OUTPATIENT COUNSELING	6.935526		93.00
93.01	04951	OUTSIDE SERVICES	2.252870		93.01
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF			99.10
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
113.00	11300	INTEREST EXPENSE			113.00
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: 14-0286

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

Worksheet C
Part I
Date/Time Prepared:
1/29/2018 11:00 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	25,484,562	25,484,562	0	25,484,562	30.00
31.00	03100 INTENSIVE CARE UNIT	6,462,191	6,462,191	0	6,462,191	31.00
40.00	04000 SUBPROVIDER - I/PF	0	0	0	0	40.00
41.00	04100 SUBPROVIDER - I/RF	0	0	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	42.00
43.00	04300 NURSERY	1,048,003	1,048,003	0	1,048,003	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	11,294,160	11,294,160	0	11,294,160	50.00
50.01	05001 AMBULATORY SERVICES	2,703,136	2,703,136	0	2,703,136	50.01
50.02	05002 ENDOSCOPY	1,667,046	1,667,046	0	1,667,046	50.02
51.00	05100 RECOVERY ROOM	1,208,213	1,208,213	0	1,208,213	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,476,412	3,476,412	11,451	3,487,863	52.00
53.00	05300 ANESTHESIOLOGY	466,106	466,106	0	466,106	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	17,698,772	17,698,772	0	17,698,772	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	13,130,317	13,130,317	0	13,130,317	55.00
57.00	05700 CT SCAN	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000 LABORATORY	13,860,332	13,860,332	0	13,860,332	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	3,141,073	3,141,073	0	3,141,073	65.00
66.00	06600 PHYSICAL THERAPY	5,124,466	5,124,466	0	5,124,466	66.00
67.00	06700 OCCUPATIONAL THERAPY	465,152	465,152	0	465,152	67.00
68.00	06800 SPEECH PATHOLOGY	314,136	314,136	0	314,136	68.00
69.00	06900 ELECTROCARDIOLOGY	1,514,276	1,514,276	0	1,514,276	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	263,488	263,488	0	263,488	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	6,757,961	6,757,961	0	6,757,961	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	10,597,957	10,597,957	0	10,597,957	73.00
76.00	03950 SLEEP LAB	527,991	527,991	0	527,991	76.00
76.01	03951 CLINICAL NUTRITION	451,190	451,190	0	451,190	76.01
76.97	07697 CARDIAC REHABILITATION	1,369,598	1,369,598	0	1,369,598	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000 CLINIC	847,305	847,305	0	847,305	90.00
91.00	09100 EMERGENCY	10,496,316	10,496,316	0	10,496,316	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	3,861,033	3,861,033	0	3,861,033	92.00
93.00	04950 OUTPATIENT COUNSELING	2,197,362	2,197,362	0	2,197,362	93.00
93.01	04951 OUTSIDE SERVICES	787,263	787,263	0	787,263	93.01
OTHER REIMBURSABLE COST CENTERS						
99.10	09910 CORF	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	113.00
200.00	Subtotal (see instructions)	147,215,817	147,215,817	11,451	147,227,268	200.00
201.00	Less Observation Beds	3,861,033	3,861,033	0	3,861,033	201.00
202.00	Total (see instructions)	143,354,784	143,354,784	11,451	143,366,235	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0286

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

Worksheet C
Part I
Date/Time Prepared:
1/29/2018 11:00 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	40,189,487		40,189,487		30.00
31.00	03100	INTENSIVE CARE UNIT	8,797,202		8,797,202		31.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	1,767,603		1,767,603		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	27,121,770	35,828,315	62,950,085	0.179415	50.00
50.01	05001	AMBULATORY SERVICES	330,473	3,665,881	3,996,354	0.676401	50.01
50.02	05002	ENDOSCOPY	1,232,482	9,073,931	10,306,413	0.161748	50.02
51.00	05100	RECOVERY ROOM	923,619	1,662,929	2,586,548	0.467114	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,889,042	71,908	6,960,950	0.499416	52.00
53.00	05300	ANESTHESIOLOGY	3,578,098	8,355,064	11,933,162	0.039060	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	32,795,097	95,605,470	128,400,567	0.137840	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	25,620	40,736,941	40,762,561	0.322117	55.00
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	23,913,689	62,942,345	86,856,034	0.159578	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	15,633,116	2,263,336	17,896,452	0.175514	65.00
66.00	06600	PHYSICAL THERAPY	1,248,760	4,641,796	5,890,556	0.869946	66.00
67.00	06700	OCCUPATIONAL THERAPY	343,917	542,534	886,451	0.524735	67.00
68.00	06800	SPEECH PATHOLOGY	200,457	295,115	495,572	0.633886	68.00
69.00	06900	ELECTROCARDIOLOGY	5,606,098	8,706,689	14,312,787	0.105799	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,889,608	2,601,609	5,491,217	0.047984	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,457,223	8,605,027	23,062,250	0.293031	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	57,414,222	26,533,534	83,947,756	0.126245	73.00
76.00	03950	SLEEP LAB	0	2,363,421	2,363,421	0.223401	76.00
76.01	03951	CLINICAL NUTRITION	6,400	199,136	205,536	2.195187	76.01
76.97	07697	CARDIAC REHABILITATION	1,449	795,532	796,981	1.718483	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	17,782	1,683,354	1,701,136	0.498082	90.00
91.00	09100	EMERGENCY	6,942,354	27,837,143	34,779,497	0.301796	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,344,669	3,928,137	5,272,806	0.732254	92.00
93.00	04950	OUTPATIENT COUNSELING	0	316,827	316,827	6.935526	93.00
93.01	04951	OUTSIDE SERVICES	332,572	16,877	349,449	2.252870	93.01
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	254,002,809	349,272,851	603,275,660		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	254,002,809	349,272,851	603,275,660		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0286	Period: From 09/01/2016 To 08/31/2017	Worksheet C Part I Date/Time Prepared: 1/29/2018 11:00 am
Cost Center Description			PPS Inpatient Ratio 11.00	Title XIX	Hospital
					Cost
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
50.01	05001	AMBULATORY SERVICES	0.000000		50.01
50.02	05002	ENDOSCOPY	0.000000		50.02
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
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.00	03950	SLEEP LAB	0.000000		76.00
76.01	03951	CLINICAL NUTRITION	0.000000		76.01
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000		90.00
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
93.00	04950	OUTPATIENT COUNSELING	0.000000		93.00
93.01	04951	OUTSIDE SERVICES	0.000000		93.01
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF			99.10
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
113.00	11300	INTEREST EXPENSE			113.00
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: 14-0286	Period: From 09/01/2016 To 08/31/2017	Worksheet D Part I Date/Time Prepared: 1/29/2018 11:00 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)	
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	2,956,982	0	2,956,982	21,359	138.44	30.00
31.00	INTENSIVE CARE UNIT	584,986		584,986	2,868	203.97	31.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	205,378		205,378	1,253	163.91	43.00
200.00	Total (Lines 30-199)	3,747,346		3,747,346	25,480		200.00

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
	6.00	7.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	8,940	1,237,654				30.00
31.00	INTENSIVE CARE UNIT	1,628	332,063				31.00
40.00	SUBPROVIDER - IPF	0	0				40.00
41.00	SUBPROVIDER - IRF	0	0				41.00
42.00	SUBPROVIDER	0	0				42.00
43.00	NURSERY	0	0				43.00
200.00	Total (Lines 30-199)	10,568	1,569,717				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0286	Period: From 09/01/2016 To 08/31/2017	Worksheet D Part II Date/Time Prepared: 1/29/2018 11:00 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	1,671,876	62,950,085	0.026559	11,436,867	303,752	50.00
50.01	05001 AMBULATORY SERVICES	413,577	3,996,354	0.103489	48,614	5,031	50.01
50.02	05002 ENDOSCOPY	112,443	10,306,413	0.010910	675,974	7,375	50.02
51.00	05100 RECOVERY ROOM	177,297	2,586,548	0.068546	388,661	26,641	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	330,011	6,960,950	0.047409	28,455	1,349	52.00
53.00	05300 ANESTHESIOLOGY	38,307	11,933,162	0.003210	1,550,544	4,977	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,352,444	128,400,567	0.018321	17,077,352	312,874	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,163,463	40,762,561	0.028542	22,387	639	55.00
57.00	05700 CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000 LABORATORY	1,561,727	86,856,034	0.017981	12,772,199	229,657	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	332,680	17,896,452	0.018589	9,318,896	173,229	65.00
66.00	06600 PHYSICAL THERAPY	823,113	5,890,556	0.139734	738,894	103,249	66.00
67.00	06700 OCCUPATIONAL THERAPY	16,564	886,451	0.018686	198,252	3,705	67.00
68.00	06800 SPEECH PATHOLOGY	11,263	495,572	0.022727	128,342	2,917	68.00
69.00	06900 ELECTROCARDIOLOGY	208,407	14,312,787	0.014561	3,075,501	44,782	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	15,209	5,491,217	0.002770	1,585,464	4,392	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	362,526	23,062,250	0.015719	6,323,848	99,405	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	953,896	83,947,756	0.011363	29,247,670	332,341	73.00
76.00	03950 SLEEP LAB	77,715	2,363,421	0.032882	0	0	76.00
76.01	03951 CLINICAL NUTRITION	102,736	205,536	0.499844	2,251	1,125	76.01
76.97	07697 CARDIAC REHABILITATION	336,230	796,981	0.421880	621	262	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	111,288	1,701,136	0.065420	16,719	1,094	90.00
91.00	09100 EMERGENCY	1,398,451	34,779,497	0.040209	3,297,390	132,585	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	447,996	5,272,806	0.084963	713,508	60,622	92.00
93.00	04950 OUTPATIENT COUNSELING	177,568	316,827	0.560457	0	0	93.00
93.01	04951 OUTSIDE SERVICES	26,221	349,449	0.075035	218,632	16,405	93.01
200.00	Total (Lines 50-199)	13,223,008	552,521,368		98,867,041	1,868,408	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0286	Period: From 09/01/2016 To 08/31/2017	Worksheet D Part III Date/Time Prepared: 1/29/2018 11:00 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	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	200.00

Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
	6.00	7.00	8.00	9.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	21,359	0.00	8,940	0	30.00
31.00	03100	INTENSIVE CARE UNIT	2,868	0.00	1,628	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	42.00
43.00	04300	NURSERY	1,253	0.00	0	0	43.00
200.00		Total (lines 30-199)	25,480		10,568	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0286	Period: From 09/01/2016 To 08/31/2017	Worksheet D Part IV Date/Time Prepared: 1/29/2018 11:00 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
50.01	05001	AMBULATORY SERVICES	0	0	0	0	50.01
50.02	05002	ENDOSCOPY	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03950	SLEEP LAB	0	0	0	0	76.00
76.01	03951	CLINICAL NUTRITION	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00	04950	OUTPATIENT COUNSELING	0	0	0	0	93.00
93.01	04951	OUTSIDE SERVICES	0	0	0	0	93.01
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0286	Period: From 09/01/2016 To 08/31/2017	Worksheet D Part IV Date/Time Prepared: 1/29/2018 11:00 am
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Cost Center Description	Title XVIII			Hospital		PPS
	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	62,950,085	0.000000	0.000000	11,436,867	50.00
50.01 05001 AMBULATORY SERVICES	0	3,996,354	0.000000	0.000000	48,614	50.01
50.02 05002 ENDOSCOPY	0	10,306,413	0.000000	0.000000	675,974	50.02
51.00 05100 RECOVERY ROOM	0	2,586,548	0.000000	0.000000	388,661	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	6,960,950	0.000000	0.000000	28,455	52.00
53.00 05300 ANESTHESIOLOGY	0	11,933,162	0.000000	0.000000	1,550,544	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	128,400,567	0.000000	0.000000	17,077,352	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	40,762,561	0.000000	0.000000	22,387	55.00
57.00 05700 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00 06000 LABORATORY	0	86,856,034	0.000000	0.000000	12,772,199	60.00
60.01 06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00 06500 RESPIRATORY THERAPY	0	17,896,452	0.000000	0.000000	9,318,896	65.00
66.00 06600 PHYSICAL THERAPY	0	5,890,556	0.000000	0.000000	738,894	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	886,451	0.000000	0.000000	198,252	67.00
68.00 06800 SPEECH PATHOLOGY	0	495,572	0.000000	0.000000	128,342	68.00
69.00 06900 ELECTROCARDIOLOGY	0	14,312,787	0.000000	0.000000	3,075,501	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,491,217	0.000000	0.000000	1,585,464	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	23,062,250	0.000000	0.000000	6,323,848	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	83,947,756	0.000000	0.000000	29,247,670	73.00
76.00 03950 SLEEP LAB	0	2,363,421	0.000000	0.000000	0	76.00
76.01 03951 CLINICAL NUTRITION	0	205,536	0.000000	0.000000	2,251	76.01
76.97 07697 CARDIAC REHABILITATION	0	796,981	0.000000	0.000000	621	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00 09000 CLINIC	0	1,701,136	0.000000	0.000000	16,719	90.00
91.00 09100 EMERGENCY	0	34,779,497	0.000000	0.000000	3,297,390	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	5,272,806	0.000000	0.000000	713,508	92.00
93.00 04950 OUTPATIENT COUNSELING	0	316,827	0.000000	0.000000	0	93.00
93.01 04951 OUTSIDE SERVICES	0	349,449	0.000000	0.000000	218,632	93.01
200.00 Total (Lines 50-199)	0	552,521,368			98,867,041	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0286	Period: From 09/01/2016 To 08/31/2017	Worksheet D Part IV Date/Time Prepared: 1/29/2018 11:00 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	6,764,146	0	50.00
50.01	05001 AMBULATORY SERVICES	0	1,117,114	0	50.01
50.02	05002 ENDOSCOPY	0	2,619,674	0	50.02
51.00	05100 RECOVERY ROOM	0	289,947	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	1,955,129	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	28,057,312	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	12,834,047	0	55.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	8,190,108	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	849,200	0	65.00
66.00	06600 PHYSICAL THERAPY	0	53,708	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	11,835	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	4,486	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	2,767,600	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	609,023	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	1,917,018	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	7,315,690	0	73.00
76.00	03950 SLEEP LAB	0	763,294	0	76.00
76.01	03951 CLINICAL NUTRITION	0	9,102	0	76.01
76.97	07697 CARDIAC REHABILITATION	0	324,637	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	739,962	0	90.00
91.00	09100 EMERGENCY	0	4,432,120	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,363,259	0	92.00
93.00	04950 OUTPATIENT COUNSELING	0	42,372	0	93.00
93.01	04951 OUTSIDE SERVICES	0	308	0	93.01
200.00	Total (Lines 50-199)	0	83,031,091	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0286	Period: From 09/01/2016 To 08/31/2017	Worksheet D Part V Date/Time Prepared: 1/29/2018 11:00 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	PPS Services (see inst.)		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.179415	6,764,146	0	0	1,213,589	50.00
50.01	05001	AMBULATORY SERVICES	0.676401	1,117,114	0	0	755,617	50.01
50.02	05002	ENDOSCOPY	0.161748	2,619,674	0	0	423,727	50.02
51.00	05100	RECOVERY ROOM	0.467114	289,947	0	0	135,438	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.499416	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.039060	1,955,129	0	0	76,367	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.137840	28,057,312	0	0	3,867,420	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.322117	12,834,047	0	0	4,134,065	55.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.159578	8,190,108	3,500	0	1,306,961	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.175514	849,200	0	0	149,046	65.00
66.00	06600	PHYSICAL THERAPY	0.869946	53,708	0	0	46,723	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.524735	11,835	0	0	6,210	67.00
68.00	06800	SPEECH PATHOLOGY	0.633886	4,486	0	0	2,844	68.00
69.00	06900	ELECTROCARDIOLOGY	0.105799	2,767,600	0	0	292,809	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.047984	609,023	0	0	29,223	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.293031	1,917,018	0	0	561,746	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.126245	7,315,690	0	113,491	923,569	73.00
76.00	03950	SLEEP LAB	0.223401	763,294	0	0	170,521	76.00
76.01	03951	CLINICAL NUTRITION	2.195187	9,102	0	0	19,981	76.01
76.97	07697	CARDIAC REHABILITATION	1.718483	324,637	0	0	557,883	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	0.498082	739,962	0	0	368,562	90.00
91.00	09100	EMERGENCY	0.301796	4,432,120	0	0	1,337,596	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.732254	1,363,259	0	0	998,252	92.00
93.00	04950	OUTPATIENT COUNSELING	6.935526	42,372	0	0	293,872	93.00
93.01	04951	OUTSIDE SERVICES	2.252870	308	0	0	694	93.01
200.00		Subtotal (see instructions)		83,031,091	3,500	113,491	17,672,715	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		83,031,091	3,500	113,491	17,672,715	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0286	Period: From 09/01/2016 To 08/31/2017	Worksheet D Part V Date/Time Prepared: 1/29/2018 11:00 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 05001 AMBULATORY SERVICES	0	0		50.01
50.02 05002 ENDOSCOPY	0	0		50.02
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	559	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	14,328		73.00
76.00 03950 SLEEP LAB	0	0		76.00
76.01 03951 CLINICAL NUTRITION	0	0		76.01
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
93.00 04950 OUTPATIENT COUNSELING	0	0		93.00
93.01 04951 OUTSIDE SERVICES	0	0		93.01
200.00 Subtotal (see instructions)	559	14,328		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	559	14,328		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0286	Period: From 09/01/2016 To 08/31/2017	Worksheet D Part III Date/Time Prepared: 1/29/2018 11:00 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)	Cost
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	21,359	0.00	2,005	0		30.00
31.00	03100	INTENSIVE CARE UNIT	2,868	0.00	317	0		31.00
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0		41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0		42.00
43.00	04300	NURSERY	1,253	0.00	139	0		43.00
200.00		Total (lines 30-199)	25,480		2,461	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0286	Period: From 09/01/2016 To 08/31/2017	Worksheet D Part IV Date/Time Prepared: 1/29/2018 11:00 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
50.01	05001	AMBULATORY SERVICES	0	0	0	0	0	50.01
50.02	05002	ENDOSCOPY	0	0	0	0	0	50.02
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
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03950	SLEEP LAB	0	0	0	0	0	76.00
76.01	03951	CLINICAL NUTRITION	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
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
93.00	04950	OUTPATIENT COUNSELING	0	0	0	0	0	93.00
93.01	04951	OUTSIDE SERVICES	0	0	0	0	0	93.01
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: 14-0286	Period: From 09/01/2016 To 08/31/2017	Worksheet D Part IV Date/Time Prepared: 1/29/2018 11:00 am
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Cost Center Description	Title XIX			Hospital		Inpatient Program Charges	
	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)	Cost		
	6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	62,950,085	0.000000	0.000000		0	50.00
50.01 05001 AMBULATORY SERVICES	0	3,996,354	0.000000	0.000000		0	50.01
50.02 05002 ENDOSCOPY	0	10,306,413	0.000000	0.000000		0	50.02
51.00 05100 RECOVERY ROOM	0	2,586,548	0.000000	0.000000		0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	6,960,950	0.000000	0.000000		0	52.00
53.00 05300 ANESTHESIOLOGY	0	11,933,162	0.000000	0.000000		0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	128,400,567	0.000000	0.000000		0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	40,762,561	0.000000	0.000000		0	55.00
57.00 05700 CT SCAN	0	0	0.000000	0.000000		0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000		0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000		0	59.00
60.00 06000 LABORATORY	0	86,856,034	0.000000	0.000000		0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0.000000	0.000000		0	60.01
65.00 06500 RESPIRATORY THERAPY	0	17,896,452	0.000000	0.000000		0	65.00
66.00 06600 PHYSICAL THERAPY	0	5,890,556	0.000000	0.000000		0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	886,451	0.000000	0.000000		0	67.00
68.00 06800 SPEECH PATHOLOGY	0	495,572	0.000000	0.000000		0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	14,312,787	0.000000	0.000000		0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000		0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,491,217	0.000000	0.000000		0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	23,062,250	0.000000	0.000000		0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	83,947,756	0.000000	0.000000		0	73.00
76.00 03950 SLEEP LAB	0	2,363,421	0.000000	0.000000		0	76.00
76.01 03951 CLINICAL NUTRITION	0	205,536	0.000000	0.000000		0	76.01
76.97 07697 CARDIAC REHABILITATION	0	796,981	0.000000	0.000000		0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000		0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000		0	89.00
90.00 09000 CLINIC	0	1,701,136	0.000000	0.000000		0	90.00
91.00 09100 EMERGENCY	0	34,779,497	0.000000	0.000000		0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	5,272,806	0.000000	0.000000		0	92.00
93.00 04950 OUTPATIENT COUNSELING	0	316,827	0.000000	0.000000		0	93.00
93.01 04951 OUTSIDE SERVICES	0	349,449	0.000000	0.000000		0	93.01
200.00 Total (Lines 50-199)	0	552,521,368				0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0286	Period: From 09/01/2016 To 08/31/2017	Worksheet D Part IV Date/Time Prepared: 1/29/2018 11:00 am
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Cost Center Description		Title XIX			Hospital	Cost
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0	0		50.00
50.01	05001 AMBULATORY SERVICES	0	0	0		50.01
50.02	05002 ENDOSCOPY	0	0	0		50.02
51.00	05100 RECOVERY ROOM	0	0	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
57.00	05700 CT SCAN	0	0	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000 LABORATORY	0	0	0		60.00
60.01	06001 BLOOD LABORATORY	0	0	0		60.01
65.00	06500 RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
76.00	03950 SLEEP LAB	0	0	0		76.00
76.01	03951 CLINICAL NUTRITION	0	0	0		76.01
76.97	07697 CARDIAC REHABILITATION	0	0	0		76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000 CLINIC	0	0	0		90.00
91.00	09100 EMERGENCY	0	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
93.00	04950 OUTPATIENT COUNSELING	0	0	0		93.00
93.01	04951 OUTSIDE SERVICES	0	0	0		93.01
200.00	Total (Lines 50-199)	0	0	0		200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0286	Period: From 09/01/2016 To 08/31/2017	Worksheet D-1 Date/Time Prepared: 1/29/2018 11:00 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)		21,359	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		21,359	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)		18,123	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)		8,940	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)		25,484,562	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)		25,484,562	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)		25,484,562	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)		1,193.15	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		10,666,761	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)		10,666,761	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0286	Period: From 09/01/2016 To 08/31/2017	Worksheet D-1 Date/Time Prepared: 1/29/2018 11:00 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)	
42.00	NURSERY (title V & XIX only)	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	6,462,191	2,868	2,253.20	1,628	43.00
44.00	CORONARY CARE UNIT					44.00
45.00	BURN INTENSIVE CARE UNIT					45.00
46.00	SURGICAL INTENSIVE CARE UNIT					46.00
47.00	OTHER SPECIAL CARE (SPECIFY)					47.00
Cost Center Description						
					1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				17,285,040	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				31,620,011	49.00
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)				1,569,717	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				1,868,408	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				3,438,125	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				28,181,886	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)				3,236	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				1,193.15	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				3,861,033	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0286		Period: From 09/01/2016 To 08/31/2017		Worksheet D-1 Date/Time Prepared: 1/29/2018 11:00 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	2,956,982	25,484,562	0.116030	3,861,033	447,996	90.00
91.00	Nursing School cost	0	25,484,562	0.000000	3,861,033	0	91.00
92.00	Allied health cost	0	25,484,562	0.000000	3,861,033	0	92.00
93.00	All other Medical Education	0	25,484,562	0.000000	3,861,033	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0286	Period: From 09/01/2016 To 08/31/2017	Worksheet D-3 Date/Time Prepared: 1/29/2018 11:00 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		16,645,663	30.00
31.00	03100	INTENSIVE CARE UNIT		4,066,617	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.179415	11,436,867	50.00
50.01	05001	AMBULATORY SERVICES	0.676401	48,614	50.01
50.02	05002	ENDOSCOPY	0.161748	675,974	50.02
51.00	05100	RECOVERY ROOM	0.467114	388,661	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.501061	28,455	52.00
53.00	05300	ANESTHESIOLOGY	0.039060	1,550,544	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.137840	17,077,352	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.322117	22,387	55.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.159578	12,772,199	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.175514	9,318,896	65.00
66.00	06600	PHYSICAL THERAPY	0.869946	738,894	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.524735	198,252	67.00
68.00	06800	SPEECH PATHOLOGY	0.633886	128,342	68.00
69.00	06900	ELECTROCARDIOLOGY	0.105799	3,075,501	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.047984	1,585,464	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.293031	6,323,848	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.126245	29,247,670	73.00
76.00	03950	SLEEP LAB	0.223401	0	76.00
76.01	03951	CLINICAL NUTRITION	2.195187	2,251	76.01
76.97	07697	CARDIAC REHABILITATION	1.718483	621	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.498082	16,719	90.00
91.00	09100	EMERGENCY	0.301796	3,297,390	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.732254	713,508	92.00
93.00	04950	OUTPATIENT COUNSELING	6.935526	0	93.00
93.01	04951	OUTSIDE SERVICES	2.252870	218,632	93.01
200.00		Total (sum of lines 50 through 94 and 96 through 98)		98,867,041	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		98,867,041	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0286	Period: From 09/01/2016 To 08/31/2017	Worksheet E Part A Date/Time Prepared: 1/29/2018 11:00 am
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		1,492,542	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		17,404,957	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		992,082	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		89.13	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for 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)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.90	30.00
31.00	Percentage of Medicaid patient days (see instructions)		15.19	31.00
32.00	Sum of lines 30 and 31		18.09	32.00
33.00	Allowable disproportionate share percentage (see instructions)		4.51	33.00
34.00	Disproportionate share adjustment (see instructions)		213,070	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0286	Period: From 09/01/2016 To 08/31/2017	Worksheet E Part A Date/Time Prepared: 1/29/2018 11:00 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)	6,406,145,534	5,977,483,147	35.00	
35.01	Factor 3 (see instructions)	0.000077756	0.000083386	35.01	
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	498,116	498,438	35.02	
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	40,829	457,470	35.03	
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	498,299		36.00	
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00	
		Before 1/1	On/After 1/1		
		1.00	1.01		
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00	
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		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)	20,600,950		47.00	
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00	
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)		20,600,950	49.00	
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,716,354	50.00	
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00	
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00	
53.00	Nursing and Allied Health Managed Care payment		0	53.00	
54.00	Special add-on payments for new technologies		3,107	54.00	
54.01	Islet isolation add-on payment		0	54.01	
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00	
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00	
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00	
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00	
59.00	Total (sum of amounts on lines 49 through 58)		22,320,411	59.00	
60.00	Primary payer payments		0	60.00	
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		22,320,411	61.00	
62.00	Deductibles billed to program beneficiaries		2,126,600	62.00	
63.00	Coinurance billed to program beneficiaries		57,183	63.00	
64.00	Allowable bad debts (see instructions)		304,875	64.00	
65.00	Adjusted reimbursable bad debts (see instructions)		198,169	65.00	
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		214,691	66.00	
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		20,334,797	67.00	
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00	
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00	
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00	
70.50	RURAL DEMONSTRATION PROJECT		0	70.50	
70.88	SCH or MDH volume decrease adjustment		0	70.88	
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89	
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90	
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91	
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92	
70.93	HVBP payment adjustment amount (see instructions)		-93,578	70.93	
70.94	HRR adjustment amount (see instructions)		-35,514	70.94	
70.95	Recovery of accelerated depreciation		0	70.95	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0286	Period: From 09/01/2016 To 08/31/2017	Worksheet E Part A Date/Time Prepared: 1/29/2018 11:00 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)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			20,205,705	71.00
71.01	Sequestration adjustment (see instructions)			404,114	71.01
72.00	Interim payments			19,715,504	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)			86,087	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			537,655	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: 14-0286

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
1/29/2018 11:00 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	1,492,542	0	1,492,542		1,492,542	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	17,404,957	0		17,404,957	17,404,957	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	992,082	0	37,859	954,224	992,083	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	0	0	0	0	0	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	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	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0451	0.0451	0.0451	0.0451		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	213,070	0	16,829	196,241	213,070	11.00
11.01	Uncompensated care payments	36.00	498,299	0	377,645	354,007	731,652	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	20,600,950	0	1,924,875	18,676,075	20,600,950	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	20,600,950	0	1,924,875	18,676,075	20,600,950	15.00
16.00	Payment for inpatient program capital	50.00	1,716,354	0	129,484	1,586,870	1,716,354	16.00
17.00	Special add-on payments for new technologies	54.00	3,107	0	0	3,107	3,107	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: 14-0286

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
1/29/2018 11:00 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	2,054,359	20,266,052	22,320,411	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	1,557,353	0	119,720	1,437,633	1,557,353	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	159,001	0	9,764	149,237	159,001	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	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,716,354	0	129,484	1,586,870	1,716,354	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

		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	1,492,542	1,492,542		1,492,542	1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	17,404,957		17,404,957	17,404,957	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	992,082	37,859	954,224	992,083	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	0	0	0	0	4.00	
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00	
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00	
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	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	0	0	0	0	9.00	
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01	
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0451	0.0451	0.0451		10.00	
11.00	Disproportionate share adjustment (see instructions)	34.00	213,070	16,829	196,241	213,070	11.00	
11.01	Uncompensated care payments	36.00	498,299	40,829	457,470	498,299	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	20,600,950	1,588,059	19,012,891	20,600,950	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	20,600,950	1,588,059	19,012,891	20,600,950	15.00	
16.00	Payment for inpatient program capital	50.00	1,716,354	129,484	1,586,870	1,716,354	16.00	
17.00	Special add-on payments for new technologies	54.00	3,107	0	3,107	3,107	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			1,717,543	20,602,868	22,320,411	19.00	

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5	Provider CCN: 14-0286	Period: From 09/01/2016 To 08/31/2017	Worksheet E Part A Exhibit 5 Date/Time Prepared: 1/29/2018 11:00 am
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		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	1,557,353	119,720	1,437,633	1,557,353	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	159,001	9,764	149,237	159,001	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	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,716,354	129,484	1,586,870	1,716,354	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	-93,578	2,388	-95,966	-93,578	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	-35,514	-4,179	-31,335	-35,514	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		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0286	Period: From 09/01/2016 To 08/31/2017	Worksheet E Part B Date/Time Prepared: 1/29/2018 11:00 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		14,887	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		17,672,715	2.00
3.00	PPS payments		12,001,167	3.00
4.00	Outlier payment (see instructions)		349,273	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		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		14,887	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		116,991	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)		116,991	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		116,991	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		102,104	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)		14,887	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)		12,350,440	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)		2,389,979	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)		9,975,348	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)		9,975,348	30.00
31.00	Primary payer payments		287	31.00
32.00	Subtotal (line 30 minus line 31)		9,975,061	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)		350,622	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		227,904	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		194,078	36.00
37.00	Subtotal (see instructions)		10,202,965	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-62	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)		10,203,027	40.00
40.01	Sequestration adjustment (see instructions)		204,061	40.01
41.00	Interim payments		9,978,573	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		20,393	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		218,423	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: 14-0286

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

Worksheet E-1
Part I
Date/Time Prepared:
1/29/2018 11:00 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		19,561,904		9,769,179	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		135,198		174,435	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	12/08/2016	5,316	12/08/2016	34,959	3.01	
3.02		03/30/2017	13,086		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)		18,402		34,959	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)		19,715,504		9,978,573	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		86,087		20,393	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		19,801,591		9,998,966	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: 14-0286	Period: From 09/01/2016 To 08/31/2017	Worksheet E-1 Part II Date/Time Prepared: 1/29/2018 11:00 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		5,317	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		10,568	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		2,509	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		20,991	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		603,275,660	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		5,713,429	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

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

Provider CCN: 14-0286

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

Worksheet G

Date/Time Prepared:
1/29/2018 11:00 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	49,980,164	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	52,655,527	0	0	0	4.00
5.00	Other receivable	873,494	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	3,850,026	0	0	0	7.00
8.00	Prepaid expenses	1,320,030	0	0	0	8.00
9.00	Other current assets	3,256,570	0	0	0	9.00
10.00	Due from other funds	10,420,700	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	122,356,511	0	0	0	11.00
FIXED ASSETS						
12.00	Land	14,163,000	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	88,259,042	0	0	0	15.00
16.00	Accumulated depreciation	-10,143,385	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	13,394,489	0	0	0	23.00
24.00	Accumulated depreciation	-7,152,469	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)	98,520,677	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	176,065,774	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	13,772,571	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	189,838,345	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	410,715,533	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	5,926,776	0	0	0	37.00
38.00	Salaries, wages, and fees payable	5,340,825	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	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	0	0	0	0	43.00
44.00	Other current liabilities	32,787,676	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	44,055,277	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	59,507,668	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	3,832,297	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	63,339,965	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	107,395,242	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	303,320,291				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	303,320,291	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	410,715,533	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0286

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

Worksheet G-1

Date/Time Prepared:
1/29/2018 11:00 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		263,036,412		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		42,417,860			2.00
3.00	Total (sum of line 1 and line 2)		305,454,272		0	3.00
4.00	OTHER	111,750		0		4.00
5.00	TRANSFERS	13,060		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		124,810		0	10.00
11.00	Subtotal (line 3 plus line 10)		305,579,082		0	11.00
12.00	INVESTMENT IN KHS	2,025,000		0		12.00
13.00	OTHER	233,791		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		2,258,791		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		303,320,291		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	OTHER		0			4.00
5.00	TRANSFERS		0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	INVESTMENT IN KHS		0			12.00
13.00	OTHER		0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0286

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
1/29/2018 11:00 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	40,189,487		40,189,487	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	40,189,487		40,189,487	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	8,797,202		8,797,202	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	8,797,202		8,797,202	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	48,986,689		48,986,689	17.00
18.00	Ancillary services	194,611,139	310,556,520	505,167,659	18.00
19.00	Outpatient services	8,637,377	33,782,338	42,419,715	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		0	0	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NURSERY / NON REIMB	6,883,714	13,509,990	20,393,704	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	259,118,919	357,848,848	616,967,767	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		159,266,963		29.00
30.00	FOUNDATION COSTS	6,288			30.00
31.00	HAUSER ROSS BUILDING COSTS	275,540			31.00
32.00	KPG COSTS	118			32.00
33.00	OTHER ENTITIES	10,570			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		292,516		36.00
37.00	ROUNDING	7			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)		7		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		159,559,472		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0286

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

Worksheet G-3

Date/Time Prepared:
1/29/2018 11:00 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	616,967,767	1.00
2.00	Less contractual allowances and discounts on patients' accounts	418,329,130	2.00
3.00	Net patient revenues (line 1 minus line 2)	198,638,637	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	159,559,472	4.00
5.00	Net income from service to patients (line 3 minus line 4)	39,079,165	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	800,683	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	691,566	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	2,246,002	24.00
24.01	UNRESTRICTED CONTRIBUTIONS	5,670	24.01
24.02	ROUNDING	0	24.02
25.00	Total other income (sum of lines 6-24)	3,743,921	25.00
26.00	Total (line 5 plus line 25)	42,823,086	26.00
27.00	EXTERNAL GRANTS AND ACADEMIC SUPPORT	405,226	27.00
27.01	ROUNDING	0	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	405,226	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	42,417,860	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0286	Period: From 09/01/2016 To 08/31/2017	Worksheet L Parts I-III Date/Time Prepared: 1/29/2018 11:00 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,557,353	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		159,001	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)		58.18	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		1,716,354	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