

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: 14-0288	Period: From 01/01/2017 To 12/31/2017	Worksheet S Parts I-III Date/Time Prepared: 5/24/2018 8:54 am
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**PART I - COST REPORT STATUS**

Provider use only

1.  Electronically filed cost report  
 2.  Manually submitted cost report  
 3.  If this is an amended report enter the number of times the provider resubmitted this cost report  
 4.  Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5.  Cost Report Status  
 (1) As Submitted  
 (2) Settled without Audit  
 (3) Settled with Audit  
 (4) Reopened  
 (5) Amended

6. Date Received:  
 7. Contractor No. 00130

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

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

Date: 5/24/2018 Time: 8:54 am

**PART II - CERTIFICATION**

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ADVOCATE GOOD SAMARITAN HOSPITAL ( 14-0288 ) for the cost reporting period beginning 01/01/2017 and ending 12/31/2017 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.

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

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

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	282,775	-8,274	0	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
200.00 Total	0	282,775	-8,274	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: 14-0288		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part I Date/Time Prepared: 5/24/2018 8:51 am		
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 3815 HIGHLAND AVENUE			PO Box:				1.00		
2.00	City: DOWNERS GROVE			State: IL		Zip Code: 60515-		County: DUPAGE		
		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			ADVOCATE GOOD SAMARI TAN HOSPITAL	140288	29404	1	10/11/1976	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)						01/01/2017	12/31/2017		20.00
21.00	Type of Control (see instructions)						1			21.00
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						Y	Y		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N		22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.							3	N	23.00
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	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.			3,134	2,119	0	4	5,505	0	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.			0	0	0	0	0		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0288	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/24/2018 8:51 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)(i) or (ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)		N	N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)		N	N		40.00	
		V	XVIII	XIX			
		1.00	2.00	3.00			
<b>Prospective Payment System (PPS)-Capital</b>							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)		N	Y	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(b) 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	
<b>Teaching Hospitals</b>							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.		N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.		N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.		N			59.00	
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criteria Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)		Y			60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)			23.00	1	60.01	
		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)				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)						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)						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)						61.03

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	Y/N	IME	Direct GME	IME	Direct GME			
	1.00	2.00	3.00	4.00	5.00			
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						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)						61.05	
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06	
	Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count			
	1.00		2.00	3.00	4.00			
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.						61.10	0.00 0.00
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.						61.20	0.00 0.00
							1.00	
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>								
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)						62.00	0.00
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)						62.01	0.00
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>								
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)						63.00	N
			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)						64.00	0.00 0.00 0.000000
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0288	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/24/2018 8:51 am	
		1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N			111.00
		1.00	2.00	3.00	
<b>Miscellaneous Cost Reporting Information</b>					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	1,848,690	335,500	1,364,118	118.01
		1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N			122.00
<b>Transplant Center Information</b>					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
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
<b>All Providers</b>					
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		14H036	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0288	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/24/2018 8:51 am	
1.00		2.00		3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name: ADVOCATE HEALTH CARE	Contractor's Name: NGS		Contractor's Number: 00130	
142.00	Street: 3075 HIGHLAND PARKWAY	PO Box:			
143.00	City: DOWNERS GROVE	State: IL		Zip Code: 60515	
144.00 Are provider based physicians' costs included in Worksheet A?					
				1.00	2.00
				Y	
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.					
				1.00	2.00
				Y	
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.					
				1.00	2.00
				N	
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.					
				1.00	2.00
				N	
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.					
				1.00	2.00
				N	
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.					
				1.00	2.00
				N	
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)					
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC				
161.10	CORF				
Multi campus					
165.00 Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					
				1.00	2.00
				N	
		Name	County	State	Zip Code
		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)					
				1.00	2.00
					0.00
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act					
167.00 Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.					
				1.00	2.00
				Y	
168.00 If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					
				1.00	2.00
					0
168.01 If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					
				1.00	2.00
					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)					
				1.00	2.00
					9.99
				1.00	2.00
				01/01/2017	12/31/2017
170.00 Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)					
				1.00	2.00
				N	
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)					
				1.00	2.00
					0



HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0288		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part II Date/Time Prepared: 5/24/2018 8:51 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		03/04/2016		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	Y	Y				6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	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			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	03/31/2016	Y	03/31/2016		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: 14-0288	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part II Date/Time Prepared: 5/24/2018 8:51 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	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
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
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				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
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				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
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				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	
<b>Home Office Costs</b>					
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	
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ROBERT		SMALL	41.00
42.00	Enter the employer/company name of the cost report preparer.	ADVOCATE HEALTH CARE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	630-929-5764		ROBERT.SMALL@ADVOCATEHEALTH.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0288	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part II Date/Time Prepared: 5/24/2018 8:51 am
		3.00		
<b>Cost Report Preparer Contact Information</b>				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SENIOR REIMBURSEMENT SPECIALIST		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: 14-0288

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/24/2018 8:51 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	229	83,585	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)		229	83,585	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	55	20,075	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		284	103,660	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	41	14,965		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
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)		325				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
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0288

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/24/2018 8:51 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)	16,885	4,069	51,733			1.00
2.00 HMO and other (see instructions)	7,108	5,505				2.00
3.00 HMO IPF Subprovider	1,428	1,058				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	16,885	4,069	51,733			7.00
8.00 INTENSIVE CARE UNIT	7,907	808	16,562			8.00
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		233	2,216			13.00
14.00 Total (see instructions)	24,792	5,110	70,511	0.00	1,572.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	68.00	16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY		0	0	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	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	1,640.00	27.00
28.00 Observation Bed Days		56	947			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	147	524			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00
33.01 LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0288

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/24/2018 8:51 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	5,259	340	15,870	1.00
2.00 HMO and other (see instructions)				1,011	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	5,259		340	15,870	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0	142		126	1,136	16.00
17.00 SUBPROVIDER - IRF	0.00	0	0		0	0	17.00
18.00 SUBPROVIDER	0.00	0			0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00						19.00
20.00 NURSING FACILITY	0.00						20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
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				0			33.00
33.01 LTCH site neutral days and discharges				0			33.01

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 14-0288		Period: From 01/01/2017 To 12/31/2017		Worksheet S-3 Part II Date/Time Prepared: 5/24/2018 8:51 am	
	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
<b>PART II - WAGE DATA</b>								
<b>SALARIES</b>								
1.00	Total salaries (see instructions)	200.00	122,086,314	0	122,086,314	3,331,931.00	36.64	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non Physician-Part B		703,871	0	703,871	5,823.00	120.88	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		6,412,156	65,293	6,477,449	46,717.00	138.65	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11.00	Contract Labor: Direct Patient Care		807,137	0	807,137	11,035.00	73.14	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract Labor: Physician-Part A - Administrative		4,446,603	0	4,446,603	27,101.00	164.08	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		13,229,316	0	13,229,316	194,488.00	68.02	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
<b>WAGE-RELATED COSTS</b>								
17.00	Wage-related costs (core) (see instructions)		31,305,037	0	31,305,037			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		432,210	0	432,210			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		179,837	0	179,837			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related (core)		0	0	0			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26.00	Employee Benefits Department	4.00	1,984,475	-1,597,154	387,321	9,381.00	41.29	26.00
27.00	Administrative & General	5.00	11,723,135	813,322	12,536,457	260,499.00	48.12	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0288

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/24/2018 8:51 am

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	1,763,944	20,916	1,784,860	54,829.00	32.55	29.00
30.00	Operation of Plant	7.00	4,585	0	4,585	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	2,252,950	19,517	2,272,467	148,179.00	15.34	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	2,262,363	21,302	2,283,665	127,462.00	17.92	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	4,053,248	105,329	4,158,577	84,635.00	49.14	38.00
39.00	Central Services and Supply	14.00	1,488,713	12,518	1,501,231	87,048.00	17.25	39.00
40.00	Pharmacy	15.00	5,351,295	62,960	5,414,255	110,053.00	49.20	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	1,704,258	6,570	1,710,828	38,418.00	44.53	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00



HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0288

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/24/2018 8:51 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	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	121,382,443	0	121,382,443	3,326,108.00	36.49	1.00
2.00	Excluded area salaries (see instructions)	6,412,156	65,293	6,477,449	46,717.00	138.65	2.00
3.00	Subtotal salaries (line 1 minus line 2)	114,970,287	-65,293	114,904,994	3,279,391.00	35.04	3.00
4.00	Subtotal other wages & related costs (see inst.)	18,483,056	0	18,483,056	232,624.00	79.45	4.00
5.00	Subtotal wage-related costs (see inst.)	31,305,037	0	31,305,037	0.00	27.24	5.00
6.00	Total (sum of lines 3 thru 5)	164,758,380	-65,293	164,693,087	3,512,015.00	46.89	6.00
7.00	Total overhead cost (see instructions)	32,588,966	-534,720	32,054,246	920,504.00	34.82	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 14-0288	Period: From 01/01/2017 To 12/31/2017	Worksheet S-3 Part IV Date/Time Prepared: 5/24/2018 8:51 am
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		Amount Reported	
		1.00	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	2,583,171	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)	1,441,200	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	132,591	6.00
7.00	Employee Managed Care Program Administration Fees	1,396,224	7.00
<b>HEALTH AND INSURANCE COST</b>			
8.00	Health Insurance (Purchased or Self Funded)	8,927,875	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	0	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	3,032,750	9.00
10.00	Dental, Hearing and Vision Plan	389,544	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	132,609	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)	743,303	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	2,102,300	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	8,572,565	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	537,361	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
<b>OTHER</b>			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	308,800	21.00
22.00	Day Care Cost and Allowances	344,285	22.00
23.00	Tuition Reimbursement	548,127	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	31,192,705	24.00
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0288

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet S-3  
Part V  
Date/Time Prepared:  
5/24/2018 8:51 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost	807,137	31,192,705	1.00
2.00	Hospital	807,137	31,192,705	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	0	0	8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			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	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-0288	Period: From 01/01/2017 To 12/31/2017	Worksheet S-10 Date/Time Prepared: 5/24/2018 8:51 am
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			1.00		
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.240795	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		20,109,620	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		Y	4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		155,485,502	6.00	
7.00	Medicaid cost (line 1 times line 6)		37,440,131	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)		17,330,511	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)		17,330,511	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)	13,774,937	1,190,643	14,965,580	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	3,316,936	1,190,643	4,507,579	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	3,316,936	1,190,643	4,507,579	23.00
			1.00		
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?				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)			15,478,060	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			721,508	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			1,110,013	27.01
28.00	Non-Medicare bad debt expense (see instructions)			14,368,047	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			3,848,259	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			8,355,838	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			25,686,349	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0288

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet A  
Date/Time Prepared:  
5/24/2018 8:51 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	0	0	12,858,558	12,858,558	1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	0	0	9,243,607	9,243,607	2.00	
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	0	0	3.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,984,475	23,353,494	25,337,969	-1,778,469	23,559,500	4.00
5.01	00540	NONPATIENT TELEPHONES	355,001	611,536	966,537	2,032	968,569	5.01
5.02	00550	DATA PROCESSING	0	2,112,310	2,112,310	-317,150	1,795,160	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	216	216	0	216	5.03
5.04	00570	ADMITTING	3,210	53,697	56,907	-921	55,986	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	363,458	27,494,306	27,857,764	22,990	27,880,754	5.05
5.06	00590	OTHER ADMIN AND GENERAL	11,001,466	60,716,937	71,718,403	-12,255,628	59,462,775	5.06
6.00	00600	MAINTENANCE & REPAIRS	1,763,944	11,411,853	13,175,797	-136,235	13,039,562	6.00
7.00	00700	OPERATION OF PLANT	4,585	503	5,088	0	5,088	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	931,319	931,319	66,047	997,366	8.00
9.00	00900	HOUSEKEEPING	2,252,950	1,212,432	3,465,382	-12,547	3,452,835	9.00
10.00	01000	DIETARY	2,262,363	2,166,660	4,429,023	-8,696	4,420,327	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	4,053,248	432,867	4,486,115	68,266	4,554,381	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,488,713	880,434	2,369,147	-453,280	1,915,867	14.00
15.00	01500	PHARMACY	5,351,295	16,794,840	22,146,135	-324,712	21,821,423	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	11,109	11,109	-3,710	7,399	16.00
17.00	01700	SOCIAL SERVICE	1,704,258	364,393	2,068,651	5,358	2,074,009	17.00
23.00	02300	PARAMED PRGM- EMS	476,563	297,794	774,357	-2,488	771,869	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	23,531,424	7,946,265	31,477,689	-2,464,164	29,013,525	30.00
31.00	03100	INTENSIVE CARE UNIT	10,940,260	4,680,556	15,620,816	-1,858,781	13,762,035	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	4,720,514	1,672,034	6,392,548	37,021	6,429,569	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	2,351,551	852,492	3,204,043	-206,489	2,997,554	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	10,711,569	34,825,395	45,536,964	-28,189,393	17,347,571	50.00
50.01	05001	OPERATING ROOM	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	1,290,760	175,332	1,466,092	-52,572	1,413,520	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,340,362	2,617,089	5,957,451	-417,271	5,540,180	52.00
53.00	05300	ANESTHESIOLOGY	256,113	1,073,588	1,329,701	-975,425	354,276	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,622,802	19,428,433	30,051,235	-13,498,343	16,552,892	54.00
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	10,140,686	10,140,686	-1,195,527	8,945,159	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	751,627	751,627	-89,319	662,308	62.00
65.00	06500	RESPIRATORY THERAPY	2,582,536	942,390	3,524,926	-648,650	2,876,276	65.00
66.00	06600	PHYSICAL THERAPY	1,948,756	241,909	2,190,665	-11,798	2,178,867	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,854,725	236,472	2,091,197	-12,800	2,078,397	67.00
69.00	06900	ELECTROCARDIOLOGY	2,372,858	1,304,421	3,677,279	-457,651	3,219,628	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	148,869	498,192	647,061	-51,044	596,017	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	22,449,636	22,449,636	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	22,114,817	22,114,817	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	455,366	217,620	672,986	-118,285	554,701	74.00
76.00	03140	CARDIOLOGY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	470,465	53,024	523,489	-8,947	514,542	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	31,703	31,703	0	31,703	90.00
90.01	09001	SPORTS MEDICINE	1,027,071	421,524	1,448,595	-28,091	1,420,504	90.01
90.02	09002	WOUND CARE CLINIC	183,821	259,630	443,451	-238,654	204,797	90.02
91.00	09100	EMERGENCY	7,873,135	6,688,377	14,561,512	-1,034,541	13,526,971	91.00
91.01	09101	CHEMOTHERAPY	163,907	47,508	211,415	-14,309	197,106	91.01
91.02	09102	PAIN CLINIC	0	0	0	0	0	91.02
91.03	09103	INFUSION CLINIC	958,842	137,568	1,096,410	-15,247	1,081,163	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 14-0288		Period: From 01/01/2017 To 12/31/2017		Worksheet A Date/Time Prepared: 5/24/2018 8:51 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				
<b>OTHER REIMBURSABLE COST CENTERS</b>									
99.10	09910	CORF	0	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>									
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	120,871,235	244,090,535	364,961,770	-12,805	364,948,965	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	1,215,079	1,038,463	2,253,542	12,805	2,266,347	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
200.00		TOTAL (SUM OF LINES 118 through 199)	122,086,314	245,128,998	367,215,312	0	367,215,312	0	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0288

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet A  
Date/Time Prepared:  
5/24/2018 8:51 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	1,902,289	14,760,847	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	1,964,502	11,208,109	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,636,552	29,196,052	4.00
5.01	00540	NONPATIENT TELEPHONES	-386,615	581,954	5.01
5.02	00550	DATA PROCESSING	5,962,212	7,757,372	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	216	5.03
5.04	00570	ADMINITTING	-9	55,977	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	-35,318	27,845,436	5.05
5.06	00590	OTHER ADMIN AND GENERAL	-45,224,872	14,237,903	5.06
6.00	00600	MAINTENANCE & REPAIRS	-615,615	12,423,947	6.00
7.00	00700	OPERATION OF PLANT	0	5,088	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	997,366	8.00
9.00	00900	HOUSEKEEPING	-6,715	3,446,120	9.00
10.00	01000	DIETARY	-671,168	3,749,159	10.00
11.00	01100	CAFETERIA	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-34,591	4,519,790	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,915,867	14.00
15.00	01500	PHARMACY	-21,829	21,799,594	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	7,399	16.00
17.00	01700	SOCIAL SERVICE	-50,881	2,023,128	17.00
23.00	02300	PARAMED ED PRGM- EMS	-173,028	598,841	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-4,715,759	24,297,766	30.00
31.00	03100	INTENSIVE CARE UNIT	-394,966	13,367,069	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	0	6,429,569	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	-456,837	2,540,717	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-3,866,603	13,480,968	50.00
50.01	05001	OPERATING ROOM	0	0	50.01
51.00	05100	RECOVERY ROOM	-2,892	1,410,628	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,711,458	3,828,722	52.00
53.00	05300	ANESTHESIOLOGY	0	354,276	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-2,653,119	13,899,773	54.00
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	-468,509	8,476,650	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	662,308	62.00
65.00	06500	RESPIRATORY THERAPY	-4,460	2,871,816	65.00
66.00	06600	PHYSICAL THERAPY	-800	2,178,067	66.00
67.00	06700	OCCUPATIONAL THERAPY	-24,995	2,053,402	67.00
69.00	06900	ELECTROCARDIOLOGY	-1,066,974	2,152,654	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-67,226	528,791	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	22,449,636	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	22,114,817	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	-2,970	551,731	74.00
76.00	03140	CARDIOLOGY	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	514,542	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	-2,687	29,016	90.00
90.01	09001	SPORTS MEDICINE	-103	1,420,401	90.01
90.02	09002	WOUND CARE CLINIC	-101	204,696	90.02
91.00	09100	EMERGENCY	-3,434,788	10,092,183	91.00
91.01	09101	CHEMOTHERAPY	0	197,106	91.01
91.02	09102	PAIN CLINIC	0	0	91.02
91.03	09103	INFUSION CLINIC	-2,059	1,079,104	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10	09910	CORF	0	0	99.10

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0288

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet A  
Date/Time Prepared:  
5/24/2018 8:51 am

Cost Center Description		Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00		
<b>SPECIAL PURPOSE COST CENTERS</b>					
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 through 117)	-50,632,392	314,316,573	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	-708,554	1,557,793	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-51,340,946	315,874,366	200.00



RECLASSIFICATIONS

Provider CCN: 14-0288

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet A-6

Date/Time Prepared:  
5/24/2018 8:51 am

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
<b>A - VACATION ACCRUAL</b>						
1.00	OTHER ADMIN AND GENERAL	5.06	0	181,307	1.00	
	TOTALS		0	181,307		
<b>B - LAUNDRY COSTS</b>						
1.00	LAUNDRY & LINEN SERVICE	8.00	0	78,731	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	
	TOTALS		0	78,731		
<b>C - EQUIPMENT CAPITAL DEPRECIATION</b>						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	9,243,607	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	
31.00		0.00	0	0	31.00	
32.00		0.00	0	0	32.00	
33.00		0.00	0	0	33.00	
34.00		0.00	0	0	34.00	
35.00		0.00	0	0	35.00	
36.00		0.00	0	0	36.00	
37.00		0.00	0	0	37.00	
38.00		0.00	0	0	38.00	
	TOTALS		0	9,243,607		
<b>D - INCENTIVE COMPENSATION</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	7,852	0	1.00	
2.00	NONPATIENT TELEPHONES	5.01	3,032	0	2.00	
3.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	25,211	0	3.00	
4.00	OTHER ADMIN AND GENERAL	5.06	785,079	0	4.00	
5.00	MAINTENANCE & REPAIRS	6.00	20,916	0	5.00	
6.00	HOUSEKEEPING	9.00	19,517	0	6.00	
7.00	DIETARY	10.00	21,302	0	7.00	
8.00	NURSING ADMINISTRATION	13.00	105,329	0	8.00	
9.00	CENTRAL SERVICES & SUPPLY	14.00	12,518	0	9.00	
10.00	PHARMACY	15.00	62,960	0	10.00	
11.00	SOCIAL SERVICE	17.00	6,570	0	11.00	
12.00	PARAMED ED PRGM- EMS	23.00	1,905	0	12.00	
13.00	ADULTS & PEDIATRICS	30.00	116,226	0	13.00	
14.00	INTENSIVE CARE UNIT	31.00	64,614	0	14.00	
15.00	SUBPROVIDER - IPF	40.00	37,021	0	15.00	
16.00	NURSERY	43.00	10,648	0	16.00	
17.00	OPERATING ROOM	50.00	81,293	0	17.00	
18.00	RECOVERY ROOM	51.00	3,771	0	18.00	

RECLASSIFICATIONS

Provider CCN: 14-0288

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet A-6

Date/Time Prepared:  
5/24/2018 8:51 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
19.00	DELIVERY ROOM & LABOR ROOM	52.00	14,576	0	19.00
20.00	ANESTHESIOLOGY	53.00	1,555	0	20.00
21.00	RADIOLOGY-DIAGNOSTIC	54.00	64,192	0	21.00
22.00	RESPIRATORY THERAPY	65.00	12,205	0	22.00
23.00	PHYSICAL THERAPY	66.00	8,939	0	23.00
24.00	OCCUPATIONAL THERAPY	67.00	5,597	0	24.00
25.00	ELECTROCARDIOLOGY	69.00	9,718	0	25.00
26.00	ELECTROENCEPHALOGRAPHY	70.00	350	0	26.00
27.00	RENAL DIALYSIS	74.00	1,477	0	27.00
28.00	CARDIAC REHABILITATION	76.97	2,138	0	28.00
29.00	SPORTS MEDICINE	90.01	5,249	0	29.00
30.00	WOUND CARE CLINIC	90.02	583	0	30.00
31.00	EMERGENCY	91.00	54,610	0	31.00
32.00	CHEMOTHERAPY	91.01	10,326	0	32.00
33.00	INFUSION CLINIC	91.03	1,360	0	33.00
34.00	OTHER NONREIMBURSABLE	190.01	26,367	0	34.00
	TOTALS		1,605,006	0	
<b>E - GL BLDG CAPITAL DEPRECIATION</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	12,858,558	1.00
	TOTALS		0	12,858,558	
<b>F - MEDICAL SUPPLIES</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	44,564,453	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
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
	TOTALS		0	44,564,453	
<b>G - IMPLANTS</b>					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	22,114,817	1.00
	TOTALS		0	22,114,817	
500.00	Grand Total: Increases		1,605,006	89,041,473	500.00

RECLASSIFICATIONS

Provider CCN: 14-0288

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet A-6  
Date/Time Prepared:  
5/24/2018 8:51 am

Decreases						
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.	
6.00	7.00	8.00	9.00	10.00		
<b>A - VACATION ACCRUAL</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	181,307	0	1.00
	TOTALS		0	181,307		
<b>B - LAUNDRY COSTS</b>						
1.00	OTHER ADMIN AND GENERAL	5.06	0	25	0	1.00
2.00	DIETARY	10.00	0	3,310	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	4,234	0	3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	13,088	0	4.00
5.00	PHYSICAL THERAPY	66.00	0	4,220	0	5.00
6.00	ELECTROCARDIOLOGY	69.00	0	12,884	0	6.00
7.00	SPORTS MEDICINE	90.01	0	23,330	0	7.00
8.00	EMERGENCY	91.00	0	17,640	0	8.00
	TOTALS		0	78,731		
<b>C - EQUIPMENT CAPITAL DEPRECIATION</b>						
1.00		0.00	0	0	9	1.00
2.00	NONPATIENT TELEPHONES	5.01	0	993	9	2.00
3.00	DATA PROCESSING	5.02	0	317,150	9	3.00
4.00		0.00	0	0	9	4.00
5.00	ADMINISTRATIVE	5.04	0	903	9	5.00
6.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	2,221	9	6.00
7.00	OTHER ADMIN AND GENERAL	5.06	0	363,431	9	7.00
8.00	MAINTENANCE & REPAIRS	6.00	0	53,314	9	8.00
9.00	RENAL DIALYSIS	74.00	0	4,649	9	9.00
10.00	HOUSEKEEPING	9.00	0	19,398	9	10.00
11.00	DIETARY	10.00	0	23,386	9	11.00
12.00	NURSING ADMINISTRATION	13.00	0	35,189	9	12.00
13.00	CENTRAL SERVICES & SUPPLY	14.00	0	46,185	9	13.00
14.00	PHARMACY	15.00	0	152,288	9	14.00
15.00	MEDICAL RECORDS & LIBRARY	16.00	0	3,710	9	15.00
16.00	SOCIAL SERVICE	17.00	0	1,212	9	16.00
17.00	PARAMEDICAL PRGM- EMS	23.00	0	4,000	9	17.00
18.00	ADULTS & PEDIATRICS	30.00	0	859,737	9	18.00
19.00	INTENSIVE CARE UNIT	31.00	0	714,191	9	19.00
20.00		0.00	0	0	9	20.00
21.00	NURSERY	43.00	0	102,676	9	21.00
22.00	OPERATING ROOM	50.00	0	2,356,438	9	22.00
23.00	RECOVERY ROOM	51.00	0	5,925	9	23.00
24.00	DELIVERY ROOM & LABOR ROOM	52.00	0	129,992	9	24.00
25.00	ANESTHESIOLOGY	53.00	0	95,627	9	25.00
26.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,082,610	9	26.00
27.00	LABORATORY	60.00	0	359	9	27.00
28.00	RESPIRATORY THERAPY	65.00	0	147,088	9	28.00
29.00	PHYSICAL THERAPY	66.00	0	15,461	9	29.00
30.00	OCCUPATIONAL THERAPY	67.00	0	18,298	9	30.00
31.00	ELECTROCARDIOLOGY	69.00	0	373,003	9	31.00
32.00	ELECTROENCEPHALOGRAPHY	70.00	0	37,757	9	32.00
33.00	EMERGENCY	91.00	0	251,137	9	33.00
34.00	WOUND CARE CLINIC	90.02	0	5,494	9	34.00
35.00	CHEMOTHERAPY	91.01	0	1,556	9	35.00
36.00	OTHER NONREIMBURSABLE	190.01	0	8,858	9	36.00
37.00	SPORTS MEDICINE	90.01	0	5,835	9	37.00
38.00	CARDIAC REHABILITATION	76.97	0	3,536	0	38.00
	TOTALS		0	9,243,607		
<b>D - INCENTIVE COMPENSATION</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,605,006	0	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
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

RECLASSIFICATIONS

Provider CCN: 14-0288

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet A-6  
Date/Time Prepared:  
5/24/2018 8:51 am

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
20.00	0.00	0	0	0	0	20.00	
21.00	0.00	0	0	0	0	21.00	
22.00	0.00	0	0	0	0	22.00	
23.00	0.00	0	0	0	0	23.00	
24.00	0.00	0	0	0	0	24.00	
25.00	0.00	0	0	0	0	25.00	
26.00	0.00	0	0	0	0	26.00	
27.00	0.00	0	0	0	0	27.00	
28.00	0.00	0	0	0	0	28.00	
29.00	0.00	0	0	0	0	29.00	
30.00	0.00	0	0	0	0	30.00	
31.00	0.00	0	0	0	0	31.00	
32.00	0.00	0	0	0	0	32.00	
33.00	0.00	0	0	0	0	33.00	
34.00	0.00	0	0	0	0	34.00	
TOTALS			1,605,006	0			
E - GL BLDG CAPITAL DEPRECIATION							
1.00	OTHER ADMIN AND GENERAL	5.06	0	12,858,558	9	1.00	
TOTALS			0	12,858,558			
F - MEDICAL SUPPLIES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	8	0	1.00	
2.00	NONPATIENT TELEPHONES	5.01	0	7	0	2.00	
3.00	ADMINITTING	5.04	0	18	0	3.00	
4.00	MAINTENANCE & REPAIRS	6.00	0	103,837	0	4.00	
5.00	LAUNDRY & LINEN SERVICE	8.00	0	12,684	0	5.00	
6.00	HOUSEKEEPING	9.00	0	12,666	0	6.00	
7.00	DIETARY	10.00	0	3,302	0	7.00	
8.00	NURSING ADMINISTRATION	13.00	0	1,874	0	8.00	
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	419,613	0	9.00	
10.00	PHARMACY	15.00	0	235,384	0	10.00	
11.00	PARAMEDICAL PRGM- EMS	23.00	0	393	0	11.00	
12.00	ADULTS & PEDIATRICS	30.00	0	1,716,419	0	12.00	
13.00	INTENSIVE CARE UNIT	31.00	0	1,209,204	0	13.00	
14.00	NURSERY	43.00	0	114,461	0	14.00	
15.00	OPERATING ROOM	50.00	0	25,914,248	0	15.00	
16.00	RECOVERY ROOM	51.00	0	50,418	0	16.00	
17.00	DELIVERY ROOM & LABOR ROOM	52.00	0	301,855	0	17.00	
18.00	ANESTHESIOLOGY	53.00	0	881,353	0	18.00	
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	10,466,837	0	19.00	
20.00	LABORATORY	60.00	0	1,195,168	0	20.00	
21.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	89,319	0	21.00	
22.00	RESPIRATORY THERAPY	65.00	0	513,767	0	22.00	
23.00	PHYSICAL THERAPY	66.00	0	1,056	0	23.00	
24.00	OCCUPATIONAL THERAPY	67.00	0	99	0	24.00	
25.00	ELECTROCARDIOLOGY	69.00	0	81,482	0	25.00	
26.00	ELECTROENCEPHALOGRAPHY	70.00	0	13,637	0	26.00	
27.00	RENAL DIALYSIS	74.00	0	115,113	0	27.00	
28.00	CARDIAC REHABILITATION	76.97	0	7,549	0	28.00	
29.00	SPORTS MEDICINE	90.01	0	4,175	0	29.00	
30.00	WOUND CARE CLINIC	90.02	0	233,743	0	30.00	
31.00	EMERGENCY	91.00	0	820,374	0	31.00	
32.00	CHEMOTHERAPY	91.01	0	23,079	0	32.00	
33.00	INFUSION CLINIC	91.03	0	16,607	0	33.00	
34.00	OTHER NONREIMBURSABLE	190.01	0	4,704	0	34.00	
TOTALS			0	44,564,453			
G - IMPLANTS							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	22,114,817	0	1.00	
TOTALS			0	22,114,817			
500.00	Grand Total: Decreases		1,605,006	89,041,473		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0288

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet A-7  
Part I  
Date/Time Prepared:  
5/24/2018 8:51 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	4,804,313	0	0	0	1.00
2.00	Land Improvements	9,275,563	1,156,039	0	1,156,039	2.00
3.00	Buildings and Fixtures	227,113,337	83,121,339	0	83,121,339	3.00
4.00	Building Improvements	4,442,024	292,780	0	292,780	4.00
5.00	Fixed Equipment	103,583,083	16,960,989	0	16,960,989	5.00
6.00	Movable Equipment	133,669	33,879	0	33,879	6.00
7.00	HIT designated Assets	544,031	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	349,896,020	101,565,026	0	101,565,026	8.00
9.00	Reconciling Items	-82,300,653	74,496,341	0	74,496,341	9.00
10.00	Total (line 8 minus line 9)	432,196,673	27,068,685	0	27,068,685	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	4,804,313	4,804,313			1.00
2.00	Land Improvements	10,431,602	10,431,603			2.00
3.00	Buildings and Fixtures	310,234,676	310,234,676			3.00
4.00	Building Improvements	4,734,804	4,734,804			4.00
5.00	Fixed Equipment	120,243,050	120,243,051			5.00
6.00	Movable Equipment	167,548	167,548			6.00
7.00	HIT designated Assets	544,031	544,031			7.00
8.00	Subtotal (sum of lines 1-7)	451,160,024	451,160,026			8.00
9.00	Reconciling Items	-7,804,312	-7,804,309			9.00
10.00	Total (line 8 minus line 9)	458,964,336	458,964,335			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0288

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet A-7  
Part II  
Date/Time Prepared:  
5/24/2018 8:51 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	0	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)	0	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	0				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0288

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet A-7  
Part III  
Date/Time Prepared:  
5/24/2018 8:51 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	0	0	0	0.000000	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	1,634	0	1,634	1.000000	0	2.00
3.00	Total (sum of lines 1-2)	1,634	0	1,634	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	14,760,847	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	11,208,109	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	25,968,956	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	0	0	0	0	14,760,847	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	11,208,109	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	25,968,956	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0288

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet A-8

Date/Time Prepared:  
5/24/2018 8:51 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)		0	0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0	0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0	0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0	0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-386,615	0	NONPATIENT TELEPHONES	5.01	0	7.00
8.00 Television and radio service (chapter 21)		0	0		0.00	0	8.00
9.00 Parking lot (chapter 21)		0	0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-17,571,722	0		0.00	0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0	0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-8,686,753	0		0.00	0	12.00
13.00 Laundry and linen service		0	0		0.00	0	13.00
14.00 Cafeteria-employees and guests		0	0		0.00	0	14.00
15.00 Rental of quarters to employee and others		0	0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0	0		0.00	0	16.00
17.00 Sale of drugs to other than patients		0	0		0.00	0	17.00
18.00 Sale of medical records and abstracts		0	0		0.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)		0	0		0.00	0	19.00
20.00 Vending machines		0	0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0	0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0	0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	0	RESPIRATORY THERAPY	65.00	0	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	0	PHYSICAL THERAPY	66.00	0	24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	0	*** Cost Center Deleted ***	114.00	0	25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT	A	1,172,797	0	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	A	1,634	0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00 Non-physician Anesthetist		0	0	*** Cost Center Deleted ***	19.00	0	28.00
29.00 Physicians' assistant		0	0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	0	OCCUPATIONAL THERAPY	67.00	0	30.00
30.99 Hospice (non-distinct) (see instructions)		0	0	ADULTS & PEDIATRICS	30.00	0	30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	0	*** Cost Center Deleted ***	68.00	0	31.00



ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0288

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet A-8

Date/Time Prepared:  
5/24/2018 8:51 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	5.00	
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	OTHER ADJUSTMENTS (SPECIFY (3)		0		0.00	0	33.00
34.02	PERINATAL	A	-108,514	NURSERY	43.00	0	34.02
35.00	INTEREST EXPS	A	-3,833,090	OTHER ADMIN AND GENERAL	5.06	0	35.00
38.00	00R	B	-34,548	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	38.00
39.00	00R	B	-1,281,269	OTHER ADMIN AND GENERAL	5.06	0	39.00
40.00	00R	B	-273,667	MAINTENANCE & REPAIRS	6.00	0	40.00
43.00	00R	B	-6,600	HOUSEKEEPING	9.00	0	43.00
44.00	00R	B	-669,704	DIETARY	10.00	0	44.00
44.01	00R	B	-15,866	NURSING ADMINISTRATION	13.00	0	44.01
44.02	00R	B	-555	PHARMACY	15.00	0	44.02
44.03	00R	B	-888	SOCIAL SERVICE	17.00	0	44.03
44.04	00R	B	-155,228	PARAMEDICAL PRGM- EMS	23.00	0	44.04
44.05	00R	B	-116,561	ADULTS & PEDIATRICS	30.00	0	44.05
45.00	00R	B	-18,882	INTENSIVE CARE UNIT	31.00	0	45.00
45.01	00R	B	-8,102	NURSERY	43.00	0	45.01
45.02	00R	B	-105	OPERATING ROOM	50.00	0	45.02
45.03	00R	B	-105	RECOVERY ROOM	51.00	0	45.03
45.04	00R	B	-55,576	RADIOLOGY-DIAGNOSTIC	54.00	0	45.04
45.05	00R	B	-468,195	LABORATORY	60.00	0	45.05
45.06	00R	B	-240	RESPIRATORY THERAPY	65.00	0	45.06
45.07	00R	B	-800	PHYSICAL THERAPY	66.00	0	45.07
45.08	00R	B	-116	OCCUPATIONAL THERAPY	67.00	0	45.08
45.09	00R	A	-505	ELECTROCARDIOLOGY	69.00	0	45.09
45.10	00R	B	-2,687	CLINIC	90.00	0	45.10
45.11	00R	B	-306,824	EMERGENCY	91.00	0	45.11
45.12	00R	B	-425,962	OTHER NONREIMBURSABLE	190.01	0	45.12
45.13	NONALLOWABLE	A	-1,118	RESPIRATORY THERAPY	65.00	0	45.13
45.14	NONALLOWABLE	A	-24,879	OCCUPATIONAL THERAPY	67.00	0	45.14
45.15	NONALLOWABLE	A	-19,505	ELECTROCARDIOLOGY	69.00	0	45.15
45.16	NONALLOWABLE	A	-2,970	RENAL DIALYSIS	74.00	0	45.16
45.17	NONALLOWABLE	A	-103	SPORTS MEDICINE	90.01	0	45.17
45.18	PA ASSESSMENT EXPENSE	A	-13,585,944	OTHER ADMIN AND GENERAL	5.06	0	45.18
45.19	NONALLOWABLE	A	-101	WOUND CARE CLINIC	90.02	0	45.19
45.20	PHO	A	-2,671,808	OTHER ADMIN AND GENERAL	5.06	0	45.20
45.21	SPECIALTY BILLING	A	-770	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	45.21
45.22	PROFESSIONAL PART B	A	-375,374	OTHER ADMIN AND GENERAL	5.06	0	45.22
45.23	AHA LOBBYING	A	-47,857	OTHER ADMIN AND GENERAL	5.06	0	45.23
45.24	NONALLOWABLE	A	-34,931	EMERGENCY	91.00	0	45.24
45.25	NONALLOWABLE	A	-9,680	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45.25
45.26	NONALLOWABLE	A	-9	ADMINISTRATIVE	5.04	0	45.26
45.27	NONALLOWABLE	A	0		0.00	0	45.27
45.28	NONALLOWABLE	A	-2,059	INFUSION CLINIC	91.03	0	45.28
45.29	NONALLOWABLE	A	-441,973	OTHER ADMIN AND GENERAL	5.06	0	45.29
45.30	NONALLOWABLE	A	-341,948	MAINTENANCE & REPAIRS	6.00	0	45.30
45.31	NONALLOWABLE	A	-115	HOUSEKEEPING	9.00	0	45.31
45.32	NONALLOWABLE	A	-1,464	DIETARY	10.00	0	45.32
45.33	NONALLOWABLE	A	-18,725	NURSING ADMINISTRATION	13.00	0	45.33
45.34	NONALLOWABLE	A	-21,274	PHARMACY	15.00	0	45.34
45.35	NONALLOWABLE	A	-49,993	SOCIAL SERVICE	17.00	0	45.35
45.36	NONALLOWABLE	A	-17,800	PARAMEDICAL PRGM- EMS	23.00	0	45.36
45.37	NONALLOWABLE	A	-9,782	ADULTS & PEDIATRICS	30.00	0	45.37
45.38	NONALLOWABLE	A	-65,170	INTENSIVE CARE UNIT	31.00	0	45.38
45.39	NONALLOWABLE	A	-282,592	OTHER NONREIMBURSABLE	190.01	0	45.39
45.41	NONALLOWABLE	A	-35,348	NURSERY	43.00	0	45.41
45.42	NONALLOWABLE	A	-9,482	OPERATING ROOM	50.00	0	45.42
45.43	NONALLOWABLE	A	-2,787	RECOVERY ROOM	51.00	0	45.43
45.44	NONALLOWABLE	A	-3,385	DELIVERY ROOM & LABOR ROOM	52.00	0	45.44
45.46	NONALLOWABLE	A	-3,336	RADIOLOGY-DIAGNOSTIC	54.00	0	45.46
45.47	NONALLOWABLE	A	-314	LABORATORY	60.00	0	45.47
45.48	NONALLOWABLE	A	-3,102	RESPIRATORY THERAPY	65.00	0	45.48
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-51,340,946				50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0288

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet A-8

Date/Time Prepared:  
5/24/2018 8:51 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

(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: 14-0288

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet A-8-1

Date/Time Prepared:  
5/24/2018 8:51 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	PERSONNEL	5,646,232	0
2.00	5.02	DATA PROCESSING	DATA PROCESSING	5,962,212	0
3.00	5.06	OTHER ADMIN AND GENERAL	ADMINISTRATIVE	6,526,305	29,513,862
4.00	0.00		BUSINESS OFFICE	0	0
4.01	0.00		OLD ME	0	0
4.02	1.00	NEW CAP REL COSTS-BLDG & FIX	NEW B&F	729,492	0
4.03	2.00	NEW CAP REL COSTS-MVBLE EQUI	NEW ME	1,962,868	0
5.00	0		0	20,827,109	29,513,862

\* 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	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 requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

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

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

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

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

Provider CCN: 14-0288

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet A-8-1

Date/Time Prepared:  
5/24/2018 8:51 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	5,646,232	0		1.00
2.00	5,962,212	0		2.00
3.00	-22,987,557	0		3.00
4.00	0	0		4.00
4.01	0	0		4.01
4.02	729,492	9		4.02
4.03	1,962,868	9		4.03
5.00	-8,686,753			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>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>			

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0288

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet A-8-2

Date/Time Prepared:  
5/24/2018 8:51 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	31.00	INTENSIVE CARE UNIT	310,914	0	310,914	154	1	1.00
2.00	40.00	SUBPROVIDER - IPF	0	0	0	208	1	2.00
3.00	43.00	NURSERY	304,873	0	304,873	200	1	3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	1,708,073	428,004	1,280,069	225	1	4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	208	1	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	2,594,207	63,563	2,530,644	208	1	6.00
7.00	74.00	RENAL DIALYSIS	0	0	0	208	1	7.00
8.00	69.00	ELECTROCARDIOLOGY	1,046,964	507,848	539,116	208	1	8.00
9.00	91.00	EMERGENCY	3,093,033	84,413	3,008,620	208	1	9.00
10.00	30.00	ADULTS & PEDIATRICS	4,589,416	812,359	3,777,057	208	1	10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	67,226	67,226	0	208	1	11.00
12.00	50.00	OPERATING ROOM	3,857,016	8,040	3,848,976	208	1	12.00
200.00			17,571,722	1,971,453	15,600,269		12	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	1.00
2.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	2.00
3.00	43.00	NURSERY	0	0	0	0	0	3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	6.00
7.00	74.00	RENAL DIALYSIS	0	0	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	8.00
9.00	91.00	EMERGENCY	0	0	0	0	0	9.00
10.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	11.00
12.00	50.00	OPERATING ROOM	0	0	0	0	0	12.00
200.00			0	0	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	31.00	INTENSIVE CARE UNIT	0	0	310,914	310,914		1.00
2.00	40.00	SUBPROVIDER - IPF	0	0	0	0		2.00
3.00	43.00	NURSERY	0	0	304,873	304,873		3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	1,280,069	1,708,073		4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	0		5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	2,530,644	2,594,207		6.00
7.00	74.00	RENAL DIALYSIS	0	0	0	0		7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	539,116	1,046,964		8.00
9.00	91.00	EMERGENCY	0	0	3,008,620	3,093,033		9.00
10.00	30.00	ADULTS & PEDIATRICS	0	0	3,777,057	4,589,416		10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	67,226		11.00
12.00	50.00	OPERATING ROOM	0	0	3,848,976	3,857,016		12.00
200.00			0	0	15,600,269	17,571,722		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0288

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2018 8:51 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	14,760,847	14,760,847			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	11,208,109		11,208,109		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	29,196,052	27,338	20,758	29,244,148	4.00
5.01 00540	NONPATIENT TELEPHONES	581,954	89,080	67,640	86,441	825,115
5.02 00550	DATA PROCESSING	7,757,372	48,930	37,154	0	15,427
5.03 00560	PURCHASING RECEIVING AND STORES	216	15,587	11,835	0	417
5.04 00570	ADMINISTRATIVE	55,977	13,546	10,286	782	8,339
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	27,845,436	18,426	13,991	88,500	5,003
5.06 00590	OTHER ADMIN AND GENERAL	14,237,903	2,252,415	1,710,289	2,678,802	93,810
6.00 00600	MAINTENANCE & REPAIRS	12,423,947	3,488,895	2,649,166	429,512	44,195
7.00 00700	OPERATION OF PLANT	5,088	0	0	1,116	1,251
8.00 00800	LAUNDRY & LINEN SERVICE	997,366	9,988	7,584	0	834
9.00 00900	HOUSEKEEPING	3,446,120	70,213	53,314	548,582	6,671
10.00 01000	DIETARY	3,749,159	295,133	224,098	550,874	0
11.00 01100	CAFETERIA	0	0	0	0	0
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	4,519,790	95,935	72,845	986,946	15,844
14.00 01400	CENTRAL SERVICES & SUPPLY	1,915,867	347,883	264,152	362,494	9,173
15.00 01500	PHARMACY	21,799,594	95,625	72,609	1,303,014	17,094
16.00 01600	MEDICAL RECORDS & LIBRARY	7,399	44,850	34,055	0	0
17.00 01700	SOCIAL SERVICE	2,023,128	0	0	414,978	2,502
23.00 02300	PARAMED PRGM- EMS	598,841	0	0	116,041	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	24,297,766	2,496,513	1,895,635	5,729,734	148,427
31.00 03100	INTENSIVE CARE UNIT	13,367,069	557,836	423,573	2,663,899	70,462
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00 04000	SUBPROVIDER - IPF	6,429,569	353,464	268,390	1,149,422	26,267
41.00 04100	SUBPROVIDER - IIRF	0	0	0	0	0
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	2,540,717	68,255	51,827	572,591	6,671
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00 04500	NURSING FACILITY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	13,480,968	1,295,236	983,490	2,608,213	72,547
50.01 05001	OPERATING ROOM	0	0	0	0	0
51.00 05100	RECOVERY ROOM	1,410,628	104,063	79,016	314,294	6,671
52.00 05200	DELIVERY ROOM & LABOR ROOM	3,828,722	258,101	195,979	813,361	24,599
53.00 05300	ANESTHESIOLOGY	354,276	4,978	3,780	62,362	1,251
54.00 05400	RADIOLOGY-DIAGNOSTIC	13,899,773	914,761	694,590	2,586,599	94,644
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	8,476,650	225,295	171,070	0	0
60.01 06001	BLOOD LABORATORY	0	0	0	0	0
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	662,308	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	2,871,816	23,535	17,870	628,835	2,085
66.00 06600	PHYSICAL THERAPY	2,178,067	38,061	28,900	474,512	2,502
67.00 06700	OCCUPATIONAL THERAPY	2,053,402	68,565	52,062	451,616	4,586
69.00 06900	ELECTROCARDIOLOGY	2,152,654	223,043	169,360	577,779	13,342
70.00 07000	ELECTROENCEPHALOGRAPHY	528,791	0	0	36,249	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	22,449,636	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	22,114,817	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00 07400	RENAL DIALYSIS	551,731	67,651	51,368	110,879	417
76.00 03140	CARDIOLOGY	0	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	514,542	53,631	40,723	114,556	27,101
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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	29,016	0	0	0	0
90.01 09001	SPORTS MEDICINE	1,420,401	0	0	250,087	1,251
90.02 09002	WOUND CARE CLINIC	204,696	42,451	32,234	44,759	13,759
91.00 09100	EMERGENCY	10,092,183	333,308	253,085	1,917,069	32,938
91.01 09101	CHEMOTHERAPY	197,106	0	0	39,911	0
91.02 09102	PAIN CLINIC	0	0	0	0	0
91.03 09103	INFUSION CLINIC	1,079,104	58,511	44,428	233,473	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0288

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2018 8:51 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1.00	2.00	4.00	5.01	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
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 through 117)	314,316,573	14,101,102	10,707,156	28,948,282	770,080	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 OTHER NONREIMBURSABLE	1,557,793	659,745	500,953	295,866	55,035	190.01
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	315,874,366	14,760,847	11,208,109	29,244,148	825,115	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0288

Period: From 01/01/2017 To 12/31/2017

Worksheet B Part I Date/Time Prepared: 5/24/2018 8:51 am

Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	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
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING	7,858,883				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	28,055			5.03
5.04	00570	ADMINITTING	0	0	88,930		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	27,971,356	5.05
5.06	00590	OTHER ADMIN AND GENERAL	0	695	0	0	20,973,914
6.00	00600	MAINTENANCE & REPAIRS	0	863	0	0	19,036,578
7.00	00700	OPERATION OF PLANT	0	0	0	0	7,455
8.00	00800	LAUNDRY & LINEN SERVICE	0	60	0	0	1,015,832
9.00	00900	HOUSEKEEPING	0	175	0	0	4,125,075
10.00	01000	DIETARY	0	820	0	0	4,820,084
11.00	01100	CAFETERIA	0	0	0	0	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	14	0	0	5,691,374
14.00	01400	CENTRAL SERVICES & SUPPLY	0	254	0	0	2,899,823
15.00	01500	PHARMACY	0	140	0	0	23,288,076
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	86,304
17.00	01700	SOCIAL SERVICE	0	1	0	0	2,440,609
23.00	02300	PARAMED ED PRGM- EMS	0	31	0	0	714,913
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	795,338	960	14,755	2,830,874	38,210,002
31.00	03100	INTENSIVE CARE UNIT	282,740	768	5,247	1,006,367	18,377,961
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I/PF	221,850	26	4,117	789,638	9,242,743
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	127,619	114	2,368	454,240	3,824,402
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	850,911	14,630	8,314	3,028,678	22,342,987
50.01	05001	OPERATING ROOM	0	0	0	0	0
51.00	05100	RECOVERY ROOM	124,685	31	1,150	443,797	2,484,335
52.00	05200	DELIVERY ROOM & LABOR ROOM	132,908	181	1,999	473,063	5,728,913
53.00	05300	ANESTHESIOLOGY	121,032	490	1,326	430,793	980,288
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,517,478	5,836	10,441	5,400,167	25,124,289
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	610,733	661	6,437	2,173,804	11,664,650
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	45,511	49	677	161,987	870,532
65.00	06500	RESPIRATORY THERAPY	237,089	291	3,959	843,878	4,629,358
66.00	06600	PHYSICAL THERAPY	77,557	4	1,163	276,051	3,076,817
67.00	06700	OCCUPATIONAL THERAPY	62,040	28	406	220,821	2,913,526
69.00	06900	ELECTROCARDIOLOGY	148,159	60	1,029	527,348	3,812,774
70.00	07000	ELECTROENCEPHALOGRAPHY	19,092	8	202	67,956	652,298
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	238,680	0	3,119	849,542	23,540,977
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	480,257	0	6,490	1,709,395	24,310,959
73.00	07300	DRUGS CHARGED TO PATIENTS	838,541	0	10,278	2,984,650	3,833,469
74.00	07400	RENAL DIALYSIS	24,057	67	436	85,628	892,234
76.00	03140	CARDIOLOGY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	25,402	7	26	90,415	866,403
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	0	0	0	29,016
90.01	09001	SPORTS MEDICINE	41,096	3	0	146,274	1,859,112
90.02	09002	WOUND CARE CLINIC	31,308	130	0	111,434	480,771
91.00	09100	EMERGENCY	764,419	496	4,900	2,720,824	16,119,222
91.01	09101	CHEMOTHERAPY	10,515	13	0	37,426	284,971
91.02	09102	PAIN CLINIC	0	0	0	0	0
91.03	09103	INFUSION CLINIC	20,686	12	0	73,630	1,509,844
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	0	0



COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0288

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2018 8:51 am

Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
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 through 117)	7,849,703	27,918	88,839	27,938,680	312,762,890	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	9,180	137	91	32,676	3,111,476	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	7,858,883	28,055	88,930	27,971,356	315,874,366	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0288		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part I Date/Time Prepared: 5/24/2018 8:51 am	
Cost Center Description			OTHER ADMIN AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	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
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN AND GENERAL	20,973,914					5.06
6.00	00600	MAINTENANCE & REPAIRS	1,353,920	20,390,498				6.00
7.00	00700	OPERATION OF PLANT	530	0	7,985			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	72,248	23,127	9	1,111,216		8.00
9.00	00900	HOUSEKEEPING	293,384	162,568	64	0	4,581,091	9.00
10.00	01000	DIETARY	342,814	683,339	268	0	154,935	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	404,782	222,124	87	0	50,363	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	206,241	805,473	315	32,066	182,627	14.00
15.00	01500	PHARMACY	1,656,295	221,406	87	0	50,200	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,138	103,844	41	0	23,545	16.00
17.00	01700	SOCIAL SERVICE	173,581	0	0	0	0	17.00
23.00	02300	PARAMED PRGM- EMS	50,846	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	2,717,577	5,780,318	2,265	383,547	1,310,590	30.00
31.00	03100	INTENSIVE CARE UNIT	1,307,077	1,291,591	506	152,233	292,846	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	657,362	818,397	320	52,361	185,557	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	271,999	158,034	62	5,933	35,831	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,589,078	2,998,936	1,174	136,232	679,957	50.00
50.01	05001	OPERATING ROOM	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	176,691	240,943	94	0	54,630	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	407,452	597,595	234	52,925	135,494	52.00
53.00	05300	ANESTHESIOLOGY	69,720	11,526	5	0	2,613	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,786,890	2,117,999	829	61,890	480,220	54.00
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	829,613	521,640	204	0	118,273	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	61,914	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	329,249	54,492	21	2,688	12,355	65.00
66.00	06600	PHYSICAL THERAPY	218,829	88,124	35	0	19,981	66.00
67.00	06700	OCCUPATIONAL THERAPY	207,216	158,752	62	0	35,994	67.00
69.00	06900	ELECTROCARDIOLOGY	271,172	516,425	202	36,983	117,090	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	46,393	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,674,281	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,729,044	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	272,644	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	63,457	156,635	61	0	35,514	74.00
76.00	03140	CARDIOLOGY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	61,620	124,175	49	1,527	28,154	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	2,064	0	0	0	0	90.00
90.01	09001	SPORTS MEDICINE	132,224	0	0	0	0	90.01
90.02	09002	WOUND CARE CLINIC	34,193	98,289	38	10,190	22,285	90.02
91.00	09100	EMERGENCY	1,146,431	771,727	302	182,641	174,976	91.00
91.01	09101	CHEMOTHERAPY	20,268	0	0	0	0	91.01
91.02	09102	PAIN CLINIC	0	0	0	0	0	91.02
91.03	09103	INFUSION CLINIC	107,383	135,474	53	0	30,716	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORE	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0288

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2018 8:51 am

Cost Center Description			OTHER ADMIN AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
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 through 117)	20,752,620	18,862,953	7,387	1,111,216	4,234,746	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	221,294	1,527,545	598	0	346,345	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	20,973,914	20,390,498	7,985	1,111,216	4,581,091	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0288		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part I Date/Time Prepared: 5/24/2018 8:51 am	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	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
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	6,001,440					10.00
11.00	01100	CAFETERIA	2,836,181	2,836,181				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	54,815	54,815			12.00
13.00	01300	NURSING ADMINISTRATION	0	83,238	1,162	6,453,130		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	85,268	599	0	4,212,412	14.00
15.00	01500	PHARMACY	0	107,600	4,799	0	23,356	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	18	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	38,574	506	0	92	17.00
23.00	02300	PARAMED ED PRGM- EMS	0	66,996	148	0	5,112	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	1,938,363	706,509	7,827	2,319,829	160,569	30.00
31.00	03100	INTENSIVE CARE UNIT	679,975	292,348	3,802	1,165,803	128,470	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	422,382	136,023	1,909	306,170	4,295	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	58,876	792	294,395	19,071	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	267,986	4,615	694,771	2,448,885	50.00
50.01	05001	OPERATING ROOM	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	30,453	514	141,309	5,203	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	85,268	1,186	341,498	30,217	52.00
53.00	05300	ANESTHESIOLOGY	0	12,181	202	0	81,943	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	259,865	5,191	82,430	976,252	54.00
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	2,403	0	110,558	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	179	0	8,262	62.00
65.00	06500	RESPIRATORY THERAPY	0	77,147	958	11,776	48,709	65.00
66.00	06600	PHYSICAL THERAPY	0	50,755	637	0	619	66.00
67.00	06700	OCCUPATIONAL THERAPY	101,897	40,604	604	23,552	4,753	67.00
69.00	06900	ELECTROCARDIOLOGY	0	54,815	790	129,534	10,025	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,060	135	0	1,371	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	4,849	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	5,008	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	789	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	12,181	185	47,103	11,144	74.00
76.00	03140	CARDIOLOGY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	179	35,327	1,151	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	6	0	0	90.00
90.01	09001	SPORTS MEDICINE	0	24,362	385	0	584	90.01
90.02	09002	WOUND CARE CLINIC	0	6,091	99	0	21,713	90.02
91.00	09100	EMERGENCY	22,642	213,170	3,330	706,547	82,945	91.00
91.01	09101	CHEMOTHERAPY	0	4,060	57	23,552	2,144	91.01
91.02	09102	PAIN CLINIC	0	0	0	0	0	91.02
91.03	09103	INFUSION CLINIC	0	28,423	313	58,879	2,035	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0	0	0	99.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0288

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2018 8:51 am

Cost Center Description		DI ETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
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					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,001,440	2,801,668	54,176	6,382,475	4,189,478
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	0	34,513	639	70,655	22,934
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	6,001,440	2,836,181	54,815	6,453,130	4,212,412

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0288

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2018 8:51 am

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM- EMS	Subtotal	
		15.00	16.00	17.00	23.00	24.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
12.00	01200						12.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500	25,351,819					15.00
16.00	01600	0	219,890				16.00
17.00	01700	0	0	2,653,362			17.00
23.00	02300	0	0	0	838,015		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	297,504	22,690	2,327,799	0	56,185,389	30.00
31.00	03100	216,898	0	50,311	0	23,959,821	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	201	40,142	0	0	11,867,862	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	8,525	7,563	75,050	0	4,760,533	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	299,569	13,421	0	0	31,477,611	50.00
50.01	05001	0	0	0	0	0	50.01
51.00	05100	25,293	206	0	0	3,159,671	51.00
52.00	05200	60,668	2,141	75,050	0	7,518,641	52.00
53.00	05300	112,822	391	0	0	1,271,691	53.00
54.00	05400	72,554	8,509	0	0	30,976,918	54.00
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	12	39,533	0	0	13,286,886	60.00
60.01	06001	0	0	0	0	0	60.01
62.00	06200	0	0	0	0	940,887	62.00
65.00	06500	1,917	728	0	0	5,169,398	65.00
66.00	06600	0	5,162	0	0	3,460,959	66.00
67.00	06700	0	174	0	0	3,487,134	67.00
69.00	06900	41,259	17,669	0	0	5,008,738	69.00
70.00	07000	0	54	0	0	704,311	70.00
71.00	07100	0	0	0	0	25,220,107	71.00
72.00	07200	0	0	0	0	26,045,011	72.00
73.00	07300	23,586,103	10,465	0	0	27,703,470	73.00
74.00	07400	21,992	217	0	0	1,240,723	74.00
76.00	03140	0	0	0	0	0	76.00
76.97	07697	12	0	0	0	1,118,597	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	0	31,086	90.00
90.01	09001	19	0	0	0	2,016,686	90.01
90.02	09002	479	0	24,947	0	699,095	90.02
91.00	09100	551,760	50,825	100,205	838,015	20,964,738	91.00
91.01	09101	12,115	0	0	0	347,167	91.01
91.02	09102	0	0	0	0	0	91.02
91.03	09103	32,020	0	0	0	1,905,140	91.03
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	0	0	0	0	0	99.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0288

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2018 8:51 am

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM- EMS	Subtotal	
		15.00	16.00	17.00	23.00	24.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
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					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	25,341,722	219,890	2,653,362	838,015	310,528,270
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	10,097	0	0	0	5,346,096
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
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 through 201)	25,351,819	219,890	2,653,362	838,015	315,874,366

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0288

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2018 8:51 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
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
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.04	00570	ADMITTING		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590	OTHER ADMIN AND GENERAL		5.06
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
23.00	02300	PARAMED ED PRGM- EMS		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	56,185,389	30.00
31.00	03100	INTENSIVE CARE UNIT	23,959,821	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000	SUBPROVIDER - I PF	11,867,862	40.00
41.00	04100	SUBPROVIDER - I RF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	4,760,533	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
45.00	04500	NURSING FACILITY	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	31,477,611	50.00
50.01	05001	OPERATING ROOM	0	50.01
51.00	05100	RECOVERY ROOM	3,159,671	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,518,641	52.00
53.00	05300	ANESTHESIOLOGY	1,271,691	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	30,976,918	54.00
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	13,286,886	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	940,887	62.00
65.00	06500	RESPIRATORY THERAPY	5,169,398	65.00
66.00	06600	PHYSICAL THERAPY	3,460,959	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,487,134	67.00
69.00	06900	ELECTROCARDIOLOGY	5,008,738	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	704,311	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	25,220,107	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	26,045,011	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	27,703,470	73.00
74.00	07400	RENAL DIALYSIS	1,240,723	74.00
76.00	03140	CARDIOLOGY	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,118,597	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	31,086	90.00
90.01	09001	SPORTS MEDICINE	2,016,686	90.01
90.02	09002	WOUND CARE CLINIC	699,095	90.02
91.00	09100	EMERGENCY	20,964,738	91.00
91.01	09101	CHEMOTHERAPY	347,167	91.01
91.02	09102	PAIN CLINIC	0	91.02
91.03	09103	INFUSION CLINIC	1,905,140	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00



COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0288

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2018 8:51 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	09910 CORF	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00
113.00	11300 INTEREST EXPENSE			113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	310,528,270	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001 OTHER NONREIMBURSABLE	0	5,346,096	190.01
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
200.00	Cross Foot Adjustments	0	0	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	0	315,874,366	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0288

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet B  
Part II  
Date/Time Prepared:  
5/24/2018 8:51 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
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	27,338	20,758	48,096	48,096	4.00
5.01 00540 NONPATIENT TELEPHONES	0	89,080	67,640	156,720	142	5.01
5.02 00550 DATA PROCESSING	0	48,930	37,154	86,084	0	5.02
5.03 00560 PURCHASING RECEIVING AND STORES	95	15,587	11,835	27,517	0	5.03
5.04 00570 ADMITTING	48,367	13,546	10,286	72,199	1	5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	667	18,426	13,991	33,084	145	5.05
5.06 00590 OTHER ADMIN AND GENERAL	2,581,110	2,252,415	1,710,289	6,543,814	4,401	5.06
6.00 00600 MAINTENANCE & REPAIRS	49,091	3,488,895	2,649,166	6,187,152	706	6.00
7.00 00700 OPERATION OF PLANT	0	0	0	0	2	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	9,988	7,584	17,572	0	8.00
9.00 00900 HOUSEKEEPING	120	70,213	53,314	123,647	901	9.00
10.00 01000 DIETARY	40,900	295,133	224,098	560,131	905	10.00
11.00 01100 CAFETERIA	0	0	0	0	0	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	0	95,935	72,845	168,780	1,621	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	176	347,883	264,152	612,211	595	14.00
15.00 01500 PHARMACY	-6,301	95,625	72,609	161,933	2,141	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	7,399	44,850	34,055	86,304	0	16.00
17.00 01700 SOCIAL SERVICE	49,774	0	0	49,774	682	17.00
23.00 02300 PARAMEDICAL PRGM- EMS	96,495	0	0	96,495	191	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	36,648	2,496,513	1,895,635	4,428,796	9,466	30.00
31.00 03100 INTENSIVE CARE UNIT	265	557,836	423,573	981,674	4,376	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	0	353,464	268,390	621,854	1,888	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	68,255	51,827	120,082	941	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	9,374	1,295,236	983,490	2,288,100	4,285	50.00
50.01 05001 OPERATING ROOM	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	31	104,063	79,016	183,110	516	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	98,723	258,101	195,979	552,803	1,336	52.00
53.00 05300 ANESTHESIOLOGY	0	4,978	3,780	8,758	102	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	173,611	914,761	694,590	1,782,962	4,249	54.00
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	225,295	171,070	396,365	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	3,715	23,535	17,870	45,120	1,033	65.00
66.00 06600 PHYSICAL THERAPY	40,199	38,061	28,900	107,160	780	66.00
67.00 06700 OCCUPATIONAL THERAPY	1,348	68,565	52,062	121,975	742	67.00
69.00 06900 ELECTROCARDIOLOGY	56,567	223,043	169,360	448,970	949	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	60	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	1,675	67,651	51,368	120,694	182	74.00
76.00 03140 CARDIOLOGY	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	304	53,631	40,723	94,658	188	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 SPORTS MEDICINE	290,324	0	0	290,324	411	90.01
90.02 09002 WOUND CARE CLINIC	0	42,451	32,234	74,685	74	90.02
91.00 09100 EMERGENCY	493,366	333,308	253,085	1,079,759	3,149	91.00
91.01 09101 CHEMOTHERAPY	0	0	0	0	66	91.01
91.02 09102 PAIN CLINIC	0	0	0	0	0	91.02
91.03 09103 INFUSION CLINIC	0	58,511	44,428	102,939	384	91.03
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0288

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet B  
Part II  
Date/Time Prepared:  
5/24/2018 8:51 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910 CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
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 through 117)	4,074,043	14,101,102	10,707,156	28,882,301	47,610 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 OTHER NONREIMBURSABLE	116,382	659,745	500,953	1,277,080	486	190.01
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00	Cross Foot Adjustments			0	0	200.00
201.00	Negative Cost Centers		0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	4,190,425	14,760,847	11,208,109	30,159,381	48,096 202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0288		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/24/2018 8:51 am	
Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
<b>GENERAL SERVICE COST CENTERS</b>								
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
5.01	00540	NONPATIENT TELEPHONES	156,862					5.01
5.02	00550	DATA PROCESSING	2,933	89,017				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	79	0	27,596			5.03
5.04	00570	ADMINISTRATIVE	1,585	0	0	73,785		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	951	0	0	0	34,180	5.05
5.06	00590	OTHER ADMIN AND GENERAL	17,834	0	684	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	8,402	0	849	0	0	6.00
7.00	00700	OPERATION OF PLANT	238	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	159	0	59	0	0	8.00
9.00	00900	HOUSEKEEPING	1,268	0	172	0	0	9.00
10.00	01000	DIETARY	0	0	807	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,012	0	14	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,744	0	250	0	0	14.00
15.00	01500	PHARMACY	3,250	0	137	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	476	0	1	0	0	17.00
23.00	02300	PARAMED PRGM- EMS	0	0	30	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	28,216	9,063	944	11,971	3,496	30.00
31.00	03100	INTENSIVE CARE UNIT	13,395	3,222	756	4,373	1,243	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	4,994	2,528	25	3,431	975	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,268	1,454	112	1,974	561	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	13,792	9,696	14,388	6,928	3,740	50.00
50.01	05001	OPERATING ROOM	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	1,268	1,421	31	958	548	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,677	1,514	178	1,666	584	52.00
53.00	05300	ANESTHESIOLOGY	238	1,379	482	1,105	532	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,993	16,755	5,741	8,701	6,306	54.00
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	6,959	650	5,364	2,684	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	519	49	564	200	62.00
65.00	06500	RESPIRATORY THERAPY	396	2,702	286	3,299	1,042	65.00
66.00	06600	PHYSICAL THERAPY	476	884	4	969	341	66.00
67.00	06700	OCCUPATIONAL THERAPY	872	707	28	338	273	67.00
69.00	06900	ELECTROCARDIOLOGY	2,536	1,688	59	858	651	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	218	8	169	84	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,720	0	2,599	1,049	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	5,473	0	5,408	2,111	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	9,555	0	8,565	3,686	73.00
74.00	07400	RENAL DIALYSIS	79	274	66	363	106	74.00
76.00	03140	CARDIOLOGY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	5,152	289	7	22	112	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	SPORTS MEDICINE	238	468	3	0	181	90.01
90.02	09002	WOUND CARE CLINIC	2,616	357	128	0	138	90.02
91.00	09100	EMERGENCY	6,262	8,711	488	4,084	3,360	91.00
91.01	09101	CHEMOTHERAPY	0	120	13	0	46	91.01
91.02	09102	PAIN CLINIC	0	0	0	0	0	91.02
91.03	09103	INFUSION CLINIC	0	236	12	0	91	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0	0	0	99.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0288

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet B  
Part II  
Date/Time Prepared:  
5/24/2018 8:51 am

Cost Center Description		NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
		5.01	5.02	5.03	5.04	5.05	
<b>SPECIAL PURPOSE COST CENTERS</b>							
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					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	146,399	88,912	27,461	73,709	34,140 118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	10,463	105	135	76	40 190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118 through 201)	156,862	89,017	27,596	73,785	34,180 202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0288		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/24/2018 8:51 am	
Cost Center Description			OTHER ADMIN AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	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
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN AND GENERAL	6,566,733					5.06
6.00	00600	MAINTENANCE & REPAIRS	423,907	6,621,016				6.00
7.00	00700	OPERATION OF PLANT	166	0	406			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	22,621	7,510	0	47,921		8.00
9.00	00900	HOUSEKEEPING	91,857	52,788	3	0	270,636	9.00
10.00	01000	DIETARY	107,334	221,888	14	0	9,153	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	126,736	72,126	4	0	2,975	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	64,573	261,546	16	1,383	10,789	14.00
15.00	01500	PHARMACY	518,579	71,893	4	0	2,966	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,922	33,719	2	0	1,391	16.00
17.00	01700	SOCIAL SERVICE	54,347	0	0	0	0	17.00
23.00	02300	PARAMED PRGM- EMS	15,920	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	850,750	1,876,930	118	16,541	77,426	30.00
31.00	03100	INTENSIVE CARE UNIT	409,240	419,394	26	6,565	17,300	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	205,817	265,742	16	2,258	10,962	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	85,162	51,315	3	256	2,117	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	497,534	973,787	60	5,875	40,170	50.00
50.01	05001	OPERATING ROOM	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	55,321	78,237	5	0	3,227	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	127,571	194,046	12	2,282	8,005	52.00
53.00	05300	ANESTHESIOLOGY	21,829	3,743	0	0	154	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	559,468	687,737	42	2,669	28,370	54.00
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	259,748	169,382	10	0	6,987	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	19,385	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	103,087	17,694	1	116	730	65.00
66.00	06600	PHYSICAL THERAPY	68,515	28,615	2	0	1,180	66.00
67.00	06700	OCCUPATIONAL THERAPY	64,878	51,548	3	0	2,126	67.00
69.00	06900	ELECTROCARDIOLOGY	84,903	167,689	10	1,595	6,917	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	14,525	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	524,210	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	541,356	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	85,364	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	19,868	50,861	3	0	2,098	74.00
76.00	03140	CARDIOLOGY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	19,293	40,321	2	66	1,663	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	646	0	0	0	0	90.00
90.01	09001	SPORTS MEDICINE	41,399	0	0	0	0	90.01
90.02	09002	WOUND CARE CLINIC	10,706	31,916	2	439	1,317	90.02
91.00	09100	EMERGENCY	358,943	250,588	15	7,876	10,337	91.00
91.01	09101	CHEMOTHERAPY	6,346	0	0	0	0	91.01
91.02	09102	PAIN CLINIC	0	0	0	0	0	91.02
91.03	09103	INFUSION CLINIC	33,621	43,990	3	0	1,815	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORE	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0288

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet B  
Part II  
Date/Time Prepared:  
5/24/2018 8:51 am

Cost Center Description			OTHER ADMIN AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
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 through 117)	6,497,447	6,125,005	376	47,921	250,175	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	69,286	496,011	30	0	20,461	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	6,566,733	6,621,016	406	47,921	270,636	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0288		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/24/2018 8:51 am	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	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
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	900,232					10.00
11.00	01100	CAFETERIA	425,435	425,435				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	8,222	8,222			12.00
13.00	01300	NURSING ADMINISTRATION	0	12,486	175	387,929		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	12,790	90	0	965,987	14.00
15.00	01500	PHARMACY	0	16,140	722	0	5,356	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	3	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	5,786	76	0	21	17.00
23.00	02300	PARAMED ED PRGM- EMS	0	10,050	22	0	1,172	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	290,760	105,981	1,151	139,457	36,822	30.00
31.00	03100	INTENSIVE CARE UNIT	101,998	43,853	572	70,082	29,461	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	63,358	20,404	287	18,405	985	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	8,832	119	17,697	4,373	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	40,199	694	41,766	561,574	50.00
50.01	05001	OPERATING ROOM	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	4,568	77	8,495	1,193	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	12,790	179	20,529	6,929	52.00
53.00	05300	ANESTHESIOLOGY	0	1,827	30	0	18,791	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	38,980	781	4,955	223,875	54.00
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	362	0	25,353	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	27	0	1,895	62.00
65.00	06500	RESPIRATORY THERAPY	0	11,572	144	708	11,170	65.00
66.00	06600	PHYSICAL THERAPY	0	7,613	96	0	142	66.00
67.00	06700	OCCUPATIONAL THERAPY	15,285	6,091	91	1,416	1,090	67.00
69.00	06900	ELECTROCARDIOLOGY	0	8,222	119	7,787	2,299	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	609	20	0	314	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	730	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	754	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	119	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	1,827	28	2,832	2,556	74.00
76.00	03140	CARDIOLOGY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	27	2,124	264	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	1	0	0	90.00
90.01	09001	SPORTS MEDICINE	0	3,654	58	0	134	90.01
90.02	09002	WOUND CARE CLINIC	0	914	15	0	4,979	90.02
91.00	09100	EMERGENCY	3,396	31,976	501	42,474	19,021	91.00
91.01	09101	CHEMOTHERAPY	0	609	9	1,416	492	91.01
91.02	09102	PAIN CLINIC	0	0	0	0	0	91.02
91.03	09103	INFUSION CLINIC	0	4,263	47	3,539	467	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0	0	0	99.10



ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0288

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet B  
Part II  
Date/Time Prepared:  
5/24/2018 8:51 am

Cost Center Description		DI ETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
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					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	900,232	420,258	8,126	383,682	960,728
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	0	5,177	96	4,247	5,259
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	900,232	425,435	8,222	387,929	965,987

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0288		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/24/2018 8:51 am	
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM- EMS	Subtotal	
			15.00	16.00	17.00	23.00	24.00	
<b>GENERAL SERVICE COST CENTERS</b>								
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
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	783,121					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	123,341				16.00
17.00	01700	SOCIAL SERVICE	0	0	111,163			17.00
23.00	02300	PARAMED ED PRGM- EMS	0	0	0	123,880		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	9,190	12,727	97,524		8,007,329	30.00
31.00	03100	INTENSIVE CARE UNIT	6,700	0	2,108		2,116,338	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0		0	34.00
40.00	04000	SUBPROVIDER - I/PF	6	22,517	0		1,246,452	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	263	4,242	3,144		303,915	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0		0	44.00
45.00	04500	NURSING FACILITY	0	0	0		0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	9,254	7,528	0		4,519,370	50.00
50.01	05001	OPERATING ROOM	0	0	0		0	50.01
51.00	05100	RECOVERY ROOM	781	116	0		339,872	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,874	1,201	3,144		941,320	52.00
53.00	05300	ANESTHESIOLOGY	3,485	219	0		62,674	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,241	4,773	0		3,396,598	54.00
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	22,175	0		896,039	60.00
60.01	06001	BLOOD LABORATORY	0	0	0		0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		22,639	62.00
65.00	06500	RESPIRATORY THERAPY	59	408	0		199,567	65.00
66.00	06600	PHYSICAL THERAPY	0	2,895	0		219,672	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	98	0		267,561	67.00
69.00	06900	ELECTROCARDIOLOGY	1,275	9,911	0		746,438	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	30	0		16,037	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		531,308	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0		555,102	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	728,579	5,870	0		841,738	73.00
74.00	07400	RENAL DIALYSIS	679	122	0		202,638	74.00
76.00	03140	CARDIOLOGY	0	0	0		0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0		164,188	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0		0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		0	89.00
90.00	09000	CLINIC	0	0	0		647	90.00
90.01	09001	SPORTS MEDICINE	1	0	0		336,871	90.01
90.02	09002	WOUND CARE CLINIC	15	0	1,045		129,346	90.02
91.00	09100	EMERGENCY	17,044	28,509	4,198		1,880,691	91.00
91.01	09101	CHEMOTHERAPY	374	0	0		9,491	91.01
91.02	09102	PAIN CLINIC	0	0	0		0	91.02
91.03	09103	INFUSION CLINIC	989	0	0		192,396	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0		0	99.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0288

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet B  
Part II  
Date/Time Prepared:  
5/24/2018 8:51 am

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM- EMS	Subtotal	
		15.00	16.00	17.00	23.00	24.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
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					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	782,809	123,341	111,163	0	28,146,237
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	312	0	0	1,889,264	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
200.00		Cross Foot Adjustments			123,880	123,880	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	783,121	123,341	111,163	123,880	30,159,381

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0288	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/24/2018 8:51 am
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
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
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.04	00570	ADMITTING		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590	OTHER ADMIN AND GENERAL		5.06
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
23.00	02300	PARAMED ED PRGM- EMS		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	8,007,329	30.00
31.00	03100	INTENSIVE CARE UNIT	2,116,338	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000	SUBPROVIDER - I PF	1,246,452	40.00
41.00	04100	SUBPROVIDER - I RF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	303,915	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
45.00	04500	NURSING FACILITY	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	4,519,370	50.00
50.01	05001	OPERATING ROOM	0	50.01
51.00	05100	RECOVERY ROOM	339,872	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	941,320	52.00
53.00	05300	ANESTHESIOLOGY	62,674	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,396,598	54.00
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	896,039	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	22,639	62.00
65.00	06500	RESPIRATORY THERAPY	199,567	65.00
66.00	06600	PHYSICAL THERAPY	219,672	66.00
67.00	06700	OCCUPATIONAL THERAPY	267,561	67.00
69.00	06900	ELECTROCARDIOLOGY	746,438	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	16,037	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	531,308	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	555,102	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	841,738	73.00
74.00	07400	RENAL DIALYSIS	202,638	74.00
76.00	03140	CARDIOLOGY	0	76.00
76.97	07697	CARDIAC REHABILITATION	164,188	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	647	90.00
90.01	09001	SPORTS MEDICINE	336,871	90.01
90.02	09002	WOUND CARE CLINIC	129,346	90.02
91.00	09100	EMERGENCY	1,880,691	91.00
91.01	09101	CHEMOTHERAPY	9,491	91.01
91.02	09102	PAIN CLINIC	0	91.02
91.03	09103	INFUSION CLINIC	192,396	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0288

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet B  
Part II  
Date/Time Prepared:  
5/24/2018 8:51 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	09910 CORF	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00
113.00	11300 INTEREST EXPENSE			113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	28,146,237	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001 OTHER NONREIMBURSABLE	0	1,889,264	190.01
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
200.00	Cross Foot Adjustments	0	123,880	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	0	30,159,381	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0288

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet B-1

Date/Time Prepared:  
5/24/2018 8:51 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (SALARIES)	NONPATIENT TELEPHONES (#OF PHONES)	DATA PROCESSING (REVENUE)	5.02
	NEW BLDG & FIXT (SQUARE FEET 2)	NEW MVBLE EQUIP (SQUARE FEET 2)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	904,407					1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		904,407				2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	1,675	1,675	120,101,839			4.00
5.01 00540 NONPATIENT TELEPHONES	5,458	5,458	355,001	1,979		5.01
5.02 00550 DATA PROCESSING	2,998	2,998	0	37	1,279,292,005	5.02
5.03 00560 PURCHASING RECEIVING AND STORES	955	955	0	1	0	5.03
5.04 00570 ADMITTING	830	830	3,210	20	0	5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	1,129	1,129	363,458	12	0	5.05
5.06 00590 OTHER ADMIN AND GENERAL	138,007	138,007	11,001,466	225	0	5.06
6.00 00600 MAINTENANCE & REPAIRS	213,767	213,767	1,763,944	106	0	6.00
7.00 00700 OPERATION OF PLANT	0	0	4,585	3	0	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	612	612	0	2	0	8.00
9.00 00900 HOUSEKEEPING	4,302	4,302	2,252,950	16	0	9.00
10.00 01000 DIETARY	18,083	18,083	2,262,363	0	0	10.00
11.00 01100 CAFETERIA	0	0	0	0	0	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	5,878	5,878	4,053,248	38	0	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	21,315	21,315	1,488,713	22	0	14.00
15.00 01500 PHARMACY	5,859	5,859	5,351,295	41	0	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	2,748	2,748	0	0	0	16.00
17.00 01700 SOCIAL SERVICE	0	0	1,704,258	6	0	17.00
23.00 02300 PARAMEDICAL PRGM- EMS	0	0	476,563	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	152,963	152,963	23,531,424	356	129,470,579	30.00
31.00 03100 INTENSIVE CARE UNIT	34,179	34,179	10,940,260	169	46,026,385	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	21,657	21,657	4,720,514	63	36,114,228	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	4,182	4,182	2,351,551	16	20,774,766	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	79,360	79,360	10,711,569	174	138,517,196	50.00
50.01 05001 OPERATING ROOM	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	6,376	6,376	1,290,760	16	20,297,130	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	15,814	15,814	3,340,362	59	21,635,642	52.00
53.00 05300 ANESTHESIOLOGY	305	305	256,113	3	19,702,415	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	56,048	56,048	10,622,802	227	246,994,369	54.00
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	13,804	13,804	0	0	99,419,362	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	7,408,519	62.00
65.00 06500 RESPIRATORY THERAPY	1,442	1,442	2,582,536	5	38,594,917	65.00
66.00 06600 PHYSICAL THERAPY	2,332	2,332	1,948,756	6	12,625,241	66.00
67.00 06700 OCCUPATIONAL THERAPY	4,201	4,201	1,854,725	11	10,099,269	67.00
69.00 06900 ELECTROCARDIOLOGY	13,666	13,666	2,372,858	32	24,118,345	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	148,869	0	3,107,958	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	38,853,961	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	78,179,490	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	136,503,535	73.00
74.00 07400 RENAL DIALYSIS	4,145	4,145	455,366	1	3,916,227	74.00
76.00 03140 RADIOLOGY	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	3,286	3,286	470,465	65	4,135,125	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 SPORTS MEDICINE	0	0	1,027,071	3	6,689,853	90.01
90.02 09002 WOUND CARE CLINIC	2,601	2,601	183,821	33	5,096,457	90.02
91.00 09100 EMERGENCY	20,422	20,422	7,873,135	79	124,437,432	91.00
91.01 09101 CHEMOTHERAPY	0	0	163,907	0	1,711,672	91.01
91.02 09102 PAIN CLINIC	0	0	0	0	0	91.02
91.03 09103 INFUSION CLINIC	3,585	3,585	958,842	0	3,367,474	91.03
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0288

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet B-1

Date/Time Prepared:  
5/24/2018 8:51 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (SALARIES)	NONPATIENT TELEPHONES (#OF PHONES)	DATA PROCESSING (REVENUE)			
	NEW BLDG & FIXT (SQUARE FEET 2)	NEW MVBLE EQUIP (SQUARE FEET 2)						
	1.00	2.00						
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10 09910 CORF	0	0	0	0	0	99.10		
<b>SPECIAL PURPOSE COST CENTERS</b>								
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 through 117)		863,984	863,984	118,886,760	1,847	1,277,797,547	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00		
190.01 19001 OTHER NONREIMBURSABLE	40,423	40,423	1,215,079	132	1,494,458	190.01		
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00		
200.00	Cross Foot Adjustments					200.00		
201.00	Negative Cost Centers					201.00		
202.00	Cost to be allocated (per Wkst. B, Part I)					202.00		
203.00	14,760,847	11,208,109	29,244,148	825,115	7,858,883	202.00		
204.00	Unit cost multiplier (Wkst. B, Part I)					203.00		
204.00	16.321023	12.392771	0.243495	416.935321	0.006143	203.00		
205.00	Cost to be allocated (per Wkst. B, Part II)					204.00		
205.00	Unit cost multiplier (Wkst. B, Part II)					205.00		
205.00			0.000400	79.263264	0.000070	205.00		
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)					206.00		
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)					207.00		

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0288

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet B-1

Date/Time Prepared:  
5/24/2018 8:51 am

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLY COSTS)	ADMINNING (I/P REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (REVENUE)	Reconciliation	OTHER ADMIN AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
<b>GENERAL SERVICE COST CENTERS</b>							
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
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	50,749,721				5.03
5.04	00570	ADMINNING	0	780,131,697			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	533	0	1,279,292,005		5.05
5.06	00590	OTHER ADMIN AND GENERAL	1,256,528	0	0	-20,973,914	5.06
6.00	00600	MAINTENANCE & REPAIRS	1,560,132	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	87	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	108,705	0	0	0	8.00
9.00	00900	HOUSEKEEPING	315,867	0	0	0	9.00
10.00	01000	DIETARY	1,482,758	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	26,171	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	458,715	0	0	0	14.00
15.00	01500	PHARMACY	252,501	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,000	0	0	0	17.00
23.00	02300	PARAMED PRGM- EMS	55,261	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	1,735,896	129,470,579	129,470,579	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,388,878	46,026,385	46,026,385	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	46,434	36,114,228	36,114,228	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	206,177	20,774,766	20,774,766	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	26,474,841	72,930,006	138,517,196	0	50.00
50.01	05001	OPERATING ROOM	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	56,253	10,083,966	20,297,130	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	326,677	17,536,379	21,635,642	0	52.00
53.00	05300	ANESTHESIOLOGY	885,877	11,631,881	19,702,415	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,554,191	91,589,485	246,994,369	0	54.00
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	1,195,233	56,466,793	99,419,362	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	89,319	5,936,903	7,408,519	0	62.00
65.00	06500	RESPIRATORY THERAPY	526,594	34,728,831	38,594,917	0	65.00
66.00	06600	PHYSICAL THERAPY	6,692	10,199,829	12,625,241	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	51,380	3,563,149	10,099,269	0	67.00
69.00	06900	ELECTROCARDIOLOGY	108,381	9,029,041	24,118,345	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	14,824	1,773,733	3,107,958	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	27,355,618	38,853,961	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	56,927,586	78,179,490	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	90,156,092	136,503,535	0	73.00
74.00	07400	RENAL DIALYSIS	120,481	3,822,202	3,916,227	0	74.00
76.00	03140	CARDIOLOGY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	12,446	231,495	4,135,125	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	29,016	90.00
90.01	09001	SPORTS MEDICINE	6,315	0	6,689,853	0	90.01
90.02	09002	WOUND CARE CLINIC	234,737	0	5,096,457	0	90.02
91.00	09100	EMERGENCY	896,714	42,984,917	124,437,432	0	91.00
91.01	09101	CHEMOTHERAPY	23,182	0	1,711,672	0	91.01
91.02	09102	PAIN CLINIC	0	0	0	0	91.02
91.03	09103	INFUSION CLINIC	22,002	0	3,367,474	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	1,509,844	92.00



COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0288

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet B-1

Date/Time Prepared:  
5/24/2018 8:51 am

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLY COSTS)	ADMINISTRATIVE (I/P REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910 CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
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 through 117)	50,501,782	779,333,864	1,277,797,547	-20,973,914	291,788,976	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 OTHER NONREIMBURSABLE	247,939	797,833	1,494,458	0	3,111,476	190.01
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	28,055	88,930	27,971,356		20,973,914	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000553	0.000114	0.021865		0.071122	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	27,596	73,785	34,180		6,566,733	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000544	0.000095	0.000027		0.022268	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0288

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet B-1

Date/Time Prepared:  
5/24/2018 8:51 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET 2)	OPERATION OF PLANT (SQUARE FEET 2)	LAUNDRY & LINEN SERVICE (#OF POUNDS)	HOUSEKEEPING (SQUARE FEET 2)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600	539,588					6.00
7.00	00700	0	539,588				7.00
8.00	00800	612	612	1,543,089			8.00
9.00	00900	4,302	4,302	0	534,674		9.00
10.00	01000	18,083	18,083	0	18,083	394,671	10.00
11.00	01100	0	0	0	0	186,515	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	5,878	5,878	0	5,878	0	13.00
14.00	01400	21,315	21,315	44,529	21,315	0	14.00
15.00	01500	5,859	5,859	0	5,859	0	15.00
16.00	01600	2,748	2,748	0	2,748	0	16.00
17.00	01700	0	0	0	0	0	17.00
23.00	02300	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	152,963	152,963	532,612	152,963	127,472	30.00
31.00	03100	34,179	34,179	211,398	34,179	44,717	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	21,657	21,657	72,711	21,657	27,777	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	4,182	4,182	8,239	4,182	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	79,360	79,360	189,178	79,360	0	50.00
50.01	05001	0	0	0	0	0	50.01
51.00	05100	6,376	6,376	0	6,376	0	51.00
52.00	05200	15,814	15,814	73,494	15,814	0	52.00
53.00	05300	305	305	0	305	0	53.00
54.00	05400	56,048	56,048	85,944	56,048	0	54.00
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	13,804	13,804	0	13,804	0	60.00
60.01	06001	0	0	0	0	0	60.01
62.00	06200	0	0	0	0	0	62.00
65.00	06500	1,442	1,442	3,733	1,442	0	65.00
66.00	06600	2,332	2,332	0	2,332	0	66.00
67.00	06700	4,201	4,201	0	4,201	6,701	67.00
69.00	06900	13,666	13,666	51,357	13,666	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	4,145	4,145	0	4,145	0	74.00
76.00	03140	0	0	0	0	0	76.00
76.97	07697	3,286	3,286	2,120	3,286	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	0	0	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	2,601	2,601	14,150	2,601	0	90.02
91.00	09100	20,422	20,422	253,624	20,422	1,489	91.00
91.01	09101	0	0	0	0	0	91.01
91.02	09102	0	0	0	0	0	91.02
91.03	09103	3,585	3,585	0	3,585	0	91.03
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	0	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0288

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet B-1

Date/Time Prepared:  
5/24/2018 8:51 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET 2)	OPERATION OF PLANT (SQUARE FEET 2)	LAUNDRY & LINEN SERVICE (#OF POUNDS)	HOUSEKEEPING (SQUARE FEET 2)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
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					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	499,165	499,165	1,543,089	494,251	394,671
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	40,423	40,423	0	40,423	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	20,390,498	7,985	1,111,216	4,581,091	6,001,440
203.00		Unit cost multiplier (Wkst. B, Part I)	37.789013	0.014798	0.720124	8.568008	15.206184
204.00		Cost to be allocated (per Wkst. B, Part II)	6,621,016	406	47,921	270,636	900,232
205.00		Unit cost multiplier (Wkst. B, Part II)	12.270503	0.000752	0.031055	0.506170	2.280968
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0288

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet B-1  
Date/Time Prepared:  
5/24/2018 8:51 am

Cost Center Description		CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (ACC COST)	NURSING ADMINISTRATION (FTE'S)	CENTRAL SERVICES & SUPPLY (COSTS)	PHARMACY (COSTS)	
		11.00	12.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	1,397					11.00
12.00	01200	27	266,512,082				12.00
13.00	01300	41	5,639,977	548			13.00
14.00	01400	42	2,907,120	0	45,540,225		14.00
15.00	01500	53	23,296,312	0	252,501	16,290,995	15.00
16.00	01600	0	86,304	0	0	0	16.00
17.00	01700	19	2,456,708	0	1,000	0	17.00
23.00	02300	33	719,345	0	55,261	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	348	38,405,032	197	1,735,896	191,175	30.00
31.00	03100	144	18,458,237	99	1,388,878	139,378	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	67	9,267,971	26	46,434	129	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	29	3,844,707	25	206,177	5,478	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	132	22,402,070	59	26,474,841	192,502	50.00
50.01	05001	0	0	0	0	0	50.01
51.00	05100	15	2,497,417	12	56,253	16,253	51.00
52.00	05200	42	5,758,463	29	326,677	38,985	52.00
53.00	05300	6	981,826	0	885,877	72,499	53.00
54.00	05400	128	25,197,734	7	10,554,191	46,623	54.00
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	11,663,060	0	1,195,233	8	60.00
60.01	06001	0	0	0	0	0	60.01
62.00	06200	0	870,414	0	89,319	0	62.00
65.00	06500	38	4,650,881	1	526,594	1,232	65.00
66.00	06600	25	3,093,596	0	6,692	0	66.00
67.00	06700	20	2,932,441	2	51,380	0	67.00
69.00	06900	27	3,834,251	11	108,381	26,513	69.00
70.00	07000	2	653,878	0	14,824	0	70.00
71.00	07100	0	23,540,355	0	0	0	71.00
72.00	07200	0	24,309,708	0	0	0	72.00
73.00	07300	0	3,831,285	0	0	15,156,352	73.00
74.00	07400	6	896,752	4	120,481	14,132	74.00
76.00	03140	0	0	0	0	0	76.00
76.97	07697	0	870,509	3	12,446	8	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	29,016	0	0	0	90.00
90.01	09001	12	1,867,416	0	6,315	12	90.01
90.02	09002	3	482,579	0	234,737	308	90.02
91.00	09100	105	16,167,385	60	896,714	354,559	91.00
91.01	09101	2	276,796	2	23,182	7,785	91.01
91.02	09102	0	0	0	0	0	91.02
91.03	09103	14	1,521,181	5	22,002	20,576	91.03
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	0	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0288

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet B-1

Date/Time Prepared:  
5/24/2018 8:51 am

Cost Center Description		CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (ACC COST)	NURSING ADMINISTRATION (FTE'S)	CENTRAL SERVICES & SUPPLY (COSTS)	PHARMACY (COSTS)	
		11.00	12.00	13.00	14.00	15.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
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					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,380	263,410,726	542	45,292,286	16,284,507
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	17	3,101,356	6	247,939	6,488
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,836,181	54,815	6,453,130	4,212,412	25,351,819
203.00		Unit cost multiplier (Wkst. B, Part I)	2,030.193987	0.000206	11,775.784672	0.092499	1.556186
204.00		Cost to be allocated (per Wkst. B, Part II)	425,435	8,222	387,929	965,987	783,121
205.00		Unit cost multiplier (Wkst. B, Part II)	304.534717	0.000031	707.899635	0.021212	0.048071
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0288

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet B-1  
Date/Time Prepared:  
5/24/2018 8:51 am

Cost Center Description		MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (PATIENTS DAYS)	PARAMED ED PRGM- EMS (ASSIGNED TIME)	
		16.00	17.00	23.00	
<b>GENERAL SERVICE COST CENTERS</b>					
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
5.01	00540 NONPATIENT TELEPHONES				5.01
5.02	00550 DATA PROCESSING				5.02
5.03	00560 PURCHASING RECEIVING AND STORES				5.03
5.04	00570 ADMITTING				5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590 OTHER ADMIN AND GENERAL				5.06
6.00	00600 MAINTENANCE & REPAIRS				6.00
7.00	00700 OPERATION OF PLANT				7.00
8.00	00800 LAUNDRY & LINEN SERVICE				8.00
9.00	00900 HOUSEKEEPING				9.00
10.00	01000 DIETARY				10.00
11.00	01100 CAFETERIA				11.00
12.00	01200 MAINTENANCE OF PERSONNEL				12.00
13.00	01300 NURSING ADMINISTRATION				13.00
14.00	01400 CENTRAL SERVICES & SUPPLY				14.00
15.00	01500 PHARMACY				15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	20,235			16.00
17.00	01700 SOCIAL SERVICE	0	12,763		17.00
23.00	02300 PARAMED ED PRGM- EMS	0	0	28,740	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS	2,088	11,197	0	30.00
31.00	03100 INTENSIVE CARE UNIT	0	242	0	31.00
32.00	03200 CORONARY CARE UNIT	0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
40.00	04000 SUBPROVIDER - I PF	3,694	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	696	361	0	43.00
44.00	04400 SKILLED NURSING FACILITY	0	0	0	44.00
45.00	04500 NURSING FACILITY	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	1,235	0	0	50.00
50.01	05001 OPERATING ROOM	0	0	0	50.01
51.00	05100 RECOVERY ROOM	19	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	197	361	0	52.00
53.00	05300 ANESTHESIOLOGY	36	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	783	0	0	54.00
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	3,638	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	67	0	0	65.00
66.00	06600 PHYSICAL THERAPY	475	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	16	0	0	67.00
69.00	06900 ELECTROCARDIOLOGY	1,626	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	5	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	963	0	0	73.00
74.00	07400 RENAL DIALYSIS	20	0	0	74.00
76.00	03140 RADIOLOGY	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 SPORTS MEDICINE	0	0	0	90.01
90.02	09002 WOUND CARE CLINIC	0	120	0	90.02
91.00	09100 EMERGENCY	4,677	482	28,740	91.00
91.01	09101 CHEMOTHERAPY	0	0	0	91.01
91.02	09102 PAIN CLINIC	0	0	0	91.02
91.03	09103 INFUSION CLINIC	0	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)				92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0288

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet B-1

Date/Time Prepared:  
5/24/2018 8:51 am

Cost Center Description		MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (PATIENTS DAYS)	PARAMED ED PRGM- EMS (ASSIGNED TIME)	
		16.00	17.00	23.00	
OTHER REIMBURSABLE COST CENTERS					
99.10	09910 CORF	0	0	0	99.10
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
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	20,235	12,763	28,740	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
190.01	19001 OTHER NONREIMBURSABLE	0	0	0	190.01
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
200.00	Cross Foot Adjustments				200.00
201.00	Negative Cost Centers				201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	219,890	2,653,362	838,015	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	10.866815	207.894852	29.158490	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	123,341	111,163	123,880	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	6.095429	8.709786	4.310369	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)			0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)			0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0288	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/24/2018 8:51 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			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	56,185,389		56,185,389	3,777,057	59,962,446	30.00
31.00	03100	INTENSIVE CARE UNIT	23,959,821		23,959,821	310,914	24,270,735	31.00
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	11,867,862		11,867,862	0	11,867,862	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	4,760,533		4,760,533	304,873	5,065,406	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	31,477,611		31,477,611	3,848,976	35,326,587	50.00
50.01	05001	OPERATING ROOM	0		0	0	0	50.01
51.00	05100	RECOVERY ROOM	3,159,671		3,159,671	0	3,159,671	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,518,641		7,518,641	1,280,069	8,798,710	52.00
53.00	05300	ANESTHESIOLOGY	1,271,691		1,271,691	0	1,271,691	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	30,976,918		30,976,918	2,530,644	33,507,562	54.00
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	13,286,886		13,286,886	0	13,286,886	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	940,887		940,887	0	940,887	62.00
65.00	06500	RESPIRATORY THERAPY	5,169,398	0	5,169,398	0	5,169,398	65.00
66.00	06600	PHYSICAL THERAPY	3,460,959	0	3,460,959	0	3,460,959	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,487,134	0	3,487,134	0	3,487,134	67.00
69.00	06900	ELECTROCARDIOLOGY	5,008,738		5,008,738	539,116	5,547,854	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	704,311		704,311	0	704,311	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	25,220,107		25,220,107	0	25,220,107	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	26,045,011		26,045,011	0	26,045,011	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	27,703,470		27,703,470	0	27,703,470	73.00
74.00	07400	RENAL DIALYSIS	1,240,723		1,240,723	0	1,240,723	74.00
76.00	03140	CARDIOLOGY	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,118,597		1,118,597	0	1,118,597	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	31,086		31,086	0	31,086	90.00
90.01	09001	SPORTS MEDICINE	2,016,686		2,016,686	0	2,016,686	90.01
90.02	09002	WOUND CARE CLINIC	699,095		699,095	0	699,095	90.02
91.00	09100	EMERGENCY	20,964,738		20,964,738	3,008,620	23,973,358	91.00
91.01	09101	CHEMOTHERAPY	347,167		347,167	0	347,167	91.01
91.02	09102	PAIN CLINIC	0		0	0	0	91.02
91.03	09103	INFUSION CLINIC	1,905,140		1,905,140	0	1,905,140	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,077,913		1,077,913	0	1,077,913	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0		0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>								
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						113.00
200.00		Subtotal (see instructions)	311,606,183	0	311,606,183	15,600,269	327,206,452	200.00
201.00		Less Observation Beds	1,077,913		1,077,913		1,077,913	201.00
202.00		Total (see instructions)	310,528,270	0	310,528,270	15,600,269	326,128,539	202.00



COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0288		Period: From 01/01/2017 To 12/31/2017		Worksheet C Part I Date/Time Prepared: 5/24/2018 8:51 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		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	129,471,230		129,471,230				30.00
31.00	03100	INTENSIVE CARE UNIT	46,026,385		46,026,385				31.00
32.00	03200	CORONARY CARE UNIT	0		0				32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0				34.00
40.00	04000	SUBPROVIDER - IPF	36,114,228		36,114,228				40.00
41.00	04100	SUBPROVIDER - IRF	0		0				41.00
42.00	04200	SUBPROVIDER	0		0				42.00
43.00	04300	NURSERY	20,774,766		20,774,766				43.00
44.00	04400	SKILLED NURSING FACILITY	0		0				44.00
45.00	04500	NURSING FACILITY	0		0				45.00
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	72,930,006	65,587,190	138,517,196	0.227247	0.000000		50.00
50.01	05001	OPERATING ROOM	0	0	0	0.000000	0.000000		50.01
51.00	05100	RECOVERY ROOM	10,083,966	10,213,164	20,297,130	0.155671	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	17,536,579	4,099,263	21,635,842	0.347509	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	11,631,881	8,070,534	19,702,415	0.064545	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	91,589,485	155,404,884	246,994,369	0.125415	0.000000		54.00
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000		59.00
60.00	06000	LABORATORY	56,466,793	42,952,569	99,419,362	0.133645	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	5,936,903	1,471,616	7,408,519	0.127001	0.000000		62.00
65.00	06500	RESPIRATORY THERAPY	34,728,831	3,866,086	38,594,917	0.133940	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	10,199,829	2,425,412	12,625,241	0.274130	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	3,563,149	6,536,120	10,099,269	0.345286	0.000000		67.00
69.00	06900	ELECTROCARDIOLOGY	9,029,041	15,089,304	24,118,345	0.207673	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,773,733	1,334,225	3,107,958	0.226615	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	27,355,618	11,498,343	38,853,961	0.649100	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	56,927,586	21,251,904	78,179,490	0.333144	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	90,156,092	46,347,443	136,503,535	0.202951	0.000000		73.00
74.00	07400	RENAL DIALYSIS	3,916,227	0	3,916,227	0.316816	0.000000		74.00
76.00	03140	CARDIOLOGY	0	0	0	0.000000	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	231,495	3,903,630	4,135,125	0.270511	0.000000		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>									
88.00	08800	RURAL HEALTH CLINIC	0	0	0				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0				89.00
90.00	09000	CLINIC	0	37,875	37,875	0.820752	0.000000		90.00
90.01	09001	SPORTS MEDICINE	0	6,689,853	6,689,853	0.301454	0.000000		90.01
90.02	09002	WOUND CARE CLINIC	0	5,096,457	5,096,457	0.137173	0.000000		90.02
91.00	09100	EMERGENCY	42,984,917	81,452,515	124,437,432	0.168476	0.000000		91.00
91.01	09101	CHEMOTHERAPY	0	1,711,672	1,711,672	0.202823	0.000000		91.01
91.02	09102	PAIN CLINIC	0	0	0	0.000000	0.000000		91.02
91.03	09103	INFUSION CLINIC	0	3,367,474	3,367,474	0.565748	0.000000		91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,429,739	9,331,100	11,760,839	0.091653	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>									
99.10	09910	CORF	0	0	0				99.10
<b>SPECIAL PURPOSE COST CENTERS</b>									
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)	781,858,479	507,738,633	1,289,597,112				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	781,858,479	507,738,633	1,289,597,112				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0288	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/24/2018 8:51 am
Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital PPS
INPATIENT ROUTINE SERVICE COST CENTERS			11.00		
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000	SUBPROVIDER - I PF			40.00
41.00	04100	SUBPROVIDER - I RF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
45.00	04500	NURSING FACILITY			45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.255034		50.00
50.01	05001	OPERATING ROOM	0.000000		50.01
51.00	05100	RECOVERY ROOM	0.155671		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.406673		52.00
53.00	05300	ANESTHESIOLOGY	0.064545		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.135661		54.00
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	0.133645		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.127001		62.00
65.00	06500	RESPIRATORY THERAPY	0.133940		65.00
66.00	06600	PHYSICAL THERAPY	0.274130		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.345286		67.00
69.00	06900	ELECTROCARDIOLOGY	0.230026		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.226615		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.649100		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.333144		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.202951		73.00
74.00	07400	RENAL DIALYSIS	0.316816		74.00
76.00	03140	CARDIOLOGY	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.270511		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	0.820752		90.00
90.01	09001	SPORTS MEDICINE	0.301454		90.01
90.02	09002	WOUND CARE CLINIC	0.137173		90.02
91.00	09100	EMERGENCY	0.192654		91.00
91.01	09101	CHEMOTHERAPY	0.202823		91.01
91.02	09102	PAIN CLINIC	0.000000		91.02
91.03	09103	INFUSION CLINIC	0.565748		91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.091653		92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF			99.10
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: 14-0288

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet C  
Part I  
Date/Time Prepared:  
5/24/2018 8:51 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			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	56,185,389		56,185,389	3,777,057	59,962,446	30.00
31.00	03100	INTENSIVE CARE UNIT	23,959,821		23,959,821	310,914	24,270,735	31.00
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	11,867,862		11,867,862	0	11,867,862	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	4,760,533		4,760,533	304,873	5,065,406	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	31,477,611		31,477,611	3,848,976	35,326,587	50.00
50.01	05001	OPERATING ROOM	0		0	0	0	50.01
51.00	05100	RECOVERY ROOM	3,159,671		3,159,671	0	3,159,671	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,518,641		7,518,641	1,280,069	8,798,710	52.00
53.00	05300	ANESTHESIOLOGY	1,271,691		1,271,691	0	1,271,691	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	30,976,918		30,976,918	2,530,644	33,507,562	54.00
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	13,286,886		13,286,886	0	13,286,886	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	940,887		940,887	0	940,887	62.00
65.00	06500	RESPIRATORY THERAPY	5,169,398	0	5,169,398	0	5,169,398	65.00
66.00	06600	PHYSICAL THERAPY	3,460,959	0	3,460,959	0	3,460,959	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,487,134	0	3,487,134	0	3,487,134	67.00
69.00	06900	ELECTROCARDIOLOGY	5,008,738		5,008,738	539,116	5,547,854	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	704,311		704,311	0	704,311	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	25,220,107		25,220,107	0	25,220,107	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	26,045,011		26,045,011	0	26,045,011	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	27,703,470		27,703,470	0	27,703,470	73.00
74.00	07400	RENAL DIALYSIS	1,240,723		1,240,723	0	1,240,723	74.00
76.00	03140	CARDIOLOGY	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,118,597		1,118,597	0	1,118,597	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	31,086		31,086	0	31,086	90.00
90.01	09001	SPORTS MEDICINE	2,016,686		2,016,686	0	2,016,686	90.01
90.02	09002	WOUND CARE CLINIC	699,095		699,095	0	699,095	90.02
91.00	09100	EMERGENCY	20,964,738		20,964,738	3,008,620	23,973,358	91.00
91.01	09101	CHEMOTHERAPY	347,167		347,167	0	347,167	91.01
91.02	09102	PAIN CLINIC	0		0	0	0	91.02
91.03	09103	INFUSION CLINIC	1,905,140		1,905,140	0	1,905,140	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,077,913		1,077,913	0	1,077,913	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0		0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>								
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						113.00
200.00		Subtotal (see instructions)	311,606,183	0	311,606,183	15,600,269	327,206,452	200.00
201.00		Less Observation Beds	1,077,913		1,077,913		1,077,913	201.00
202.00		Total (see instructions)	310,528,270	0	310,528,270	15,600,269	326,128,539	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0288

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet C  
Part I  
Date/Time Prepared:  
5/24/2018 8:51 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			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	129,471,230		129,471,230		30.00
31.00	03100	INTENSIVE CARE UNIT	46,026,385		46,026,385		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	04000	SUBPROVIDER - IPF	36,114,228		36,114,228		40.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	20,774,766		20,774,766		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	72,930,006	65,587,190	138,517,196	0.227247	50.00
50.01	05001	OPERATING ROOM	0	0	0	0.000000	50.01
51.00	05100	RECOVERY ROOM	10,083,966	10,213,164	20,297,130	0.155671	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	17,536,579	4,099,263	21,635,842	0.347509	52.00
53.00	05300	ANESTHESIOLOGY	11,631,881	8,070,534	19,702,415	0.064545	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	91,589,485	155,404,884	246,994,369	0.125415	54.00
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	56,466,793	42,952,569	99,419,362	0.133645	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	5,936,903	1,471,616	7,408,519	0.127001	62.00
65.00	06500	RESPIRATORY THERAPY	34,728,831	3,866,086	38,594,917	0.133940	65.00
66.00	06600	PHYSICAL THERAPY	10,199,829	2,425,412	12,625,241	0.274130	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,563,149	6,536,120	10,099,269	0.345286	67.00
69.00	06900	ELECTROCARDIOLOGY	9,029,041	15,089,304	24,118,345	0.207673	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,773,733	1,334,225	3,107,958	0.226615	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	27,355,618	11,498,343	38,853,961	0.649100	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	56,927,586	21,251,904	78,179,490	0.333144	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	90,156,092	46,347,443	136,503,535	0.202951	73.00
74.00	07400	RENAL DIALYSIS	3,916,227	0	3,916,227	0.316816	74.00
76.00	03140	CARDIOLOGY	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	231,495	3,903,630	4,135,125	0.270511	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	0	37,875	37,875	0.820752	90.00
90.01	09001	SPORTS MEDICINE	0	6,689,853	6,689,853	0.301454	90.01
90.02	09002	WOUND CARE CLINIC	0	5,096,457	5,096,457	0.137173	90.02
91.00	09100	EMERGENCY	42,984,917	81,452,515	124,437,432	0.168476	91.00
91.01	09101	CHEMOTHERAPY	0	1,711,672	1,711,672	0.202823	91.01
91.02	09102	PAIN CLINIC	0	0	0	0.000000	91.02
91.03	09103	INFUSION CLINIC	0	3,367,474	3,367,474	0.565748	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,429,739	9,331,100	11,760,839	0.091653	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0		99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
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)	781,858,479	507,738,633	1,289,597,112		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	781,858,479	507,738,633	1,289,597,112		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0288	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/24/2018 8:51 am
Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital Cost
			11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000	SUBPROVIDER - I PF			40.00
41.00	04100	SUBPROVIDER - I RF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
45.00	04500	NURSING FACILITY			45.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.000000		50.00
50.01	05001	OPERATING ROOM	0.000000		50.01
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
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
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
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 PATIENT	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
76.00	03140	CARDIOLOGY	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	SPORTS MEDICINE	0.000000		90.01
90.02	09002	WOUND CARE CLINIC	0.000000		90.02
91.00	09100	EMERGENCY	0.000000		91.00
91.01	09101	CHEMOTHERAPY	0.000000		91.01
91.02	09102	PAIN CLINIC	0.000000		91.02
91.03	09103	INFUSION CLINIC	0.000000		91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10	09910	CORF			99.10
<b>SPECIAL PURPOSE COST CENTERS</b>					
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: 14-0288	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part I Date/Time Prepared: 5/24/2018 8:51 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	8,007,329	0	8,007,329	52,680	152.00	30.00
31.00	INTENSIVE CARE UNIT	2,116,338		2,116,338	16,562	127.78	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	1,246,452	0	1,246,452	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	303,915		303,915	2,216	137.15	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30 through 199)	11,674,034		11,674,034	71,458		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	16,885	2,566,520				
31.00	INTENSIVE CARE UNIT	7,907	1,010,356				
32.00	CORONARY CARE UNIT	0	0				
33.00	BURN INTENSIVE CARE UNIT	0	0				
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				
40.00	SUBPROVIDER - IPF	0	0				
41.00	SUBPROVIDER - IRF	0	0				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	0	0				
45.00	NURSING FACILITY	0	0				
200.00	Total (lines 30 through 199)	24,792	3,576,876				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0288	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part II Date/Time Prepared: 5/24/2018 8:51 am
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Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	4,519,370	138,517,196	0.032627	24,578,261	801,915	50.00
50.01	05001	OPERATING ROOM	0	0	0.000000	0	0	50.01
51.00	05100	RECOVERY ROOM	339,872	20,297,130	0.016745	3,495,883	58,539	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	941,320	21,635,842	0.043507	20,910	910	52.00
53.00	05300	ANESTHESIOLOGY	62,674	19,702,415	0.003181	3,335,111	10,609	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,396,598	246,994,369	0.013752	41,327,672	568,338	54.00
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	896,039	99,419,362	0.009013	23,072,771	207,955	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	22,639	7,408,519	0.003056	2,289,506	6,997	62.00
65.00	06500	RESPIRATORY THERAPY	199,567	38,594,917	0.005171	15,640,966	80,879	65.00
66.00	06600	PHYSICAL THERAPY	219,672	12,625,241	0.017399	5,146,701	89,547	66.00
67.00	06700	OCCUPATIONAL THERAPY	267,561	10,099,269	0.026493	1,846,957	48,931	67.00
69.00	06900	ELECTROCARDIOLOGY	746,438	24,118,345	0.030949	4,440,910	137,442	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	16,037	3,107,958	0.005160	807,487	4,167	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	531,308	38,853,961	0.013674	9,909,953	135,509	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	555,102	78,179,490	0.007100	22,092,142	156,854	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	841,738	136,503,535	0.006166	35,751,888	220,446	73.00
74.00	07400	RENAL DIALYSIS	202,638	3,916,227	0.051743	2,455,237	127,041	74.00
76.00	03140	CARDIOLOGY	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	164,188	4,135,125	0.039706	92,460	3,671	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	647	37,875	0.017083	0	0	90.00
90.01	09001	SPORTS MEDICINE	336,871	6,689,853	0.050356	0	0	90.01
90.02	09002	WOUND CARE CLINIC	129,346	5,096,457	0.025380	0	0	90.02
91.00	09100	EMERGENCY	1,880,691	124,437,432	0.015114	19,012,453	287,354	91.00
91.01	09101	CHEMOTHERAPY	9,491	1,711,672	0.005545	0	0	91.01
91.02	09102	PAIN CLINIC	0	0	0.000000	0	0	91.02
91.03	09103	INFUSION CLINIC	192,396	3,367,474	0.057134	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	143,943	11,760,839	0.012239	988,696	12,101	92.00
200.00		Total (lines 50 through 199)	16,616,146	1,057,210,503		216,305,964	2,959,205	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0288	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part III Date/Time Prepared: 5/24/2018 8:51 am
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Cost Center Description	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost
	1A	1.00	2A	2.00	3.00

INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	45.00
200.00		Total (lines 30 through 199)	0	0	0	200.00

Cost Center Description	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days
	4.00	5.00	6.00	7.00	8.00

INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	52,680	0.00	16,885	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	16,562	0.00	7,907	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0.00	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0.00	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0.00	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00
43.00	04300	NURSERY	0	0	2,216	0.00	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0.00	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0.00	0	45.00
200.00		Total (lines 30 through 199)	0	0	71,458	0.00	24,792	200.00

Cost Center Description	Inpatient Program Pass-Through Cost (col. 7 x col. 8)
	9.00

INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0			30.00
31.00	03100	INTENSIVE CARE UNIT	0			31.00
32.00	03200	CORONARY CARE UNIT	0			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0			34.00
40.00	04000	SUBPROVIDER - IPF	0			40.00
41.00	04100	SUBPROVIDER - IRF	0			41.00
42.00	04200	SUBPROVIDER	0			42.00
43.00	04300	NURSERY	0			43.00
44.00	04400	SKILLED NURSING FACILITY	0			44.00
45.00	04500	NURSING FACILITY	0			45.00
200.00		Total (lines 30 through 199)	0			200.00



APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0288	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/24/2018 8:51 am
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Cost Center Description	Title XVIII				Hospital		PPS
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.01	05001	OPERATING ROOM	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	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
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
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 PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03140	CARDIOLOGY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	SPORTS MEDICINE	0	0	0	0	90.01
90.02	09002	WOUND CARE CLINIC	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	838,015	91.00
91.01	09101	CHEMOTHERAPY	0	0	0	0	91.01
91.02	09102	PAIN CLINIC	0	0	0	0	91.02
91.03	09103	INFUSION CLINIC	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	838,015	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0288	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/24/2018 8:51 am
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Cost Center Description		Title XVIII		Hospital		PPS		
		All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
		4.00	5.00	6.00	7.00	8.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	138,517,196	0.000000	50.00
50.01	05001	OPERATING ROOM	0	0	0	0	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	20,297,130	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	21,635,842	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	19,702,415	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	246,994,369	0.000000	54.00
57.00	05700	CT SCAN	0	0	0	0	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	99,419,362	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	7,408,519	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	38,594,917	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	12,625,241	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	10,099,269	0.000000	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	24,118,345	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	3,107,958	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	38,853,961	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	78,179,490	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	136,503,535	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	3,916,227	0.000000	74.00
76.00	03140	CARDIOLOGY	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	4,135,125	0.000000	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	37,875	0.000000	90.00
90.01	09001	SPORTS MEDICINE	0	0	0	6,689,853	0.000000	90.01
90.02	09002	WOUND CARE CLINIC	0	0	0	5,096,457	0.000000	90.02
91.00	09100	EMERGENCY	0	838,015	838,015	124,437,432	0.006734	91.00
91.01	09101	CHEMOTHERAPY	0	0	0	1,711,672	0.000000	91.01
91.02	09102	PAIN CLINIC	0	0	0	0	0.000000	91.02
91.03	09103	INFUSION CLINIC	0	0	0	3,367,474	0.000000	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	11,760,839	0.000000	92.00
200.00		Total (lines 50 through 199)	0	838,015	838,015	1,057,210,503		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0288	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/24/2018 8:51 am
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Cost Center Description		Title XVIII					Hospital	PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	24,578,261	0	13,737,470	0	50.00
50.01	05001	OPERATING ROOM	0.000000	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.000000	3,495,883	0	1,784,257	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	20,910	0	2,215	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	3,335,111	0	1,481,257	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	41,327,672	0	47,652,136	0	54.00
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	0.000000	23,072,771	0	13,412,031	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	2,289,506	0	614,884	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.000000	15,640,966	0	1,080,330	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	5,146,701	0	777,048	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	1,846,957	0	1,422,452	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	4,440,910	0	4,629,059	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	807,487	0	325,622	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	9,909,953	0	3,306,753	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000	22,092,142	0	7,660,397	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	35,751,888	0	17,389,260	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	2,455,237	0	0	0	74.00
76.00	03140	CARDIOLOGY	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	92,460	0	1,775,150	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	SPORTS MEDICINE	0.000000	0	0	1,819,206	0	90.01
90.02	09002	WOUND CARE CLINIC	0.000000	0	0	2,558,818	0	90.02
91.00	09100	EMERGENCY	0.006734	19,012,453	128,030	17,080,201	115,018	91.00
91.01	09101	CHEMOTHERAPY	0.000000	0	0	864,945	0	91.01
91.02	09102	PAIN CLINIC	0.000000	0	0	0	0	91.02
91.03	09103	INFUSION CLINIC	0.000000	0	0	1,651,967	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	988,696	0	2,069,410	0	92.00
200.00		Total (lines 50 through 199)		216,305,964	128,030	143,094,868	115,018	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0288	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/24/2018 8:51 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.227247	13,737,470	0	0	3,121,799	50.00
50.01	05001	OPERATING ROOM	0.000000	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.155671	1,784,257	0	0	277,757	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.347509	2,215	0	0	770	52.00
53.00	05300	ANESTHESIOLOGY	0.064545	1,481,257	0	0	95,608	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.125415	47,652,136	0	0	5,976,293	54.00
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	0.133645	13,412,031	0	0	1,792,451	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.127001	614,884	0	0	78,091	62.00
65.00	06500	RESPIRATORY THERAPY	0.133940	1,080,330	0	0	144,699	65.00
66.00	06600	PHYSICAL THERAPY	0.274130	777,048	0	0	213,012	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.345286	1,422,452	0	0	491,153	67.00
69.00	06900	ELECTROCARDIOLOGY	0.207673	4,629,059	0	0	961,331	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.226615	325,622	0	0	73,791	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.649100	3,306,753	0	0	2,146,413	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.333144	7,660,397	0	0	2,552,015	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.202951	17,389,260	0	12,140	3,529,168	73.00
74.00	07400	RENAL DIALYSIS	0.316816	0	0	0	0	74.00
76.00	03140	CARDIOLOGY	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.270511	1,775,150	0	0	480,198	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	0.820752	0	0	0	0	90.00
90.01	09001	SPORTS MEDICINE	0.301454	1,819,206	0	0	548,407	90.01
90.02	09002	WOUND CARE CLINIC	0.137173	2,558,818	0	0	351,001	90.02
91.00	09100	EMERGENCY	0.168476	17,080,201	0	0	2,877,604	91.00
91.01	09101	CHEMOTHERAPY	0.202823	864,945	0	0	175,431	91.01
91.02	09102	PAIN CLINIC	0.000000	0	0	0	0	91.02
91.03	09103	INFUSION CLINIC	0.565748	1,651,967	0	0	934,597	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.091653	2,069,410	0	0	189,668	92.00
200.00		Subtotal (see instructions)		143,094,868	0	12,140	27,011,257	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00		Net Charges (line 200 - line 201)		143,094,868	0	12,140	27,011,257	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0288	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/24/2018 8:51 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 05001 OPERATING ROOM	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
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 PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	2,464		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03140 RADIOLOGY	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 SPORTS MEDICINE	0	0		90.01
90.02 09002 WOUND CARE CLINIC	0	0		90.02
91.00 09100 EMERGENCY	0	0		91.00
91.01 09101 CHEMOTHERAPY	0	0		91.01
91.02 09102 PAIN CLINIC	0	0		91.02
91.03 09103 INFUSION CLINIC	0	0		91.03
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	0	2,464		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	0	2,464		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0288	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/24/2018 8:51 am
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		Title XIX		Hospital		Cost		
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		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.227247	0	578,575	0	0	50.00
50.01	05001	OPERATING ROOM	0.000000	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.155671	0	86,640	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.347509	0	126,628	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.064545	0	80,925	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.125415	0	2,590,037	0	0	54.00
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	0.133645	0	1,173,374	0	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.127001	0	25,889	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.133940	0	93,317	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.274130	0	19,492	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.345286	0	187,314	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0.207673	0	201,713	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.226615	0	28,531	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.649100	0	92,143	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.333144	0	56,487	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.202951	0	889,875	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.316816	0	0	0	0	74.00
76.00	03140	CARDIOLOGY	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.270511	0	20,355	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	0.820752	0	0	0	0	90.00
90.01	09001	SPORTS MEDICINE	0.301454	0	32,437	0	0	90.01
90.02	09002	WOUND CARE CLINIC	0.137173	0	29,396	0	0	90.02
91.00	09100	EMERGENCY	0.168476	0	2,920,128	0	0	91.00
91.01	09101	CHEMOTHERAPY	0.202823	0	39,707	0	0	91.01
91.02	09102	PAIN CLINIC	0.000000	0	0	0	0	91.02
91.03	09103	INFUSION CLINIC	0.565748	0	51,250	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.091653	0	712,366	0	0	92.00
200.00		Subtotal (see instructions)		0	10,036,579	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00		Net Charges (line 200 - line 201)		0	10,036,579	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0288	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/24/2018 8:51 am
	Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	131,479	0		50.00
50.01 05001 OPERATING ROOM	0	0		50.01
51.00 05100 RECOVERY ROOM	13,487	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	44,004	0		52.00
53.00 05300 ANESTHESIOLOGY	5,223	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	324,829	0		54.00
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	156,816	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	3,288	0		62.00
65.00 06500 RESPIRATORY THERAPY	12,499	0		65.00
66.00 06600 PHYSICAL THERAPY	5,343	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	64,677	0		67.00
69.00 06900 ELECTROCARDIOLOGY	41,890	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	6,466	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	59,810	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	18,818	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	180,601	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03140 RADIOLOGY	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	5,506	0		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 SPORTS MEDICINE	9,778	0		90.01
90.02 09002 WOUND CARE CLINIC	4,032	0		90.02
91.00 09100 EMERGENCY	491,971	0		91.00
91.01 09101 CHEMOTHERAPY	8,053	0		91.01
91.02 09102 PAIN CLINIC	0	0		91.02
91.03 09103 INFUSION CLINIC	28,995	0		91.03
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	65,290	0		92.00
200.00 Subtotal (see instructions)	1,682,855	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	1,682,855	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0288	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/24/2018 8:51 am
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		52,680	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		52,680	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)		51,733	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)		16,885	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		59,962,446	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)		59,962,446	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		59,962,446	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,138.24	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		19,219,182	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)		19,219,182	41.00



COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0288	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/24/2018 8:51 am		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	24,270,735	16,562	1,465.45	7,907	11,587,313	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					46,969,817	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					77,776,312	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)					3,576,876	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					3,087,235	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					6,664,111	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					71,112,201	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)					947	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,138.24	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,077,913	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0288		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/24/2018 8:51 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)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	8,007,329	59,962,446	0.133539	1,077,913	143,943	90.00
91.00	Nursing School cost	0	59,962,446	0.000000	1,077,913	0	91.00
92.00	Allied health cost	0	59,962,446	0.000000	1,077,913	0	92.00
93.00	All other Medical Education	0	59,962,446	0.000000	1,077,913	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0288	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/24/2018 8:51 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		57,723,736	30.00
31.00	03100	INTENSIVE CARE UNIT		19,688,952	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.255034	24,578,261	50.00
50.01	05001	OPERATING ROOM	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	0.155671	3,495,883	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.406673	20,910	52.00
53.00	05300	ANESTHESIOLOGY	0.064545	3,335,111	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.135661	41,327,672	54.00
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	0.133645	23,072,771	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.127001	2,289,506	62.00
65.00	06500	RESPIRATORY THERAPY	0.133940	15,640,966	65.00
66.00	06600	PHYSICAL THERAPY	0.274130	5,146,701	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.345286	1,846,957	67.00
69.00	06900	ELECTROCARDIOLOGY	0.230026	4,440,910	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.226615	807,487	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.649100	9,909,953	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.333144	22,092,142	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.202951	35,751,888	73.00
74.00	07400	RENAL DIALYSIS	0.316816	2,455,237	74.00
76.00	03140	CARDIOLOGY	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.270511	92,460	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.820752	0	90.00
90.01	09001	SPORTS MEDICINE	0.301454	0	90.01
90.02	09002	WOUND CARE CLINIC	0.137173	0	90.02
91.00	09100	EMERGENCY	0.192654	19,012,453	91.00
91.01	09101	CHEMOTHERAPY	0.202823	0	91.01
91.02	09102	PAIN CLINIC	0.000000	0	91.02
91.03	09103	INFUSION CLINIC	0.565748	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.091653	988,696	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		216,305,964	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)		216,305,964	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0288	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/24/2018 8:51 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		4,037,246	30.00
31.00	03100	INTENSIVE CARE UNIT		2,320,207	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		5,582,335	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.227247	1,639,269	372,519 50.00
50.01	05001	OPERATING ROOM	0.000000	0	0 50.01
51.00	05100	RECOVERY ROOM	0.155671	163,882	25,512 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.347509	350,194	121,696 52.00
53.00	05300	ANESTHESIOLOGY	0.064545	281,504	18,170 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.125415	3,929,107	492,769 54.00
57.00	05700	CT SCAN	0.000000	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	06000	LABORATORY	0.133645	2,420,816	323,530 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.127001	183,818	23,345 62.00
65.00	06500	RESPIRATORY THERAPY	0.133940	1,945,154	260,534 65.00
66.00	06600	PHYSICAL THERAPY	0.274130	366,525	100,475 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.345286	77,427	26,734 67.00
69.00	06900	ELECTROCARDIOLOGY	0.207673	236,834	49,184 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.226615	115,730	26,226 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.649100	980,803	636,639 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.333144	1,236,866	412,054 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.202951	3,909,253	793,387 73.00
74.00	07400	RENAL DIALYSIS	0.316816	95,040	30,110 74.00
76.00	03140	CARDIOLOGY	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.270511	3,105	840 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	09000	CLINIC	0.820752	0	0 90.00
90.01	09001	SPORTS MEDICINE	0.301454	0	0 90.01
90.02	09002	WOUND CARE CLINIC	0.137173	0	0 90.02
91.00	09100	EMERGENCY	0.168476	1,594,071	268,563 91.00
91.01	09101	CHEMOTHERAPY	0.202823	0	0 91.01
91.02	09102	PAIN CLINIC	0.000000	0	0 91.02
91.03	09103	INFUSION CLINIC	0.565748	0	0 91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.091653	96,140	8,812 92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		19,625,538	3,991,099 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		19,625,538	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0288	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/24/2018 8:51 am
		Title XVIII	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		40,242,837	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		13,414,279	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)		1,796,815	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)		281.41	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
<b>Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment ( sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		1.70	30.00
31.00	Percentage of Medicaid patient days (see instructions)		15.15	31.00
32.00	Sum of lines 30 and 31		16.85	32.00
33.00	Allowable disproportionate share percentage (see instructions)		3.70	33.00
34.00	Disproportionate share adjustment (see instructions)		496,328	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0288	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/24/2018 8:51 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
<b>Uncompensated Care Adjustment</b>				
35.00	Total uncompensated care amount (see instructions)	5,977,483,147	6,766,695,164	35.00
35.01	Factor 3 (see instructions)	0.000223099	0.000280873	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,333,570	1,900,584	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	997,437	479,052	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,476,489		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00
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)	435.60		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	57,426,748		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		48.00
				<b>Amount</b>
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		57,426,748	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		4,778,083	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		68,425	53.00
54.00	Special add-on payments for new technologies		0	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		128,030	58.00
59.00	Total (sum of amounts on lines 49 through 58)		62,401,286	59.00
60.00	Primary payer payments		51,116	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		62,350,170	61.00
62.00	Deductibles billed to program beneficiaries		5,333,608	62.00
63.00	Coinurance billed to program beneficiaries		170,352	63.00
64.00	Allowable bad debts (see instructions)		676,933	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		440,006	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		353,145	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		57,286,216	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		203,663	70.93
70.94	HRR adjustment amount (see instructions)		-207,787	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0288	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/24/2018 8:51 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	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			57,282,092	71.00
71.01	Sequestration adjustment (see instructions)			1,145,642	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
72.00	Interim payments			55,853,675	72.00
73.00	Tentative settlement (for contractor use only)			0	73.00
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)			282,775	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			136,735	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)			2,874,943	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
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the \$410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0288	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part B Date/Time Prepared: 5/24/2018 8:51 am
		Title XVIII	Hospital	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		2,464	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		26,896,239	2.00
3.00	OPPS payments		23,197,015	3.00
4.00	Outlier payment (see instructions)		79,399	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		115,018	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		2,464	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		12,140	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)		12,140	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		12,140	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		9,676	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 (see instructions)		2,464	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		23,391,432	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		4,158,541	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)		19,235,355	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)		19,235,355	30.00
31.00	Primary payer payments		14,191	31.00
32.00	Subtotal (line 30 minus line 31)		19,221,164	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		433,080	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		281,502	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		253,946	36.00
37.00	Subtotal (see instructions)		19,502,666	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		19,502,666	40.00
40.01	Sequestration adjustment (see instructions)		390,053	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		19,120,887	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-8,274	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		74,560	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: 14-0288		Period: From 01/01/2017 To 12/31/2017		Worksheet E-1 Part I Date/Time Prepared: 5/24/2018 8:51 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		55,809,186		19,086,995	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	07/27/2017	44,489	07/27/2017	33,892	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		44,489		33,892	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)		55,853,675		19,120,887	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		282,775		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		8,274	6.02	
7.00	Total Medicare program liability (see instructions)		56,136,450		19,112,613	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor	Stephen Booth		00130		8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-0288

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet E-1  
Part II  
Date/Time Prepared:  
5/24/2018 8:51 am

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

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

Provider CCN: 14-0288

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet G

Date/Time Prepared:  
5/24/2018 8:51 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	229,643,000	0	0	0	1.00
2.00	Temporary investments	82,664,000	1,002,000	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	672,820,000	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	191,459,000	0	0	0	9.00
10.00	Due from other funds	23,729,000	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	1,200,315,000	1,002,000	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	158,161,000	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	2,982,049,000	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	1,494,843,000	0	0	0	23.00
24.00	Accumulated depreciation	-2,508,470,000	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	2,126,583,000	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	4,829,122,000	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	444,752,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	5,273,874,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	8,600,772,000	1,002,000	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	346,603,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	386,896,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	88,828,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	421,544,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	1,243,871,000	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	1,493,648,000	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	848,770,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	2,342,418,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	3,586,289,000	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	5,014,483,000				52.00
53.00	Specific purpose fund		1,002,000			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)	5,014,483,000	1,002,000	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	8,600,772,000	1,002,000	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0288

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet G-1

Date/Time Prepared:  
5/24/2018 8:51 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		5,002,802,094		1,002,000	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		11,680,906			2.00
3.00	Total (sum of line 1 and line 2)		5,014,483,000		1,002,000	3.00
4.00	FUNDING RECEIVED	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		5,014,483,000		1,002,000	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		5,014,483,000		1,002,000	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	FUNDING RECEIVED		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0288

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/24/2018 8:51 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	165,584,807		165,584,807	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	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	165,584,807		165,584,807	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	46,026,385		46,026,385	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	46,026,385		46,026,385	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	211,611,192		211,611,192	17.00
18.00	Ancillary services	527,167,494	409,456,813	936,624,307	18.00
19.00	Outpatient services	43,782,750	99,072,471	142,855,221	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	782,561,436	508,529,284	1,291,090,720	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		367,215,312		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		367,215,312		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0288

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet G-3

Date/Time Prepared:  
5/24/2018 8:51 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,291,090,720	1.00
2.00	Less contractual allowances and discounts on patients' accounts	916,037,772	2.00
3.00	Net patient revenues (line 1 minus line 2)	375,052,948	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	367,215,312	4.00
5.00	Net income from service to patients (line 3 minus line 4)	7,837,636	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	3,843,270	24.00
25.00	Total other income (sum of lines 6-24)	3,843,270	25.00
26.00	Total (line 5 plus line 25)	11,680,906	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	11,680,906	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 14-0288	Period: From 01/01/2017 To 12/31/2017	Worksheet 1-5 Date/Time Prepared: 5/24/2018 8:51 am
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		1.00	2.00	
<b>PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B</b>				
1.00	Total expenses related to care of program beneficiaries (see instructions)	0		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	0	0	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	0	0	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	0	0	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012	0	0	5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013	0	0	5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014	0	0	5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Allowable bad debts (sum of lines 5 through line 5.04)	0	0	5.05
6.00	Adjusted reimbursable bad debts (see instructions)	0		6.00
7.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	8.00
9.00	Program payment (see instructions)	0	0	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
<b>PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE</b>				
12.00	Total allowable expenses (see instructions)	0		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	0		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.000000		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0288	Period: From 01/01/2017 To 12/31/2017	Worksheet L Parts I-III Date/Time Prepared: 5/24/2018 8:51 am
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		4,617,844	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		0	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)		188.55	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)		1.70	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		15.15	8.00
9.00	Sum of lines 7 and 8		16.85	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.47	10.00
11.00	Disproportionate share adjustment (see instructions)		160,239	11.00
12.00	Total prospective capital payments (see instructions)		4,778,083	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00