

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: 14-0290	Period: From 07/01/2016 To 06/30/2017	Worksheet S Parts I-III Date/Time Prepared: 11/30/2017 4:00 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date:	Time:
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for Full or "L" for Low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST. ALEXIUS MEDICAL CENTER (14-0290) for the cost reporting period beginning 07/01/2016 and ending 06/30/2017 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

_____ Title

_____ Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	150,988	-55,429	-1,548	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
200.00 Total	0	150,988	-55,429	-1,548	0	200.00

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0290		Period: From 07/01/2016 To 06/30/2017		Worksheet S-2 Part I Date/Time Prepared: 11/30/2017 4:00 pm					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 1555 BARRINGTON ROAD		PO Box:						1.00		
2.00	City: HOFFMAN ESTATES		State: IL		Zip Code: 60194		County: COOK		2.00		
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		ST. ALEXIUS MEDICAL CENTER	140290	16974	1	09/16/1979	N	P	O	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
18.00	Renal Dialysis										18.00
19.00	Other										19.00
						From:	To:				
						1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)					07/01/2016	06/30/2017		20.00		
21.00	Type of Control (see instructions)					1			21.00		
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	N		22.01		
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02		
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		22.03		
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						1	N	23.00		
			In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days			
			1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.		5,871	1,310	64	0	13,114	0	24.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.		0	0	0	0	0	0	25.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0290	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part I Date/Time Prepared: 11/30/2017 4:00 pm		
		Urban/Rural	S	Date of Geogr		
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1	07/01/2016			27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)	N				37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N			39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N			40.00
		V	XVII	XI	X	
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	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.	N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00
		Y/N	I ME	Direct GME	I ME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05

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

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000
				1.00	2.00	3.00
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				0	71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N		75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				0	76.00
					1.00	
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.				N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.				N	81.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.				N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.				N	87.00
				V	XIX	
				1.00	2.00	
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N	94.00

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		V 1.00	XIX 2.00				
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00			95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N			96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00			97.00	
Rural Providers							
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N				105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.					107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					109.00	
				1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N		110.00	
				1.00	2.00	3.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N			0	115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N					116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	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 1.00	Losses 2.00	Insurance 3.00			
118.01	List amounts of malpractice premiums and paid losses:	4,526,776	0			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 state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N				122.00	
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0290		Period: From 07/01/2016 To 06/30/2017		Worksheet S-2 Part I Date/Time Prepared: 11/30/2017 4:00 pm	
		1.00	2.00				
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	149019			140.00	
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: ALEXIAN BROTHERS HOSPITAL NETWORK	Contractor's Name: WPS		Contractor's Number: 05901		141.00	
142.00	Street: 3040 SALT CREEK LANE	PO Box:				142.00	
143.00	City: ARLINGTON HEIGHTS, IL	State: IL		Zip Code: 60005		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00	
				1.00		2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N		149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	N	157.00
158.00	SUBPROVIDER						158.00
159.00	SNF	N	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	N	160.00
161.00	CMHC		N	N	N	N	161.00
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00	
		Name		County		State	
		0		1.00		2.00	
						3.00	
						4.00	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			Y		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					0.25	
						169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0290	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part I Date/Time Prepared: 11/30/2017 4:00 pm	
			Beginning	Ending	
			1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)		10/01/2015	09/30/2016	170.00
			1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)		N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0290		Period: From 07/01/2016 To 06/30/2017		Worksheet S-2 Part II Date/Time Prepared: 11/30/2017 4:00 pm	
				Y/N	Date		
				1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)			N			1.00
				Y/N	Date	V/I	
				1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.			N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)			N			3.00
				Y/N	Type	Date	
				1.00	2.00	3.00	
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.			N			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.			N			5.00
				Y/N	Legal Oper.		
				1.00	2.00		
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?			N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.			N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.			N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.			N			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.			N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.			N			11.00
				Y/N			
				1.00			
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.					N	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					N	15.00
				Part A		Part B	
				Y/N	Date	Y/N	Date
				1.00	2.00	3.00	4.00
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)			Y	10/24/2017	Y	10/24/2017
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)			N		N	
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			N		N	
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			N		N	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0290	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part II Date/Time Prepared: 11/30/2017 4:00 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MARY JO		MACKNI SKAS	41.00
42.00	Enter the employer/company name of the cost report preparer.	AMI TA HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	630-312-7270		MARYJO.MACKNI SKAS@AMITAHEALTH.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0290	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part II Date/Time Prepared: 11/30/2017 4:00 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR OF REIMBURSEMENT		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

HFS Supplemental Information		Provider CCN: 14-0290	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part IX Date/Time Prepared: 11/30/2017 4:00 pm	
			Title V	Title XIX	
			1.00	2.00	
TITLES V AND/OR XIX FOLLOWING MEDICARE					
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	3.00
3.01	Do Title V or XIX use W/S D-1 for reimbursement?		N	N	3.01
			Inpatient	Outpatient	
			1.00	2.00	
CRITICAL ACCESS HOSPITALS					
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.		N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.		N	N	5.00
			Title V	Title XIX	
			1.00	2.00	
RCE DISALLOWANCE					
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	6.00
PASS THROUGH COST					
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	7.00
RHC					
8.00	Do Title V & XIX impute 20% coinsurance (M-3 Line 16.04)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		N	N	8.00
FOHC					
9.00	For fiscal year beginning on/after 10/01/2014, use M-series for Title V and/or Title XIX? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		N	N	9.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0290

Period:
From 07/01/2016
To 06/30/2017

Worksheet S-3
Part I
Date/Time Prepared:
11/30/2017 4:00 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Vi s i t s / Tri ps	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	243	88,695	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)		243	88,695	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	35	12,775	0.00	0	8.00
8.01 NEONATAL NICU	31.01	0	0	0.00	0	8.01
8.02 CHILDRENS PEDIATRIC	31.02	14	5,151	0.00	0	8.02
8.03 CHILDRENS PICU	31.03	3	1,054	0.00	0	8.03
8.04 CHILDRENS NICU	31.04	16	5,840	0.00	0	8.04
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		311	113,515	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		311				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA	Provider CCN: 14-0290	Period: From 07/01/2016 To 06/30/2017	Worksheet S-3 Part I Date/Time Prepared: 11/30/2017 4:00 pm
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Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	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)	23,793	3,243	57,612			1.00
2.00 HMO and other (see instructions)	5,654	14,118				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	23,793	3,243	57,612			7.00
8.00 INTENSIVE CARE UNIT	2,050	94	4,905			8.00
8.01 NEONATAL NICU	0	0	0			8.01
8.02 CHILDRENS PEDIATRIC	0	222	1,083			8.02
8.03 CHILDRENS PICU	0	155	3,046			8.03
8.04 CHILDRENS NICU	0	1,709	8,095			8.04
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		818	7,234			13.00
14.00 Total (see instructions)	25,843	6,241	81,975	0.00	1,566.57	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	1,566.57	27.00
28.00 Observation Bed Days		0	8,467			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	0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA	Provider CCN: 14-0290	Period: From 07/01/2016 To 06/30/2017	Worksheet S-3 Part I Date/Time Prepared: 11/30/2017 4:00 pm
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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	5,079	758	17,297	1.00
2.00 HMO and other (see instructions)				1,115	2,982		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
8.01 NEONATAL NICU							8.01
8.02 CHILDRENS PEDIATRIC							8.02
8.03 CHILDRENS PICU							8.03
8.04 CHILDRENS NICU							8.04
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	5,079	758		17,297	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF							17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days							33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 14-0290	Period: From 07/01/2016 To 06/30/2017	Worksheet S-3 Part II Date/Time Prepared: 11/30/2017 4:00 pm			
	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	96,993,684	0	96,993,684	2,780,855.00	34.88	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		564,458	0	564,458	4,181.00	135.01	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		301,477	0	301,477	10,834.00	27.83	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract Labor: Direct Patient Care		3,070,656	0	3,070,656	44,955.00	68.31	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		0	0	0	0.00	0.00	13.00
14.00	Home office and/or related orgainzation salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		24,242,056	0	24,242,056	575,714.00	42.11	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		21,621,308	0	21,621,308			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		67,413	0	67,413			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		0	0	0			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		5,898,030	0	5,898,030			25.50
25.51	Related orgainzation wage-related		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related		0	0	0			25.53

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0290

Period:
From 07/01/2016
To 06/30/2017

Worksheet S-3
Part II
Date/Time Prepared:
11/30/2017 4:00 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion 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		
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	4,394,192	0	4,394,192	3,457.00	1,271.10	26.00
27.00	Administrative & General	5.00	2,758,463	0	2,758,463	231,559.00	11.91	27.00
28.00	Administrative & General under contract (see inst.)		1,833,908	0	1,833,908	14,921.00	122.91	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		3,770,733	0	3,770,733	152,440.00	24.74	33.00
34.00	Dietary	10.00	71,345	-21,404	49,941	1,617.00	30.88	34.00
35.00	Dietary under contract (see instructions)		3,817,004	0	3,817,004	149,154.00	25.59	35.00
36.00	Cafeteria	11.00	0	21,404	21,404	1,427.00	15.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,321,033	0	2,321,033	32,703.00	70.97	38.00
39.00	Central Services and Supply	14.00	382,469	0	382,469	19,219.00	19.90	39.00
40.00	Pharmacy	15.00	3,532,537	0	3,532,537	80,068.00	44.12	40.00
41.00	Medical Records & Medical Records Library	16.00	1,034,522	0	1,034,522	53,757.00	19.24	41.00
42.00	Social Service	17.00	2,631,050	0	2,631,050	54,003.00	48.72	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0290

Period:
From 07/01/2016
To 06/30/2017

Worksheet S-3
Part III
Date/Time Prepared:
11/30/2017 4:00 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	105,850,871	0	105,850,871	3,093,189.00	34.22	1.00
2.00	Excluded area salaries (see instructions)	301,477	0	301,477	10,834.00	27.83	2.00
3.00	Subtotal salaries (line 1 minus line 2)	105,549,394	0	105,549,394	3,082,355.00	34.24	3.00
4.00	Subtotal other wages & related costs (see inst.)	27,312,712	0	27,312,712	620,669.00	44.01	4.00
5.00	Subtotal wage-related costs (see inst.)	27,519,338	0	27,519,338	0.00	26.07	5.00
6.00	Total (sum of lines 3 thru 5)	160,381,444	0	160,381,444	3,703,024.00	43.31	6.00
7.00	Total overhead cost (see instructions)	26,547,256	0	26,547,256	794,325.00	33.42	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 14-0290	Period: From 07/01/2016 To 06/30/2017	Worksheet S-3 Part IV Date/Time Prepared: 11/30/2017 4:00 pm
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,814,907	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)	1,014,960	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	57,450	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	10,383,565	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	0	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	177,755	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	44,509	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)	219,375	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	752,868	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	7,046,021	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	177,311	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	21,688,721	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COST	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 14-0290	Period: From 07/01/2016 To 06/30/2017	Worksheet S-3 Part V Date/Time Prepared: 11/30/2017 4:00 pm
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	3,070,656	21,688,721	1.00
2.00	Hospital	3,070,656	21,621,308	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	67,413	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0290	Period: From 07/01/2016 To 06/30/2017	Worksheet S-10 Date/Time Prepared: 11/30/2017 4:00 pm	
				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.197199	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			49,207,097	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH or supplemental payments from Medicaid?			Y	4.00
5.00	If line 4 is no, then enter DSH or supplemental payments from Medicaid			0	5.00
6.00	Medicaid charges			309,857,978	6.00
7.00	Medicaid cost (line 1 times line 6)			61,103,683	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)			11,896,586	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)			11,896,586	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)	22,809,016	0	22,809,016	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	4,497,915	0	4,497,915	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)	4,497,915	0	4,497,915	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			2,508,665	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			848,128	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			1,304,812	27.01
28.00	Non-Medicare bad debt expense (line 26 minus line 27.01)			1,203,853	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			694,083	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			5,191,998	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			17,088,584	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 14-0290	Period: From 07/01/2016 To 06/30/2017	Worksheet A Date/Time Prepared: 11/30/2017 4:00 pm		
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified ions (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		10,083,137	10,083,137	11,196,606	21,279,743	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	9,142,352	9,142,352	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,394,192	13,887,317	18,281,509	691,644	18,973,153	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,758,463	84,221,092	86,979,555	-4,035,639	82,943,916	5.00
7.00	00700	OPERATION OF PLANT	0	9,003,060	9,003,060	-1,992,726	7,010,334	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	445,076	445,076	8.00
9.00	00900	HOUSEKEEPING	0	6,054,788	6,054,788	-484,073	5,570,715	9.00
10.00	01000	DIETARY	71,345	4,761,847	4,833,192	-1,454,364	3,378,828	10.00
11.00	01100	CAFETERIA	0	674,723	674,723	1,449,958	2,124,681	11.00
13.00	01300	NURSING ADMINISTRATION	2,321,033	1,140,843	3,461,876	-525,587	2,936,289	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	382,469	645,339	1,027,808	-481,288	546,520	14.00
15.00	01500	PHARMACY	3,532,537	15,500,750	19,033,287	-14,859,478	4,173,809	15.00
15.01	01501	PHARMACY	0	0	0	0	0	15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	1,034,522	559,926	1,594,448	-460	1,593,988	16.00
17.00	01700	SOCIAL SERVICE	2,631,050	297,441	2,928,491	0	2,928,491	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	27,437,554	6,732,453	34,170,007	-4,004,518	30,165,489	30.00
31.00	03100	INTENSIVE CARE UNIT	4,358,251	1,465,981	5,824,232	-74,857	5,749,375	31.00
31.01	02060	NEONATAL NICU	6,815,221	1,640,353	8,455,574	-8,455,574	0	31.01
31.02	03101	CHILDRENS PEDIATRIC	0	0	0	2,480,914	2,480,914	31.02
31.03	03102	CHILDRENS PICU	0	0	0	1,307,655	1,307,655	31.03
31.04	03103	CHILDRENS NICU	0	0	0	7,873,015	7,873,015	31.04
43.00	04300	NURSERY	789,396	74,403	863,799	-253,860	609,939	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,549,972	22,224,027	27,773,999	-13,972,059	13,801,940	50.00
50.01	05001	ENDOSCOPY	1,277,823	1,423,416	2,701,239	-970,018	1,731,221	50.01
51.00	05100	RECOVERY ROOM	1,106,641	206,522	1,313,163	-82,865	1,230,298	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,175,360	1,236,064	5,411,424	-720,360	4,691,064	52.00
53.00	05300	ANESTHESIOLOGY	87,146	509,158	596,304	-22,944	573,360	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,056,447	444,427	2,500,874	-32,356	2,468,518	54.00
54.01	03630	ULTRASOUND	1,179,146	205,814	1,384,960	-97,355	1,287,605	54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	594,918	493,154	1,088,072	-398,438	689,634	54.02
54.03	03440	MAMMOGRAPHY	1,114,748	511,782	1,626,530	-327,126	1,299,404	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	675,891	296,745	972,636	-184,175	788,461	55.00
56.00	05600	RADIOISOTOPE	431,951	1,199,539	1,631,490	-3,010	1,628,480	56.00
57.00	05700	CT SCAN	1,041,886	529,642	1,571,528	-286,575	1,284,953	57.00
58.00	05800	MRI	739,425	655,788	1,395,213	-342,059	1,053,154	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,430,414	3,434,114	4,864,528	-3,045,656	1,818,872	59.00
60.00	06000	LABORATORY	2,390,203	5,703,174	8,093,377	-29,036	8,064,341	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	329,314	913,014	1,242,328	-9,364	1,232,964	63.00
64.00	06400	INTRAVENOUS THERAPY	270,644	314,385	585,029	-290,128	294,901	64.00
65.00	06500	RESPIRATORY THERAPY	1,675,963	1,644,813	3,320,776	-856,967	2,463,809	65.00
66.00	06600	PHYSICAL THERAPY	2,104,300	184,712	2,289,012	-45	2,288,967	66.00
66.01	06601	REHAB OUTPATIENT	1,550,825	540,213	2,091,038	-295,711	1,795,327	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	941,701	148,689	1,090,390	-13,847	1,076,543	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	146,659	38,547	185,206	-2,026	183,180	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	11,507,072	11,507,072	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	9,932,758	9,932,758	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	13,268,482	13,268,482	73.00
74.00	07400	RENAL DIALYSIS	1,918	830,891	832,809	0	832,809	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PROCEDURE CLINIC	1,731,079	336,893	2,067,972	-132,319	1,935,653	90.02
90.03	09004	IMMEDIATE CARE CENTER	0	0	0	0	0	90.03
90.04	09002	EPILEPSY MONITORING UNIT	184,582	27,476	212,058	-12,014	200,044	90.04
90.05	09003	OFFSITE IMAGING CENTER	397,230	309,041	706,271	-222,755	483,516	90.05
91.00	09100	EMERGENCY	6,979,988	3,469,907	10,449,895	-1,122,843	9,327,052	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		9,170,796	9,170,796	-9,170,796	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	96,692,207	213,746,196	310,438,403	30,261	310,468,664	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	129,504	777,567	907,071	-15,944	891,127	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	171,973	398,186	570,159	0	570,159	192.00
192.01	19201	POB	0	4,125,884	4,125,884	-14,317	4,111,567	192.01
194.00	07950	COMMUNITY PROGRAMS	0	0	0	0	0	194.00
194.01	07951	VACANT SPACE	0	0	0	0	0	194.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 14-0290		Period: From 07/01/2016 To 06/30/2017	Worksheet A Date/Time Prepared: 11/30/2017 4:00 pm		
Cost Center	Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
200.00	TOTAL (SUM OF LINES 118-199)	96,993,684	219,047,833	316,041,517	0	316,041,517	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0290

Period:
From 07/01/2016
To 06/30/2017

Worksheet A
Date/Time Prepared:
11/30/2017 4:00 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-5,412,541	15,867,202	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,716,295	10,858,647	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	18,973,153	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-4,056,642	78,887,274	5.00
7.00	00700	OPERATION OF PLANT	4,969,885	11,980,219	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	445,076	8.00
9.00	00900	HOUSEKEEPING	0	5,570,715	9.00
10.00	01000	DIETARY	-10,355	3,368,473	10.00
11.00	01100	CAFETERIA	-1,026,947	1,097,734	11.00
13.00	01300	NURSING ADMINISTRATION	0	2,936,289	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	546,520	14.00
15.00	01500	PHARMACY	0	4,173,809	15.00
15.01	01501	PHARMACY	0	0	15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	-54,666	1,539,322	16.00
17.00	01700	SOCIAL SERVICE	0	2,928,491	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	30,165,489	30.00
31.00	03100	INTENSIVE CARE UNIT	0	5,749,375	31.00
31.01	02060	NEONATAL NICU	0	0	31.01
31.02	03101	CHILDRENS PEDIATRIC	0	2,480,914	31.02
31.03	03102	CHILDRENS PICU	0	1,307,655	31.03
31.04	03103	CHILDRENS NICU	0	7,873,015	31.04
43.00	04300	NURSERY	0	609,939	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	13,801,940	50.00
50.01	05001	ENDOSCOPY	0	1,731,221	50.01
51.00	05100	RECOVERY ROOM	0	1,230,298	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,691,064	52.00
53.00	05300	ANESTHESIOLOGY	0	573,360	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,468,518	54.00
54.01	03630	ULTRASOUND	0	1,287,605	54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	0	689,634	54.02
54.03	03440	MAMMOGRAPHY	0	1,299,404	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	788,461	55.00
56.00	05600	RADIOISOTOPE	0	1,628,480	56.00
57.00	05700	CT SCAN	0	1,284,953	57.00
58.00	05800	MRI	0	1,053,154	58.00
59.00	05900	CARDIAC CATHETERIZATION	-1,988	1,816,884	59.00
60.00	06000	LABORATORY	-84,443	7,979,898	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,232,964	63.00
64.00	06400	INTRAVENOUS THERAPY	0	294,901	64.00
65.00	06500	RESPIRATORY THERAPY	0	2,463,809	65.00
66.00	06600	PHYSICAL THERAPY	0	2,288,967	66.00
66.01	06601	REHAB OUTPATIENT	0	1,795,327	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,076,543	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	183,180	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	11,507,072	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	9,932,758	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	13,268,482	73.00
74.00	07400	RENAL DIALYSIS	0	832,809	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.02	09001	PROCEDURE CLINIC	0	1,935,653	90.02
90.03	09004	IMMEDIATE CARE CENTER	0	0	90.03
90.04	09002	EPILEPSY MONITORING UNIT	0	200,044	90.04
90.05	09003	OFFSITE IMAGING CENTER	0	483,516	90.05
91.00	09100	EMERGENCY	-14,451	9,312,601	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-3,975,853	306,492,811	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	-495,152	395,975	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-839,582	-269,423	192.00
192.01	19201	POB	-4,714,063	-602,496	192.01
194.00	07950	COMMUNITY PROGRAMS	0	0	194.00
194.01	07951	VACANT SPACE	0	0	194.01
200.00		TOTAL (SUM OF LINES 118-199)	-10,024,650	306,016,867	200.00

COST CENTERS USED IN COST REPORT		Provider CCN: 14-0290	Period: From 07/01/2016 To 06/30/2017	Worksheet Non-CMS W Date/Time Prepared: 11/30/2017 4:00 pm
Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	00200		2.00
3.00	OTHER CAP REL COSTS	00300		3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.00	ADMINISTRATIVE & GENERAL	00500		5.00
7.00	OPERATION OF PLANT	00700		7.00
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
15.01	PHARMACY	01501		15.01
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
17.00	SOCIAL SERVICE	01700		17.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
31.01	NEONATAL NICU	02060	NEONATAL INTENSIVE CARE UNIT	31.01
31.02	CHILDRENS PEDIATRIC	03101		31.02
31.03	CHILDRENS PICU	03102		31.03
31.04	CHILDRENS NICU	03103		31.04
43.00	NURSERY	04300		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	05000		50.00
50.01	ENDOSCOPY	05001		50.01
51.00	RECOVERY ROOM	05100		51.00
52.00	DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
54.01	ULTRASOUND	03630	ULTRA SOUND	54.01
54.02	RADIOLOGY-SPECIAL PROCEDURES	05401		54.02
54.03	MAMMOGRAPHY	03440	MAMMOGRAPHY	54.03
55.00	RADIOLOGY-THERAPEUTIC	05500		55.00
56.00	RADIOISOTOPE	05600		56.00
57.00	CT SCAN	05700		57.00
58.00	MRI	05800		58.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
62.30	BLOOD CLOTTING FOR HEMOPHILIACS	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	62.30
63.00	BLOOD STORING, PROCESSING & TRANS.	06300		63.00
64.00	INTRAVENOUS THERAPY	06400		64.00
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
66.01	REHAB OUTPATIENT	06601		66.01
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
69.00	ELECTROCARDIOLOGY	06900		69.00
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
74.00	RENAL DIALYSIS	07400		74.00
76.97	CARDIAC REHABILITATION	07697	CARDIAC REHABILITATION	76.97
OUTPATIENT SERVICE COST CENTERS				
90.02	PROCEDURE CLINIC	09001		90.02
90.03	IMMEDIATE CARE CENTER	09004		90.03
90.04	EPILEPSY MONITORING UNIT	09002		90.04
90.05	OFFSITE IMAGING CENTER	09003		90.05
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART	09200		92.00
SPECIAL PURPOSE COST CENTERS				
113.00	INTEREST EXPENSE	11300		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
192.01	POB	19201		192.01
194.00	COMMUNITY PROGRAMS	07950		194.00

COST CENTERS USED IN COST REPORT		Provider CCN: 14-0290	Period: From 07/01/2016 To 06/30/2017	Worksheet Non-CMS W Date/Time Prepared: 11/30/2017 4:00 pm
Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
194.01	VACANT SPACE	07951	1.00	2.00
200.00	TOTAL (SUM OF LINES 118-199)			194.01 200.00

RECLASSIFICATIONS

Provider CCN: 14-0290

Period:
From 07/01/2016
To 06/30/2017

Worksheet A-6

Date/Time Prepared:
11/30/2017 4:00 pm

		Increases			
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
A - RECLASS LEASE EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,106,509	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	4,182,956	2.00
3.00	LABORATORY	60.00	0	1,314	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
TOTALS			0	6,290,779	
B - RECLASS MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	11,507,072	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	296,692	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
TOTALS			0	11,803,764	
C - RECLASS CHARGEABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	13,268,482	1.00
TOTALS			0	13,268,482	
D - RECLASS DEPRECIATION					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	4,959,396	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

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
TOTALS					0	4,959,396
E - RECLASS LAUNDRY COSTS						
1.00	LAUNDRY & LINEN SERVICE	8.00	0	445,076		1.00
TOTALS					0	445,076
F - RECLASS CAFETERIA COSTGS						
1.00	CAFETERIA	11.00	21,404	1,428,554		1.00
TOTALS					21,404	1,428,554
G - RECLASS WORKERS COMPENSATION						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	691,644		1.00
TOTALS					0	691,644
H - RECLASS INTEREST EXPENSE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	9,170,796		1.00
TOTALS					0	9,170,796
J - IMPLANT RECLASS						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	9,932,758		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
TOTALS					0	9,932,758
K - CHILDRENS HOSPITAL RECLASS						
1.00	CHILDRENS PEDIATRIC	31.02	2,100,531	380,383		1.00
2.00	CHILDRENS PICU	31.03	1,011,786	295,869		2.00
3.00	CHILDRENS NICU	31.04	6,815,221	1,640,353		3.00
4.00	CHILDRENS NICU	31.04	230,662	21,624		4.00
TOTALS					10,158,200	2,338,229
500.00	Grand Total: Increases		10,179,604	60,329,478		500.00

RECLASSIFICATIONS

Provider CCN: 14-0290

Period:
From 07/01/2016
To 06/30/2017

Worksheet A-6
Date/Time Prepared:
11/30/2017 4:00 pm

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
A - RECLASS LEASE EXPENSE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,504,908	10	1.00	
2.00	OPERATION OF PLANT	7.00	0	8,538	10	2.00	
3.00	HOUSEKEEPING	9.00	0	38,366	10	3.00	
4.00	NURSING ADMINISTRATION	13.00	0	506,090	10	4.00	
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	236,776	10	5.00	
6.00	PHARMACY	15.00	0	719,829	10	6.00	
7.00	MEDICAL RECORDS & LIBRARY	16.00	0	54	10	7.00	
8.00	ADULTS & PEDIATRICS	30.00	0	206,358	10	8.00	
9.00	INTENSIVE CARE UNIT	31.00	0	72,022	0	9.00	
10.00	CHILDRENS NICU	31.04	0	6	0	10.00	
11.00	OPERATING ROOM	50.00	0	594,524	0	11.00	
12.00	ENDOSCOPY	50.01	0	529,276	0	12.00	
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	189	0	13.00	
14.00	MAMMOGRAPHY	54.03	0	248,935	0	14.00	
15.00	RADIOLOGY-THERAPEUTIC	55.00	0	164,545	0	15.00	
16.00	CT SCAN	57.00	0	97,295	0	16.00	
17.00	MRI	58.00	0	256,078	0	17.00	
18.00	CARDIAC CATHETERIZATION	59.00	0	81,844	0	18.00	
19.00	RESPIRATORY THERAPY	65.00	0	522,206	0	19.00	
20.00	PHYSICAL THERAPY	66.00	0	45	0	20.00	
21.00	REHAB OUTPATIENT	66.01	0	294,179	0	21.00	
22.00	ELECTROCARDIOLOGY	69.00	0	832	0	22.00	
23.00	PROCEDURE CLINIC	90.02	0	13,540	0	23.00	
24.00	OFFSITE IMAGING CENTER	90.05	0	194,290	0	24.00	
25.00	POB	192.01	0	54	0	25.00	
TOTALS			0	6,290,779			
B - RECLASS MEDICAL SUPPLIES							
1.00	INTRAVENOUS THERAPY	64.00	0	283,364	0	1.00	
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	227,447	0	2.00	
3.00	PHARMACY	15.00	0	871,167	0	3.00	
4.00	PROCEDURE CLINIC	90.02	0	105,184	0	4.00	
5.00	OFFSITE IMAGING CENTER	90.05	0	6,257	0	5.00	
6.00	CHILDRENS NICU	31.04	0	826,221	0	6.00	
7.00	EMERGENCY	91.00	0	1,109,634	0	7.00	
8.00	OPERATING ROOM	50.00	0	5,052,863	0	8.00	
9.00	ENDOSCOPY	50.01	0	381,905	0	9.00	
10.00	RECOVERY ROOM	51.00	0	82,865	0	10.00	
11.00	DELIVERY ROOM & LABOR ROOM	52.00	0	710,415	0	11.00	
12.00	RESPIRATORY THERAPY	65.00	0	324,694	0	12.00	
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	23,871	0	13.00	
14.00	ULTRASOUND	54.01	0	64,131	0	14.00	
15.00	RADIOLOGY-SPECIAL PROCEDURES	54.02	0	339,315	0	15.00	
16.00	MAMMOGRAPHY	54.03	0	78,191	0	16.00	
17.00	RADIOLOGY-THERAPEUTIC	55.00	0	11,708	0	17.00	
18.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	8,784	0	18.00	
19.00	CT SCAN	57.00	0	150,102	0	19.00	
20.00	MRI	58.00	0	68,183	0	20.00	
21.00	CARDIAC CATHETERIZATION	59.00	0	1,077,463	0	21.00	
TOTALS			0	11,803,764			
C - RECLASS CHARGEABLE DRUGS							
1.00	PHARMACY	15.00	0	13,268,482	0	1.00	
TOTALS			0	13,268,482			
D - RECLASS DEPRECIATION							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,128,446	9	1.00	
2.00	OPERATION OF PLANT	7.00	0	1,984,188	0	2.00	
3.00	HOUSEKEEPING	9.00	0	631	0	3.00	
4.00	DIETARY	10.00	0	4,406	0	4.00	
5.00	NURSING ADMINISTRATION	13.00	0	19,497	0	5.00	
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	14,786	0	6.00	
7.00	MEDICAL RECORDS & LIBRARY	16.00	0	406	0	7.00	
8.00	ADULTS & PEDIATRICS	30.00	0	9,370	0	8.00	
9.00	INTENSIVE CARE UNIT	31.00	0	2,251	0	9.00	
10.00	CHILDRENS NICU	31.04	0	8,618	0	10.00	
11.00	NURSERY	43.00	0	1,574	0	11.00	
12.00	OPERATING ROOM	50.00	0	367,922	0	12.00	
13.00	ENDOSCOPY	50.01	0	19,629	0	13.00	
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	736	0	14.00	
15.00	ANESTHESIOLOGY	53.00	0	22,944	0	15.00	
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	8,296	0	16.00	
17.00	ULTRASOUND	54.01	0	33,224	0	17.00	
18.00	RADIOLOGY-SPECIAL PROCEDURES	54.02	0	3,670	0	18.00	
19.00	RADIOLOGY-THERAPEUTIC	55.00	0	7,597	0	19.00	

RECLASSIFICATIONS

Provider CCN: 14-0290

Period:
From 07/01/2016
To 06/30/2017

Worksheet A-6

Date/Time Prepared:
11/30/2017 4:00 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
20.00	RADIOISOTOPE	56.00	0	3,010	0		20.00
21.00	CT SCAN	57.00	0	39,160	0		21.00
22.00	MRI	58.00	0	17,798	0		22.00
23.00	CARDIAC CATHETERIZATION	59.00	0	35,812	0		23.00
24.00	LABORATORY	60.00	0	30,350	0		24.00
25.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	580	0		25.00
26.00	INTRAVENOUS THERAPY	64.00	0	6,764	0		26.00
27.00	RESPIRATORY THERAPY	65.00	0	10,067	0		27.00
28.00	REHAB OUTPATIENT	66.01	0	1,532	0		28.00
29.00	ELECTROCARDIOLOGY	69.00	0	13,015	0		29.00
30.00	ELECTROENCEPHALOGRAPHY	70.00	0	2,026	0		30.00
31.00	PROCEDURE CLINIC	90.02	0	5,209	0		31.00
32.00	EPILEPSY MONITORING UNIT	90.04	0	12,014	0		32.00
33.00	OFFSITE IMAGING CENTER	90.05	0	22,208	0		33.00
34.00	EMERGENCY	91.00	0	10,754	0		34.00
35.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	15,944	0		35.00
36.00	POB	192.01	0	14,263	0		36.00
37.00	CAP REL COSTS-BLDG & FIXT	1.00	0	80,699	9		37.00
	TOTALS		0	4,959,396			
E - RECLASS LAUNDRY COSTS							
1.00	HOUSEKEEPING	9.00	0	445,076	0		1.00
	TOTALS		0	445,076			
F - RECLASS CAFETERIA COSTGS							
1.00	DIETARY	10.00	21,404	1,428,554	0		1.00
	TOTALS		21,404	1,428,554			
G - RECLASS WORKERS COMPENSATION							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	691,644	0		1.00
	TOTALS		0	691,644			
H - RECLASS INTEREST EXPENSE							
1.00	INTEREST EXPENSE	113.00	0	9,170,796	11		1.00
	TOTALS		0	9,170,796			
J - IMPLANT RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	7,333	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,279	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	221	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	584	0		4.00
5.00	OPERATING ROOM	50.00	0	7,956,750	0		5.00
6.00	ENDOSCOPY	50.01	0	39,208	0		6.00
7.00	DELIVERY ROOM & LABOR ROOM	52.00	0	9,209	0		7.00
8.00	RADIOLOGY-SPECIAL PROCEDURES	54.02	0	55,453	0		8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0	325	0		9.00
10.00	CT SCAN	57.00	0	18	0		10.00
11.00	CARDIAC CATHETERIZATION	59.00	0	1,850,537	0		11.00
12.00	PROCEDURE CLINIC	90.02	0	8,386	0		12.00
13.00	EMERGENCY	91.00	0	2,455	0		13.00
	TOTALS		0	9,932,758			
K - CHILDRENS HOSPITAL RECLASS							
1.00	ADULTS & PEDIATRICS	30.00	2,100,531	380,383	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	1,011,786	295,869	0		2.00
3.00	NEONATAL NICU	31.01	6,815,221	1,640,353	0		3.00
4.00	NURSERY	43.00	230,662	21,624	0		4.00
	TOTALS		10,158,200	2,338,229			
500.00	Grand Total: Decreases		10,179,604	60,329,478			500.00

RECLASSIFICATIONS

Provider CCN: 14-0290

Period:
From 07/01/2016
To 06/30/2017

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
11/30/2017 4:00 pm

Increases					Decreases				
Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00		
A - RECLASS LEASE EXPENSE									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,106,509	ADMINISTRATIVE & GENERAL	5.00	0	1,504,908	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	4,182,956	OPERATION OF PLANT	7.00	0	8,538	2.00
3.00	LABORATORY	60.00	0	1,314	HOUSEKEEPING	9.00	0	38,366	3.00
4.00		0.00	0		NURSING	13.00	0	506,090	4.00
5.00		0.00	0		ADMINISTRATION				
6.00		0.00	0		CENTRAL SERVICES & SUPPLY	14.00	0	236,776	5.00
7.00		0.00	0		PHARMACY	15.00	0	719,829	6.00
8.00		0.00	0		MEDICAL RECORDS & LIBRARY	16.00	0	54	7.00
9.00		0.00	0		ADULTS & PEDIATRICS	30.00	0	206,358	8.00
10.00		0.00	0		INTENSIVE CARE UNIT	31.00	0	72,022	9.00
11.00		0.00	0		CHILDRENS NICU	31.04	0	6	10.00
12.00		0.00	0		OPERATING ROOM	50.00	0	594,524	11.00
13.00		0.00	0		ENDOSCOPY	50.01	0	529,276	12.00
14.00		0.00	0		RADIOLOGY-DIAGNOSTIC	54.00	0	189	13.00
15.00		0.00	0		MAMMOGRAPHY	54.03	0	248,935	14.00
16.00		0.00	0		RADIOLOGY-THERAPEUTIC	55.00	0	164,545	15.00
17.00		0.00	0		CT SCAN	57.00	0	97,295	16.00
18.00		0.00	0		MRI	58.00	0	256,078	17.00
19.00		0.00	0		CARDIAC CATHETERIZATION	59.00	0	81,844	18.00
20.00		0.00	0		RESPIRATORY THERAPY	65.00	0	522,206	19.00
21.00		0.00	0		PHYSICAL THERAPY	66.00	0	45	20.00
22.00		0.00	0		REHAB OUTPATIENT	66.01	0	294,179	21.00
23.00		0.00	0		ELECTROCARDIOLOGY	69.00	0	832	22.00
24.00		0.00	0		PROCEDURE CLINIC	90.02	0	13,540	23.00
25.00		0.00	0		OFFSITE IMAGING CENTER	90.05	0	194,290	24.00
	TOTALS		0	6,290,779	TOTALS	192.01	0	54	25.00
B - RECLASS MEDICAL SUPPLIES									
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	11,507,072	INTRAVENOUS THERAPY	64.00	0	283,364	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	296,692	CENTRAL SERVICES & SUPPLY	14.00	0	227,447	2.00
3.00		0.00	0		PHARMACY	15.00	0	871,167	3.00
4.00		0.00	0		PROCEDURE CLINIC	90.02	0	105,184	4.00
5.00		0.00	0		OFFSITE IMAGING CENTER	90.05	0	6,257	5.00
6.00		0.00	0		CHILDRENS NICU	31.04	0	826,221	6.00
7.00		0.00	0		EMERGENCY	91.00	0	1,109,634	7.00
8.00		0.00	0		OPERATING ROOM	50.00	0	5,052,863	8.00
9.00		0.00	0		ENDOSCOPY	50.01	0	381,905	9.00
10.00		0.00	0		RECOVERY ROOM	51.00	0	82,865	10.00
11.00		0.00	0		DELIVERY ROOM & LABOR ROOM	52.00	0	710,415	11.00
12.00		0.00	0		RESPIRATORY THERAPY	65.00	0	324,694	12.00
13.00		0.00	0		RADIOLOGY-DIAGNOSTIC	54.00	0	23,871	13.00
14.00		0.00	0		ULTRASOUND	54.01	0	64,131	14.00
15.00		0.00	0		RADIOLOGY-SPECIAL PROCEDURES	54.02	0	339,315	15.00
16.00		0.00	0		MAMMOGRAPHY	54.03	0	78,191	16.00
17.00		0.00	0		RADIOLOGY-THERAPEUTIC	55.00	0	11,708	17.00
18.00		0.00	0		BLOOD STORAGE, PROCESSING & TRANS.	63.00	0	8,784	18.00
19.00		0.00	0		CT SCAN	57.00	0	150,102	19.00
20.00		0.00	0		MRI	58.00	0	68,183	20.00
21.00		0.00	0		CARDIAC CATHETERIZATION	59.00	0	1,077,463	21.00
	TOTALS		0	11,803,764	TOTALS		0	11,803,764	
C - RECLASS CHARGEABLE DRUGS									
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	13,268,482	PHARMACY	15.00	0	13,268,482	1.00
	TOTALS		0	13,268,482	TOTALS		0	13,268,482	
D - RECLASS DEPRECIATION									
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	4,959,396	ADMINISTRATIVE & GENERAL	5.00	0	2,128,446	1.00
2.00		0.00	0		OPERATION OF PLANT	7.00	0	1,984,188	2.00
3.00		0.00	0		HOUSEKEEPING	9.00	0	631	3.00
4.00		0.00	0		DIETARY	10.00	0	4,406	4.00

RECLASSIFICATIONS

Provider CCN: 14-0290

Period:
From 07/01/2016
To 06/30/2017

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
11/30/2017 4:00 pm

Increases					Decreases						
Cost Center	Line #	Salary	Other		Cost Center	Line #	Salary	Other			
2.00	3.00	4.00	5.00		6.00	7.00	8.00	9.00			
5.00	0.00	0	0	0	0	NURSING	13.00	0	19,497	5.00	
6.00	0.00	0	0	0	0	ADMINISTRATION					
7.00	0.00	0	0	0	0	CENTRAL SERVICES & SUPPLY	14.00	0	14,786	6.00	
8.00	0.00	0	0	0	0	MEDICAL RECORDS & LIBRARY	16.00	0	406	7.00	
9.00	0.00	0	0	0	0	ADULTS & PEDIATRICS	30.00	0	9,370	8.00	
10.00	0.00	0	0	0	0	INTENSIVE CARE UNIT	31.00	0	2,251	9.00	
11.00	0.00	0	0	0	0	CHILDRENS NICU	31.04	0	8,618	10.00	
12.00	0.00	0	0	0	0	NURSERY	43.00	0	1,574	11.00	
13.00	0.00	0	0	0	0	OPERATING ROOM	50.00	0	367,922	12.00	
14.00	0.00	0	0	0	0	ENDOSCOPY	50.01	0	19,629	13.00	
15.00	0.00	0	0	0	0	DELIVERY ROOM & LABOR ROOM	52.00	0	736	14.00	
16.00	0.00	0	0	0	0	ANESTHESIOLOGY	53.00	0	22,944	15.00	
17.00	0.00	0	0	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	8,296	16.00	
18.00	0.00	0	0	0	0	ULTRASOUND	54.01	0	33,224	17.00	
19.00	0.00	0	0	0	0	RADIOLOGY-SPECIAL PROCEDURES	54.02	0	3,670	18.00	
20.00	0.00	0	0	0	0	RADIOLOGY-THERAPEUTIC	55.00	0	7,597	19.00	
21.00	0.00	0	0	0	0	RADIOISOTOPE	56.00	0	3,010	20.00	
22.00	0.00	0	0	0	0	CT SCAN	57.00	0	39,160	21.00	
23.00	0.00	0	0	0	0	MRI	58.00	0	17,798	22.00	
24.00	0.00	0	0	0	0	CARDIAC CATHETERIZATION	59.00	0	35,812	23.00	
25.00	0.00	0	0	0	0	LABORATORY	60.00	0	30,350	24.00	
26.00	0.00	0	0	0	0	BLOOD STORAGE, PROCESSING & TRANS.	63.00	0	580	25.00	
27.00	0.00	0	0	0	0	INTRAVENOUS THERAPY	64.00	0	6,764	26.00	
28.00	0.00	0	0	0	0	RESPIRATORY THERAPY	65.00	0	10,067	27.00	
29.00	0.00	0	0	0	0	REHAB OUTPATIENT	66.01	0	1,532	28.00	
30.00	0.00	0	0	0	0	ELECTROCARDIOLOGY	69.00	0	13,015	29.00	
31.00	0.00	0	0	0	0	ELECTROENCEPHALOGRAPHY	70.00	0	2,026	30.00	
32.00	0.00	0	0	0	0	PROCEDURE CLINIC	90.02	0	5,209	31.00	
33.00	0.00	0	0	0	0	EPILEPSY MONITORING UNIT	90.04	0	12,014	32.00	
34.00	0.00	0	0	0	0	OFFSITE IMAGING CENTER	90.05	0	22,208	33.00	
35.00	0.00	0	0	0	0	EMERGENCY	91.00	0	10,754	34.00	
36.00	0.00	0	0	0	0	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	15,944	35.00	
37.00	0.00	0	0	0	0	POB	192.01	0	14,263	36.00	
	0.00	0	0	0	0	CAP REL COSTS-BLDG & FIXT	1.00	0	80,699	37.00	
TOTALS				0	4,959,396	TOTALS				0	4,959,396
E - RECLASS LAUNDRY COSTS											
1.00	8.00	0	445,076	0	9.00	HOUSEKEEPING	0	445,076	0	1.00	
TOTALS				0	445,076	TOTALS				0	445,076
F - RECLASS CAFETERIA COSTS											
1.00	11.00	21,404	1,428,554	0	10.00	DIETARY	21,404	1,428,554	0	1.00	
TOTALS				21,404	1,428,554	TOTALS				21,404	1,428,554
G - RECLASS WORKERS COMPENSATION											
1.00	4.00	0	691,644	0	5.00	ADMINISTRATIVE & GENERAL	0	691,644	0	1.00	
TOTALS				0	691,644	TOTALS				0	691,644
H - RECLASS INTEREST EXPENSE											
1.00	1.00	0	9,170,796	0	113.00	INTEREST EXPENSE	0	9,170,796	0	1.00	
TOTALS				0	9,170,796	TOTALS				0	9,170,796
J - IMPLANT RECLASS											
1.00	72.00	0	9,932,758	0	5.00	ADMINISTRATIVE & GENERAL	0	7,333	0	1.00	
2.00	0.00	0	0	0	14.00	CENTRAL SERVICES & SUPPLY	0	2,279	0	2.00	
3.00	0.00	0	0	0	30.00	ADULTS & PEDIATRICS	0	221	0	3.00	
4.00	0.00	0	0	0	31.00	INTENSIVE CARE UNIT	0	584	0	4.00	
5.00	0.00	0	0	0	50.00	OPERATING ROOM	0	7,956,750	0	5.00	
6.00	0.00	0	0	0	50.01	ENDOSCOPY	0	39,208	0	6.00	
7.00	0.00	0	0	0	52.00	DELIVERY ROOM & LABOR ROOM	0	9,209	0	7.00	
8.00	0.00	0	0	0	54.02	RADIOLOGY-SPECIAL PROCEDURES	0	55,453	0	8.00	
9.00	0.00	0	0	0	55.00	RADIOLOGY-THERAPEUTIC	0	325	0	9.00	

RECLASSIFICATIONS

Provider CCN: 14-0290

Period:
From 07/01/2016
To 06/30/2017

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
11/30/2017 4:00 pm

	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
10.00		0.00	0		0	57.00	0	18	10.00
11.00		0.00	0		0	59.00	0	1,850,537	11.00
12.00		0.00	0		0	90.02	0	8,386	12.00
13.00		0.00	0		0	91.00	0	2,455	13.00
	TOTALS		0	9,932,758	TOTALS		0	9,932,758	
K - CHILDRENS HOSPITAL RECLASS									
1.00	CHILDRENS PEDIATRIC	31.02	2,100,531	380,383	ADULTS & PEDIATRICS	30.00	2,100,531	380,383	1.00
2.00	CHILDRENS PICU	31.03	1,011,786	295,869	ADULTS & PEDIATRICS	30.00	1,011,786	295,869	2.00
3.00	CHILDRENS NICU	31.04	6,815,221	1,640,353	NEONATAL NICU	31.01	6,815,221	1,640,353	3.00
4.00	CHILDRENS NICU	31.04	230,662	21,624	NURSERY	43.00	230,662	21,624	4.00
	TOTALS		10,158,200	2,338,229	TOTALS		10,158,200	2,338,229	
500.00	Grand Total : Increases		10,179,604	60,329,478	Grand Total : Decreases		10,179,604	60,329,478	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0290

Period:
From 07/01/2016
To 06/30/2017

Worksheet A-7
Part I
Date/Time Prepared:
11/30/2017 4:00 pm

		Acquisitions			Disposals and Retirements		
		Beginning Balances	Purchases	Donation			Total
		1.00	2.00	3.00			4.00
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	12,220,000	0	0	0	1.00	
2.00	Land Improvements	185,321	7,145	0	7,145	2.00	
3.00	Buildings and Fixtures	225,785,770	730,574	0	730,574	3.00	
4.00	Building Improvements	28,594,524	1,599,697	0	1,599,697	4.00	
5.00	Fixed Equipment	1,460,605	2,641	0	2,641	5.00	
6.00	Movable Equipment	43,104,269	3,087,583	0	3,087,583	6.00	
7.00	HIT designated Assets	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	311,350,489	5,427,640	0	5,427,640	8.00	
9.00	Reconciling Items	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	311,350,489	5,427,640	0	5,427,640	10.00	
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	12,220,000	0			1.00	
2.00	Land Improvements	192,466	0			2.00	
3.00	Buildings and Fixtures	226,516,344	0			3.00	
4.00	Building Improvements	30,194,221	0			4.00	
5.00	Fixed Equipment	1,463,246	0			5.00	
6.00	Movable Equipment	46,191,852	0			6.00	
7.00	HIT designated Assets	0	0			7.00	
8.00	Subtotal (sum of lines 1-7)	316,778,129	0			8.00	
9.00	Reconciling Items	0	0			9.00	
10.00	Total (line 8 minus line 9)	316,778,129	0			10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0290

Period:
From 07/01/2016
To 06/30/2017

Worksheet A-7
Part II
Date/Time Prepared:
11/30/2017 4:00 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	10,083,137	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	10,083,137	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	10,083,137				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	10,083,137				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0290

Period:
From 07/01/2016
To 06/30/2017

Worksheet A-7
Part III
Date/Time Prepared:
11/30/2017 4:00 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	270,586,277	0	270,586,277	0.854182	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	46,191,852	0	46,191,852	0.145818	0	2.00
3.00	Total (sum of lines 1-2)	316,778,129	0	316,778,129	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	CAP REL COSTS-BLDG & FIXT	0	0	0	11,436,278	2,106,509	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	6,675,691	4,182,956	2.00
3.00	Total (sum of lines 1-2)	0	0	0	18,111,969	6,289,465	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	CAP REL COSTS-BLDG & FIXT	2,324,415	0	0	0	15,867,202	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	10,858,647	2.00
3.00	Total (sum of lines 1-2)	2,324,415	0	0	0	26,725,849	3.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-172,813	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)	B	-54,907	ADMINISTRATIVE & GENERAL	5.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00 Television and radio service (chapter 21)		0		0.00	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-1,082,434			0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	2,089,316			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-1,026,947	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employees and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00 Sale of drugs to other than patients		0		0.00	0	17.00
18.00 Sale of medical records and abstracts	B	-54,666	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines	B	-10,355	DIETARY	10.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT	A	-997,724	CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP	A	-1,649,628	CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant		0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00

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	
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
34.01 CAFETERIA REVENUE	B	-495,152	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00		0 34.01
34.02 LAB OTHER REVENUE	B	-69,981	LABORATORY	60.00		0 34.02
34.03 LAB OTHER REVENUE	B	-1,665	LABORATORY	60.00		0 34.03
34.04 LAB OTHER REVENUE	B	-76	LABORATORY	60.00		0 34.04
34.05 LAB OTHER REVENUE	B	-1,863	LABORATORY	60.00		0 34.05
34.06 LAB OTHER REVENUE	B	-458	LABORATORY	60.00		0 34.06
35.00 ITC RENT REV ABSG	B	-50,816	POB	192.01		0 35.00
36.00 ITC RENT REV ABAG	B	-192,045	POB	192.01		0 36.00
37.00 ITC RENT REV ABSG	B	-140,004	POB	192.01		0 37.00
40.00 PERINATAL CLASS TUITION	B	-63,073	ADMINISTRATIVE & GENERAL	5.00		0 40.00
41.00 OTHER EDUCATION	B	-964	ADMINISTRATIVE & GENERAL	5.00		0 41.00
43.00 AUDIT RECOVERIES	B	-600	ADMINISTRATIVE & GENERAL	5.00		0 43.00
43.01 ITC RENT REV	B	-5,778	ADMINISTRATIVE & GENERAL	5.00		0 43.01
43.02 ITC RENT REV ABSG	B	-236,730	ADMINISTRATIVE & GENERAL	5.00		0 43.02
43.04 MISCELLANEOUS INCOME	B	-23,894	OPERATION OF PLANT	7.00		0 43.04
43.06 RENT PHYS OFFICE	B	-94,154	POB	192.01		0 43.06
43.07 RENT PHYS OFFICE	B	-1,216,459	POB	192.01		0 43.07
43.11 RENT PHYS OFFICE	B	-281,585	POB	192.01		0 43.11
43.12 RENT PHYS OFFICE	B	-17,895	POB	192.01		0 43.12
43.13 INCOME FROM EASEMENT	B	-23,833	ADMINISTRATIVE & GENERAL	5.00		0 43.13
43.14 COMMUNITY TRANSPORT	A	-8,623	ADMINISTRATIVE & GENERAL	5.00		0 43.14
43.15 R/E TAXES	A	-261,171	ADMINISTRATIVE & GENERAL	5.00		0 43.15
43.16 CONTRIBUTIONS	A	-5,000	ADMINISTRATIVE & GENERAL	5.00		0 43.16
43.17 ER DIRECT PT SVSC	A	-14,451	EMERGENCY	91.00		0 43.17
43.18 NON PATIENT RELATED COSTS	A	-32,472	ADMINISTRATIVE & GENERAL	5.00		0 43.18
43.19 OFFSET PHYSICIAN FEES	A	-839,582	PHYSICIANS' PRIVATE OFFICES	192.00		0 43.19
43.20 OFFSET PHYSICIAN FEES	A	-644,188	POB	192.01		0 43.20
43.21 OFFSET PHYSICIAN FEES	A	-1,176,632	POB	192.01		0 43.21
43.22 OFFSET PHYSICIAN FEES	A	-900,285	POB	192.01		0 43.22
43.23 LOBBY DUES	A	-43,832	ADMINISTRATIVE & GENERAL	5.00		0 43.23
43.24 NON PATIENT RELATED COSTS	A	-221,231	ADMINISTRATIVE & GENERAL	5.00		0 43.24
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-10,024,650				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS
 Provider CCN: 14-0290
 Period: From 07/01/2016 To 06/30/2017
 Worksheet A-8-1
 Date/Time Prepared: 11/30/2017 4:00 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAI MED HOME OFFICE COSTS:					
1.00	5.00	ADMINISTRATIVE & GENERAL	ABHN NON CAP	48,108,446	50,930,268 1.00
2.00	1.00	CAP REL COSTS-BLDG & FIXT	INTEREST CAP	2,497,228	9,170,796 2.00
3.00	1.00	CAP REL COSTS-BLDG & FIXT	ABHN CAP BUILDING	2,431,564	0 3.00
3.01	2.00	CAP REL COSTS-MVBLE EQUIP	ABHN CAP EQUIPMENT	3,365,923	0 3.01
3.02	5.00	ADMINISTRATIVE & GENERAL	INTEREST OPERING	793,440	0 3.02
3.03	4.00	EMPLOYEE BENEFITS DEPARTMENT	BENEFITS	27,086	27,086 3.03
3.04	5.00	ADMINISTRATIVE & GENERAL	EXECUTIVE SALARIES	539,313	539,313 3.04
3.05	0.00			0	0 3.05
3.06	7.00	OPERATION OF PLANT	CLINICAL ENGINEERING AND FAC	4,993,779	0 3.06
4.00	0.00			0	0 4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			62,756,779	60,667,463 5.00

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

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

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

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

6.00	B	0.00	ABHS	100.00	6.00
7.00	B	0.00	ABHN	100.00	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: 14-0290

Period:
From 07/01/2016
To 06/30/2017

Worksheet A-8-1

Date/Time Prepared:
11/30/2017 4:00 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-2,821,822	0		1.00
2.00	-6,673,568	11		2.00
3.00	2,431,564	9		3.00
3.01	3,365,923	9		3.01
3.02	793,440	9		3.02
3.03	0	0		3.03
3.04	0	0		3.04
3.05	0	0		3.05
3.06	4,993,779	0		3.06
4.00	0	0		4.00
5.00	2,089,316			5.00

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

	Related Organization(s) and/or Home Office		
	Type of Business		
	6.00		

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

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

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

6.00	HEALTHCARE		6.00
7.00	HEALTHCARE		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: 14-0290

Period:
From 07/01/2016
To 06/30/2017

Worksheet A-8-2

Date/Time Prepared:
11/30/2017 4:00 pm

Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours
1.00	2.00	3.00	4.00	5.00	6.00	7.00
1.00	59.00 CARDIAC CATHETERIZATION	1,988	1,988	0	0	0
2.00	60.00 LABORATORY	10,400	10,400	0	0	0
3.00	5.00 ADMINISTRATIVE & GENERAL	1,070,046	1,070,046	0	0	0
4.00	0.00	0	0	0	0	0
5.00	0.00	0	0	0	0	0
6.00	0.00	0	0	0	0	0
7.00	0.00	0	0	0	0	0
8.00	0.00	0	0	0	0	0
9.00	0.00	0	0	0	0	0
10.00	0.00	0	0	0	0	0
200.00		1,082,434	1,082,434	0	0	0

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	59.00 CARDIAC CATHETERIZATION	0	0	0	0	0
2.00	60.00 LABORATORY	0	0	0	0	0
3.00	5.00 ADMINISTRATIVE & GENERAL	0	0	0	0	0
4.00	0.00	0	0	0	0	0
5.00	0.00	0	0	0	0	0
6.00	0.00	0	0	0	0	0
7.00	0.00	0	0	0	0	0
8.00	0.00	0	0	0	0	0
9.00	0.00	0	0	0	0	0
10.00	0.00	0	0	0	0	0
200.00		0	0	0	0	0

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	59.00 CARDIAC CATHETERIZATION	0	0	0	1,988
2.00	60.00 LABORATORY	0	0	0	10,400
3.00	5.00 ADMINISTRATIVE & GENERAL	0	0	0	1,070,046
4.00	0.00	0	0	0	0
5.00	0.00	0	0	0	0
6.00	0.00	0	0	0	0
7.00	0.00	0	0	0	0
8.00	0.00	0	0	0	0
9.00	0.00	0	0	0	0
10.00	0.00	0	0	0	0
200.00		0	0	0	1,082,434

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0290	Period: From 07/01/2016 To 06/30/2017	Worksheet B Part I Date/Time Prepared: 11/30/2017 4:00 pm	
Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	15,867,202	15,867,202			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	10,858,647		10,858,647		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	18,973,153	11,273	7,795	18,992,221	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	78,887,274	1,453,288	892,137	565,764	5.00
7.00 00700	OPERATION OF PLANT	11,980,219	4,327,823	2,992,478	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	445,076	0	0	0	8.00
9.00 00900	HOUSEKEEPING	5,570,715	181,955	125,813	0	9.00
10.00 01000	DIETARY	3,368,473	161,762	111,851	10,243	10.00
11.00 01100	CAFETERIA	1,097,734	117,409	81,183	4,390	11.00
13.00 01300	NURSING ADMINISTRATION	2,936,289	258,294	178,598	476,046	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	546,520	81,401	56,285	78,445	14.00
15.00 01500	PHARMACY	4,173,809	118,148	81,693	724,527	15.00
15.01 01501	PHARMACY	0	0	0	0	15.01
16.00 01600	MEDICAL RECORDS & LIBRARY	1,539,322	180,724	124,962	212,181	16.00
17.00 01700	SOCIAL SERVICE	2,928,491	7,908	5,468	539,631	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	30,165,489	3,006,966	2,079,169	4,989,101	30.00
31.00 03100	INTENSIVE CARE UNIT	5,749,375	295,178	204,101	893,882	31.00
31.01 02060	NEONATAL NICU	0	0	0	0	31.01
31.02 03101	CHILDRENS PEDIATRIC	2,480,914	429,141	296,730	430,821	31.02
31.03 03102	CHILDRENS PICU	1,307,655	191,696	132,548	207,518	31.03
31.04 03103	CHILDRENS NICU	7,873,015	538,013	372,009	1,445,118	31.04
43.00 04300	NURSERY	609,939	35,023	24,217	114,597	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	13,801,940	901,403	623,276	1,138,305	50.00
50.01 05001	ENDOSCOPY	1,731,221	290,280	200,714	262,083	50.01
51.00 05100	RECOVERY ROOM	1,230,298	154,977	107,159	226,973	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	4,691,064	410,179	283,618	856,371	52.00
53.00 05300	ANESTHESIOLOGY	573,360	14,474	10,008	17,874	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,468,518	402,408	278,245	421,779	54.00
54.01 03630	ULTRASOUND	1,287,605	30,700	21,227	241,844	54.01
54.02 05401	RADIOLOGY-SPECIAL PROCEDURES	689,634	28,183	19,487	122,018	54.02
54.03 03440	MAMMOGRAPHY	1,299,404	134,264	92,837	228,636	54.03
55.00 05500	RADIOLOGY-THERAPEUTIC	788,461	340,051	235,128	138,626	55.00
56.00 05600	RADIOISOTOPE	1,628,480	58,198	40,241	88,594	56.00
57.00 05700	CT SCAN	1,284,953	72,892	50,401	213,692	57.00
58.00 05800	MRI	1,053,154	56,091	38,784	151,657	58.00
59.00 05900	CARDIAC CATHETERIZATION	1,816,884	182,721	126,343	293,379	59.00
60.00 06000	LABORATORY	7,979,898	368,617	254,880	490,233	60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	1,232,964	14,857	10,273	67,543	63.00
64.00 06400	INTRAVENOUS THERAPY	294,901	0	0	55,509	64.00
65.00 06500	RESPIRATORY THERAPY	2,463,809	39,319	27,187	343,742	65.00
66.00 06600	PHYSICAL THERAPY	2,288,967	146,303	101,161	431,594	66.00
66.01 06601	REHAB OUTPATIENT	1,795,327	3,256	2,251	318,076	66.01
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	1,076,543	0	0	193,144	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	183,180	15,213	10,519	30,080	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,507,072	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	9,932,758	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	13,268,482	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	832,809	0	0	393	74.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.02 09001	PROCEDURE CLINIC	1,935,653	174,349	120,553	355,046	90.02
90.03 09004	IMMEDIATE CARE CENTER	0	0	0	0	90.03
90.04 09002	EPILEPSY MONITORING UNIT	200,044	0	0	37,858	90.04
90.05 09003	OFFSITE IMAGING CENTER	483,516	0	0	81,472	90.05
91.00 09100	EMERGENCY	9,312,601	567,481	392,385	1,431,603	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	306,492,811	15,802,218	10,813,714	18,930,388	306,321,061
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	395,975	64,984	44,933	26,561	532,453
192.00 19200	PHYSICIANS' PRIVATE OFFICES	-269,423	0	0	35,272	-234,151
192.01 19201	POB	-602,496	0	0	0	-602,496

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0290

Period:
From 07/01/2016
To 06/30/2017

Worksheet B
Part I
Date/Time Prepared:
11/30/2017 4:00 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
194.00 07950 COMMUNITY PROGRAMS	0	0	0	0	0	194.00
194.01 07951 VACANT SPACE	0	0	0	0	0	194.01
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	306,016,867	15,867,202	10,858,647	18,992,221	306,016,867	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0290		Period: From 07/01/2016 To 06/30/2017		Worksheet B Part I Date/Time Prepared: 11/30/2017 4:00 pm	
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	81,798,463					5.00
7.00	00700	OPERATION OF PLANT	7,014,967	26,315,487				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	161,767		606,843			8.00
9.00	00900	HOUSEKEEPING	2,136,593	475,268	0	8,490,344		9.00
10.00	01000	DIETARY	1,327,475	422,524	0	138,829	5,541,157	10.00
11.00	01100	CAFETERIA	472,758	306,673	0	100,764	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,399,040	674,666	0	221,676	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	277,193	212,620	0	69,861	0	14.00
15.00	01500	PHARMACY	1,852,983	308,603	0	101,398	0	15.00
15.01	01501	PHARMACY	0	0	0	0	0	15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	747,706	472,052	0	155,103	0	16.00
17.00	01700	SOCIAL SERVICE	1,265,385	20,655	0	6,786	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	14,625,851	7,854,215	266,216	2,580,668	3,894,324	30.00
31.00	03100	INTENSIVE CARE UNIT	2,596,026	771,006	30,581	253,330	331,557	31.00
31.01	02060	NEONATAL NICU	0	0	0	0	0	31.01
31.02	03101	CHILDRENS PEDIATRIC	1,322,124	1,120,918	12,520	368,301	73,206	31.02
31.03	03102	CHILDRENS PICU	668,555	500,711	2,561	164,519	205,896	31.03
31.04	03103	CHILDRENS NICU	3,717,525	1,405,293	35,014	461,738	547,187	31.04
43.00	04300	NURSERY	284,871	91,480	32,448	30,058	488,987	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,984,341	2,354,471	72,405	773,611	0	50.00
50.01	05001	ENDOSCOPY	902,943	758,213	0	249,127	0	50.01
51.00	05100	RECOVERY ROOM	624,936	404,800	0	133,005	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,268,438	1,071,390	39,088	352,028	0	52.00
53.00	05300	ANESTHESIOLOGY	223,788	37,807	0	12,422	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,297,897	1,051,093	1,506	345,359	0	54.00
54.01	03630	ULTRASOUND	574,767	80,188	17,443	26,347	0	54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	312,329	73,613	0	24,187	0	54.02
54.03	03440	MAMMOGRAPHY	637,924	350,698	0	115,229	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	546,014	888,215	4,653	291,842	0	55.00
56.00	05600	RADIOISOTOPE	659,866	152,014	0	49,947	0	56.00
57.00	05700	CT SCAN	589,510	190,393	21,411	62,558	0	57.00
58.00	05800	MRI	472,384	146,511	0	48,139	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	879,329	477,269	0	156,817	0	59.00
60.00	06000	LABORATORY	3,305,170	962,829	0	316,358	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	481,816	38,808	0	12,751	0	63.00
64.00	06400	INTRAVENOUS THERAPY	127,360	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,044,605	102,701	0	33,744	0	65.00
66.00	06600	PHYSICAL THERAPY	1,078,758	382,144	0	125,561	0	66.00
66.01	06601	REHAB OUTPATIENT	770,139	8,505	0	2,794	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	461,480	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	86,864	39,737	0	13,056	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,182,360	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,610,160	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,822,562	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	302,836	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PROCEDURE CLINIC	939,763	455,400	0	149,631	0	90.02
90.03	09004	IMMEDIATE CARE CENTER	0	0	0	0	0	90.03
90.04	09002	EPILEPSY MONITORING UNIT	86,468	0	0	0	0	90.04
90.05	09003	OFFSITE IMAGING CENTER	205,351	0	0	0	0	90.05
91.00	09100	EMERGENCY	4,253,961	1,482,265	70,997	487,029	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	81,604,938	26,145,748	606,843	8,434,573	5,541,157	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	193,525	169,739	0	55,771	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	POB	0	0	0	0	0	192.01
194.00	07950	COMMUNITY PROGRAMS	0	0	0	0	0	194.00
194.01	07951	VACANT SPACE	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	81,798,463	26,315,487	606,843	8,490,344	5,541,157	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0290		Period: From 07/01/2016 To 06/30/2017		Worksheet B Part I Date/Time Prepared: 11/30/2017 4:00 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	PHARMACY	
			11.00	13.00	14.00	15.00	15.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	2,180,911					11.00
13.00	01300	NURSING ADMINISTRATION	29,205	6,173,814				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	17,948	0	1,340,273			14.00
15.00	01500	PHARMACY	65,919	0	0	7,427,080		15.00
15.01	01501	PHARMACY	0	0	0	0	0	15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	49,210	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	53,592	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	657,070	2,843,312	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	95,258	412,205	0	0	0	31.00
31.01	02060	NEONATAL NICU	0	0	0	0	0	31.01
31.02	03101	CHILDRENS PEDIATRIC	52,321	226,405	0	0	0	31.02
31.03	03102	CHILDRENS PICU	22,447	97,134	0	0	0	31.03
31.04	03103	CHILDRENS NICU	126,787	548,642	0	0	0	31.04
43.00	04300	NURSERY	12,294	53,199	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	115,664	500,509	0	0	0	50.00
50.01	05001	ENDOSCOPY	32,684	141,431	0	0	0	50.01
51.00	05100	RECOVERY ROOM	21,326	92,285	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	86,510	374,350	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	3,663	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	84,202	0	0	0	0	54.00
54.01	03630	ULTRASOUND	21,226	0	0	0	0	54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	11,826	0	0	0	0	54.02
54.03	03440	MAMMOGRAPHY	24,688	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	12,478	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	7,410	0	0	0	0	56.00
57.00	05700	CT SCAN	22,029	0	0	0	0	57.00
58.00	05800	MRI	16,258	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	21,811	0	0	0	0	59.00
60.00	06000	LABORATORY	86,928	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	10,805	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	5,035	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	45,580	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	40,278	0	0	0	0	66.00
66.01	06601	REHAB OUTPATIENT	35,076	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	23,334	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,720	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	598,572	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	741,701	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	7,427,080	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PROCEDURE CLINIC	41,699	180,444	0	0	0	90.02
90.03	09004	IMMEDIATE CARE CENTER	0	0	0	0	0	90.03
90.04	09002	EPILEPSY MONITORING UNIT	3,546	15,345	0	0	0	90.04
90.05	09003	OFFSITE IMAGING CENTER	11,006	0	0	0	0	90.05
91.00	09100	EMERGENCY	159,120	688,553	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,131,953	6,173,814	1,340,273	7,427,080	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	14,535	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	8,865	0	0	0	0	192.00
192.01	19201	POB	25,558	0	0	0	0	192.01
194.00	07950	COMMUNITY PROGRAMS	0	0	0	0	0	194.00
194.01	07951	VACANT SPACE	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 14-0290			Period: From 07/01/2016 To 06/30/2017		Worksheet B Part I Date/Time Prepared: 11/30/2017 4:00 pm	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	PHARMACY		
202.00	TOTAL (sum lines 118-201)	2,180,911	6,173,814	1,340,273	7,427,080	15.01	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 14-0290		Period: From 07/01/2016 To 06/30/2017		Worksheet B Part I Date/Time Prepared: 11/30/2017 4:00 pm	
Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		16.00	17.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
15.01	01501	PHARMACY					15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	3,481,260				16.00
17.00	01700	SOCIAL SERVICE	0	4,827,916			17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	366,415	3,393,058	76,721,854	0	76,721,854
31.00	03100	INTENSIVE CARE UNIT	51,376	288,880	11,972,755	0	11,972,755
31.01	02060	NEONATAL NICU	0	0	0	0	31.01
31.02	03101	CHILDRENS PEDIATRIC	23,972	63,783	6,901,156	0	6,901,156
31.03	03102	CHILDRENS PICU	12,189	179,394	3,692,823	0	3,692,823
31.04	03103	CHILDRENS NICU	125,869	476,755	17,672,965	0	17,672,965
43.00	04300	NURSERY	18,486	426,046	2,221,645	0	2,221,645
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	295,874	0	26,561,799	0	26,561,799
50.01	05001	ENDOSCOPY	102,445	0	4,671,141	0	4,671,141
51.00	05100	RECOVERY ROOM	50,170	0	3,045,929	0	3,045,929
52.00	05200	DELIVERY ROOM & LABOR ROOM	66,531	0	10,499,567	0	10,499,567
53.00	05300	ANESTHESIOLOGY	67,545	0	960,941	0	960,941
54.00	05400	RADIOLOGY-DIAGNOSTIC	96,584	0	6,447,591	0	6,447,591
54.01	03630	ULTRASOUND	76,422	0	2,377,769	0	2,377,769
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	20,593	0	1,301,870	0	1,301,870
54.03	03440	MAMMOGRAPHY	40,810	0	2,924,490	0	2,924,490
55.00	05500	RADIOLOGY-THERAPEUTIC	38,693	0	3,284,161	0	3,284,161
56.00	05600	RADIOISOTOPE	58,560	0	2,743,310	0	2,743,310
57.00	05700	CT SCAN	215,709	0	2,723,548	0	2,723,548
58.00	05800	MRI	106,548	0	2,089,526	0	2,089,526
59.00	05900	CARDIAC CATHETERIZATION	70,590	0	4,025,143	0	4,025,143
60.00	06000	LABORATORY	398,071	0	14,162,984	0	14,162,984
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	18,567	0	1,888,384	0	1,888,384
64.00	06400	INTRAVENOUS THERAPY	8,193	0	490,998	0	490,998
65.00	06500	RESPIRATORY THERAPY	73,287	0	4,173,974	0	4,173,974
66.00	06600	PHYSICAL THERAPY	43,847	0	4,638,613	0	4,638,613
66.01	06601	REHAB OUTPATIENT	27,709	0	2,963,133	0	2,963,133
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	89,144	0	1,843,645	0	1,843,645
70.00	07000	ELECTROENCEPHALOGRAPHY	10,193	0	394,562	0	394,562
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	183,519	0	16,471,523	0	16,471,523
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	62,829	0	14,347,448	0	14,347,448
73.00	07300	DRUGS CHARGED TO PATIENTS	298,480	0	25,816,604	0	25,816,604
74.00	07400	RENAL DIALYSIS	9,438	0	1,145,476	0	1,145,476
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.02	09001	PROCEDURE CLINIC	22,278	0	4,374,816	0	4,374,816
90.03	09004	IMMEDIATE CARE CENTER	0	0	0	0	90.03
90.04	09002	EPILEPSY MONITORING UNIT	1,964	0	345,225	0	345,225
90.05	09003	OFFSITE IMAGING CENTER	22,437	0	803,782	0	803,782
91.00	09100	EMERGENCY	305,923	0	19,151,918	0	19,151,918
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,481,260	4,827,916	305,853,068	0	305,853,068
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	966,023	0	966,023
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	-225,286	0	-225,286
192.01	19201	POB	0	0	-576,938	0	-576,938
194.00	07950	COMMUNITY PROGRAMS	0	0	0	0	194.00
194.01	07951	VACANT SPACE	0	0	0	0	194.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0290

Period:
From 07/01/2016
To 06/30/2017

Worksheet B
Part I
Date/Time Prepared:
11/30/2017 4:00 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		16.00	17.00	24.00	25.00	26.00	
200.00	Cross Foot Adjustments			0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	3,481,260	4,827,916	306,016,867	0	306,016,867	202.00

COST ALLOCATION STATISTICS

Provider CCN: 14-0290

Period:
From 07/01/2016
To 06/30/2017

Worksheet Non-CMS W
Date/Time Prepared:
11/30/2017 4:00 pm

Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2	SQUARE FEET	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	S	GROSS SALARIES	4.00
5.00	ADMINISTRATIVE & GENERAL	-1	ACCUM. COST	5.00
7.00	OPERATION OF PLANT	1	SQUARE FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	4	POUNDS OF LAUNDRY	8.00
9.00	HOUSEKEEPING	2	SQUARE FEET	9.00
10.00	DIETARY	P	TOTAL PATIENT DAYS	10.00
11.00	CAFETERIA	6	FTES	11.00
13.00	NURSING ADMINISTRATION	7	FTES	13.00
14.00	CENTRAL SERVICES & SUPPLY	8	COSTED REQUIS.	14.00
15.00	PHARMACY	9	COSTED REQUIS.	15.00
15.01	PHARMACY	14	COSTED REQUIS.	15.01
16.00	MEDICAL RECORDS & LIBRARY	C	GROSS REVENUE	16.00
17.00	SOCIAL SERVICE	P	TOTAL PATIENT DAYS	17.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0290	Period: From 07/01/2016 To 06/30/2017	Worksheet B Part II Date/Time Prepared: 11/30/2017 4:00 pm	
Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	11,273	7,795	19,068
5.00	00500	ADMINISTRATIVE & GENERAL	0	1,453,288	892,137	2,345,425
7.00	00700	OPERATION OF PLANT	0	4,327,823	2,992,478	7,320,301
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0
9.00	00900	HOUSEKEEPING	0	181,955	125,813	307,768
10.00	01000	DIETARY	0	161,762	111,851	273,613
11.00	01100	CAFETERIA	0	117,409	81,183	198,592
13.00	01300	NURSING ADMINISTRATION	0	258,294	178,598	436,892
14.00	01400	CENTRAL SERVICES & SUPPLY	0	81,401	56,285	137,686
15.00	01500	PHARMACY	0	118,148	81,693	199,841
15.01	01501	PHARMACY	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	180,724	124,962	305,686
17.00	01700	SOCIAL SERVICE	0	7,908	5,468	13,376
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	3,006,966	2,079,169	5,086,135
31.00	03100	INTENSIVE CARE UNIT	0	295,178	204,101	499,279
31.01	02060	NEONATAL NICU	0	0	0	0
31.02	03101	CHILDRENS PEDIATRIC	0	429,141	296,730	725,871
31.03	03102	CHILDRENS PICU	0	191,696	132,548	324,244
31.04	03103	CHILDRENS NICU	0	538,013	372,009	910,022
43.00	04300	NURSERY	0	35,023	24,217	59,240
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	901,403	623,276	1,524,679
50.01	05001	ENDOSCOPY	0	290,280	200,714	490,994
51.00	05100	RECOVERY ROOM	0	154,977	107,159	262,136
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	410,179	283,618	693,797
53.00	05300	ANESTHESIOLOGY	0	14,474	10,008	24,482
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	402,408	278,245	680,653
54.01	03630	ULTRASOUND	0	30,700	21,227	51,927
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	0	28,183	19,487	47,670
54.03	03440	MAMMOGRAPHY	0	134,264	92,837	227,101
55.00	05500	RADIOLOGY-THERAPEUTIC	0	340,051	235,128	575,179
56.00	05600	RADIOISOTOPE	0	58,198	40,241	98,439
57.00	05700	CT SCAN	0	72,892	50,401	123,293
58.00	05800	MRI	0	56,091	38,784	94,875
59.00	05900	CARDIAC CATHETERIZATION	0	182,721	126,343	309,064
60.00	06000	LABORATORY	0	368,617	254,880	623,497
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	14,857	10,273	25,130
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	39,319	27,187	66,506
66.00	06600	PHYSICAL THERAPY	0	146,303	101,161	247,464
66.01	06601	REHAB OUTPATIENT	0	3,256	2,251	5,507
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	15,213	10,519	25,732
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.02	09001	PROCEDURE CLINIC	0	174,349	120,553	294,902
90.03	09004	IMMEDIATE CARE CENTER	0	0	0	0
90.04	09002	EPILEPSY MONITORING UNIT	0	0	0	0
90.05	09003	OFFSITE IMAGING CENTER	0	0	0	0
91.00	09100	EMERGENCY	0	567,481	392,385	959,866
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	15,802,218	10,813,714	26,615,932
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	64,984	44,933	109,917
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0
192.01	19201	POB	0	0	0	0
194.00	07950	COMMUNITY PROGRAMS	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0290

Period:
From 07/01/2016
To 06/30/2017

Worksheet B
Part II
Date/Time Prepared:
11/30/2017 4:00 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	2.00			
194.01 07951 VACANT SPACE	0	0	0	0	0	194.01
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0		0 201.00
202.00 TOTAL (sum lines 118-201)	0	15,867,202	10,858,647	26,725,849	19,068	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0290	Period: From 07/01/2016 To 06/30/2017	Worksheet B Part II Date/Time Prepared: 11/30/2017 4:00 pm		
Cost Center Description			ADMINISTRATIVE & GENERAL 5.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,345,993				5.00
7.00	00700	OPERATION OF PLANT	201,189	7,521,490			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,639	0	4,639		8.00
9.00	00900	HOUSEKEEPING	61,277	135,841	0	504,886	9.00
10.00	01000	DIETARY	38,072	120,766	0	8,256	440,717
11.00	01100	CAFETERIA	13,559	87,653	0	5,992	0
13.00	01300	NURSING ADMINISTRATION	40,124	192,833	0	13,182	0
14.00	01400	CENTRAL SERVICES & SUPPLY	7,950	60,771	0	4,154	0
15.00	01500	PHARMACY	53,143	88,205	0	6,030	0
15.01	01501	PHARMACY	0	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	21,444	134,922	0	9,223	0
17.00	01700	SOCIAL SERVICE	36,291	5,903	0	404	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	419,490	2,244,890	2,032	153,462	309,736
31.00	03100	INTENSIVE CARE UNIT	74,454	220,369	234	15,065	26,370
31.01	02060	NEONATAL NICU	0	0	0	0	0
31.02	03101	CHILDRENS PEDIATRIC	37,918	320,381	96	21,901	5,822
31.03	03102	CHILDRENS PICU	19,174	143,113	20	9,783	16,376
31.04	03103	CHILDRENS NICU	106,618	401,661	268	27,458	43,521
43.00	04300	NURSERY	8,170	26,147	248	1,787	38,892
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	171,630	672,955	554	46,003	0
50.01	05001	ENDOSCOPY	25,896	216,712	0	14,815	0
51.00	05100	RECOVERY ROOM	17,923	115,700	0	7,909	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	65,059	306,225	299	20,934	0
53.00	05300	ANESTHESIOLOGY	6,418	10,806	0	739	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	37,224	300,423	12	20,537	0
54.01	03630	ULTRASOUND	16,484	22,919	133	1,567	0
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	8,958	21,040	0	1,438	0
54.03	03440	MAMMOGRAPHY	18,296	100,236	0	6,852	0
55.00	05500	RADIOLOGY-THERAPEUTIC	15,660	253,870	36	17,355	0
56.00	05600	RADIOISOTOPE	18,925	43,449	0	2,970	0
57.00	05700	CT SCAN	16,907	54,418	164	3,720	0
58.00	05800	MRI	13,548	41,876	0	2,863	0
59.00	05900	CARDIAC CATHETERIZATION	25,219	136,413	0	9,325	0
60.00	06000	LABORATORY	94,792	275,196	0	18,812	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	13,818	11,092	0	758	0
64.00	06400	INTRAVENOUS THERAPY	3,653	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	29,959	29,354	0	2,007	0
66.00	06600	PHYSICAL THERAPY	30,939	109,224	0	7,467	0
66.01	06601	REHAB OUTPATIENT	22,088	2,431	0	166	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	13,235	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	2,491	11,358	0	776	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	119,950	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	103,539	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	138,311	0	0	0	0
74.00	07400	RENAL DIALYSIS	8,685	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.02	09001	PROCEDURE CLINIC	26,952	130,162	0	8,898	0
90.03	09004	IMMEDIATE CARE CENTER	0	0	0	0	0
90.04	09002	EPILEPSY MONITORING UNIT	2,480	0	0	0	0
90.05	09003	OFFSITE IMAGING CENTER	5,889	0	0	0	0
91.00	09100	EMERGENCY	122,003	423,661	543	28,962	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,340,443	7,472,975	4,639	501,570	440,717
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,550	48,515	0	3,316	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	POB	0	0	0	0	0
194.00	07950	COMMUNITY PROGRAMS	0	0	0	0	0
194.01	07951	VACANT SPACE	0	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	2,345,993	7,521,490	4,639	504,886	440,717

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0290		Period: From 07/01/2016 To 06/30/2017		Worksheet B Part II Date/Time Prepared: 11/30/2017 4:00 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	PHARMACY	
			11.00	13.00	14.00	15.00	15.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	305,800					11.00
13.00	01300	NURSING ADMINISTRATION	4,095	687,604				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,517	0	213,157			14.00
15.00	01500	PHARMACY	9,243	0	0	357,190		15.00
15.01	01501	PHARMACY	0	0	0	0	0	15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	6,900	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	7,514	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	92,132	316,671	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	13,357	45,909	0	0	0	31.00
31.01	02060	NEONATAL NICU	0	0	0	0	0	31.01
31.02	03101	CHILDRENS PEDIATRIC	7,336	25,216	0	0	0	31.02
31.03	03102	CHILDRENS PICU	3,147	10,818	0	0	0	31.03
31.04	03103	CHILDRENS NICU	17,778	61,105	0	0	0	31.04
43.00	04300	NURSERY	1,724	5,925	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	16,218	55,744	0	0	0	50.00
50.01	05001	ENDOSCOPY	4,583	15,752	0	0	0	50.01
51.00	05100	RECOVERY ROOM	2,990	10,278	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,130	41,693	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	514	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,806	0	0	0	0	54.00
54.01	03630	ULTRASOUND	2,976	0	0	0	0	54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	1,658	0	0	0	0	54.02
54.03	03440	MAMMOGRAPHY	3,462	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	1,750	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	1,039	0	0	0	0	56.00
57.00	05700	CT SCAN	3,089	0	0	0	0	57.00
58.00	05800	MRI	2,280	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,058	0	0	0	0	59.00
60.00	06000	LABORATORY	12,189	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,515	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	706	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	6,391	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	5,648	0	0	0	0	66.00
66.01	06601	REHAB OUTPATIENT	4,918	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,272	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	802	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	95,192	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	117,965	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	357,190	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PROCEDURE CLINIC	5,847	20,097	0	0	0	90.02
90.03	09004	IMMEDIATE CARE CENTER	0	0	0	0	0	90.03
90.04	09002	EPILEPSY MONITORING UNIT	497	1,709	0	0	0	90.04
90.05	09003	OFFSITE IMAGING CENTER	1,543	0	0	0	0	90.05
91.00	09100	EMERGENCY	22,311	76,687	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	298,935	687,604	213,157	357,190	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,038	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,243	0	0	0	0	192.00
192.01	19201	POB	3,584	0	0	0	0	192.01
194.00	07950	COMMUNITY PROGRAMS	0	0	0	0	0	194.00
194.01	07951	VACANT SPACE	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0290			Period: From 07/01/2016 To 06/30/2017		Worksheet B Part II Date/Time Prepared: 11/30/2017 4:00 pm	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	PHARMACY		
202.00	TOTAL (sum lines 118-201)	305,800	687,604	213,157	357,190	15.01	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0290		Period: From 07/01/2016 To 06/30/2017		Worksheet B Part II Date/Time Prepared: 11/30/2017 4:00 pm	
Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		16.00	17.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
15.01	01501	PHARMACY					15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	478,388				16.00
17.00	01700	SOCIAL SERVICE	0	64,030			17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	50,270	45,001	8,724,824	0	8,724,824
31.00	03100	INTENSIVE CARE UNIT	7,048	3,831	906,814	0	906,814
31.01	02060	NEONATAL NICU	0	0	0	0	31.01
31.02	03101	CHILDRENS PEDIATRIC	3,289	846	1,149,109	0	1,149,109
31.03	03102	CHILDRENS PICU	1,672	2,379	530,934	0	530,934
31.04	03103	CHILDRENS NICU	17,268	6,323	1,593,473	0	1,593,473
43.00	04300	NURSERY	2,536	5,650	150,434	0	150,434
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	40,592	0	2,529,518	0	2,529,518
50.01	05001	ENDOSCOPY	14,055	0	783,070	0	783,070
51.00	05100	RECOVERY ROOM	6,883	0	424,047	0	424,047
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,128	0	1,150,125	0	1,150,125
53.00	05300	ANESTHESIOLOGY	9,267	0	52,244	0	52,244
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,251	0	1,064,330	0	1,064,330
54.01	03630	ULTRASOUND	10,485	0	106,734	0	106,734
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	2,825	0	83,712	0	83,712
54.03	03440	MAMMOGRAPHY	5,599	0	361,776	0	361,776
55.00	05500	RADIOLOGY-THERAPEUTIC	5,308	0	869,297	0	869,297
56.00	05600	RADIOISOTOPE	8,034	0	172,945	0	172,945
57.00	05700	CT SCAN	29,594	0	231,400	0	231,400
58.00	05800	MRI	14,618	0	170,212	0	170,212
59.00	05900	CARDIAC CATHETERIZATION	9,684	0	493,058	0	493,058
60.00	06000	LABORATORY	55,394	0	1,080,372	0	1,080,372
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,547	0	54,928	0	54,928
64.00	06400	INTRAVENOUS THERAPY	1,124	0	5,539	0	5,539
65.00	06500	RESPIRATORY THERAPY	10,055	0	144,617	0	144,617
66.00	06600	PHYSICAL THERAPY	6,016	0	407,191	0	407,191
66.01	06601	REHAB OUTPATIENT	3,801	0	39,230	0	39,230
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	12,230	0	28,931	0	28,931
70.00	07000	ELECTROENCEPHALOGRAPHY	1,398	0	42,587	0	42,587
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	25,178	0	240,320	0	240,320
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,620	0	230,124	0	230,124
73.00	07300	DRUGS CHARGED TO PATIENTS	40,950	0	536,451	0	536,451
74.00	07400	RENAL DIALYSIS	1,295	0	9,980	0	9,980
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.02	09001	PROCEDURE CLINIC	3,056	0	490,271	0	490,271
90.03	09004	IMMEDIATE CARE CENTER	0	0	0	0	90.03
90.04	09002	EPILEPSY MONITORING UNIT	269	0	4,993	0	4,993
90.05	09003	OFFSITE IMAGING CENTER	3,078	0	10,592	0	10,592
91.00	09100	EMERGENCY	41,971	0	1,677,442	0	1,677,442
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	478,388	64,030	26,551,624	0	26,551,624
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	169,363	0	169,363
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	1,278	0	1,278
192.01	19201	POB	0	0	3,584	0	3,584
194.00	07950	COMMUNITY PROGRAMS	0	0	0	0	194.00
194.01	07951	VACANT SPACE	0	0	0	0	194.01

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0290		Period: From 07/01/2016 To 06/30/2017		Worksheet B Part II Date/Time Prepared: 11/30/2017 4:00 pm	
Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		16.00	17.00	24.00	25.00	26.00	
200.00	Cross Foot Adjustments			0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	478,388	64,030	26,725,849	0	26,725,849	202.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 14-0290	Period: From 07/01/2016 To 06/30/2017	Worksheet B-1 Date/Time Prepared: 11/30/2017 4:00 pm
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	579,906				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		573,947			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	412	412	92,599,492		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	53,114	47,155	2,758,463	-81,798,463	5.00
7.00 00700	OPERATION OF PLANT	158,171	158,171	0	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	6,650	6,650	0	0	9.00
10.00 01000	DIETARY	5,912	5,912	49,941	0	10.00
11.00 01100	CAFETERIA	4,291	4,291	21,404	0	11.00
13.00 01300	NURSING ADMINISTRATION	9,440	9,440	2,321,033	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	2,975	2,975	382,469	0	14.00
15.00 01500	PHARMACY	4,318	4,318	3,532,537	0	15.00
15.01 01501	PHARMACY	0	0	0	0	15.01
16.00 01600	MEDICAL RECORDS & LIBRARY	6,605	6,605	1,034,522	0	16.00
17.00 01700	SOCIAL SERVICE	289	289	2,631,050	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	109,897	109,897	24,325,237	0	30.00
31.00 03100	INTENSIVE CARE UNIT	10,788	10,788	4,358,251	0	31.00
31.01 02060	NEONATAL NICU	0	0	0	0	31.01
31.02 03101	CHILDRENS PEDIATRIC	15,684	15,684	2,100,531	0	31.02
31.03 03102	CHILDRENS PICU	7,006	7,006	1,011,786	0	31.03
31.04 03103	CHILDRENS NICU	19,663	19,663	7,045,883	0	31.04
43.00 04300	NURSERY	1,280	1,280	558,734	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	32,944	32,944	5,549,972	0	50.00
50.01 05001	ENDOSCOPY	10,609	10,609	1,277,823	0	50.01
51.00 05100	RECOVERY ROOM	5,664	5,664	1,106,641	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	14,991	14,991	4,175,360	0	52.00
53.00 05300	ANESTHESIOLOGY	529	529	87,146	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	14,707	14,707	2,056,447	0	54.00
54.01 03630	ULTRASOUND	1,122	1,122	1,179,146	0	54.01
54.02 05401	RADIOLOGY-SPECIAL PROCEDURES	1,030	1,030	594,918	0	54.02
54.03 03440	MAMMOGRAPHY	4,907	4,907	1,114,748	0	54.03
55.00 05500	RADIOLOGY-THERAPEUTIC	12,428	12,428	675,891	0	55.00
56.00 05600	RADIOISOTOPE	2,127	2,127	431,951	0	56.00
57.00 05700	CT SCAN	2,664	2,664	1,041,886	0	57.00
58.00 05800	MRI	2,050	2,050	739,425	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	6,678	6,678	1,430,414	0	59.00
60.00 06000	LABORATORY	13,472	13,472	2,390,203	0	60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	543	543	329,314	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	270,644	0	64.00
65.00 06500	RESPIRATORY THERAPY	1,437	1,437	1,675,963	0	65.00
66.00 06600	PHYSICAL THERAPY	5,347	5,347	2,104,300	0	66.00
66.01 06601	REHAB OUTPATIENT	119	119	1,550,825	0	66.01
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	941,701	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	556	556	146,659	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	1,918	0	74.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.02 09001	PROCEDURE CLINIC	6,372	6,372	1,731,079	0	90.02
90.03 09004	IMMEDIATE CARE CENTER	0	0	0	0	90.03
90.04 09002	EPILEPSY MONITORING UNIT	0	0	184,582	0	90.04
90.05 09003	OFFSITE IMAGING CENTER	0	0	397,230	0	90.05
91.00 09100	EMERGENCY	20,740	20,740	6,979,988	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	577,531	571,572	92,298,015	-81,798,463	224,522,598
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,375	2,375	129,504	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	171,973	234,151	192.00
192.01 19201	POB	0	0	0	602,496	192.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0290

Period:
From 07/01/2016
To 06/30/2017

Worksheet B-1

Date/Time Prepared:
11/30/2017 4:00 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5A	5.00	
194.00	07950	COMMUNITY PROGRAMS	0	0	0	0	0	194.00
194.01	07951	VACANT SPACE	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	15,867,202	10,858,647	18,992,221		81,798,463	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	27.361679	18.919250	0.205101		0.363460	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			19,068		2,345,993	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000206		0.010424	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0290

Period:
From 07/01/2016
To 06/30/2017

Worksheet B-1

Date/Time Prepared:
11/30/2017 4:00 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (FTES)		
		7.00	8.00	9.00	10.00	11.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
7.00	00700	OPERATION OF PLANT	368,209				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,101,270			8.00	
9.00	00900	HOUSEKEEPING	6,650	0	361,559		9.00	
10.00	01000	DIETARY	5,912	0	5,912	81,975	10.00	
11.00	01100	CAFETERIA	4,291	0	4,291	0	11.00	
13.00	01300	NURSING ADMINISTRATION	9,440	0	9,440	0	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	2,975	0	2,975	0	14.00	
15.00	01500	PHARMACY	4,318	0	4,318	0	15.00	
15.01	01501	PHARMACY	0	0	0	0	15.01	
16.00	01600	MEDICAL RECORDS & LIBRARY	6,605	0	6,605	0	16.00	
17.00	01700	SOCIAL SERVICE	289	0	289	0	17.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	109,897	921,806	109,897	57,612	39,283	30.00
31.00	03100	INTENSIVE CARE UNIT	10,788	105,892	10,788	4,905	5,695	31.00
31.01	02060	NEONATAL NICU	0	0	0	0	0	31.01
31.02	03101	CHILDRENS PEDIATRIC	15,684	43,353	15,684	1,083	3,128	31.02
31.03	03102	CHILDRENS PICU	7,006	8,867	7,006	3,046	1,342	31.03
31.04	03103	CHILDRENS NICU	19,663	121,239	19,663	8,095	7,580	31.04
43.00	04300	NURSERY	1,280	112,357	1,280	7,234	735	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	32,944	250,710	32,944	0	6,915	50.00
50.01	05001	ENDOSCOPY	10,609	0	10,609	0	1,954	50.01
51.00	05100	RECOVERY ROOM	5,664	0	5,664	0	1,275	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,991	135,347	14,991	0	5,172	52.00
53.00	05300	ANESTHESIOLOGY	529	0	529	0	219	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,707	5,214	14,707	0	5,034	54.00
54.01	03630	ULTRASOUND	1,122	60,400	1,122	0	1,269	54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	1,030	0	1,030	0	707	54.02
54.03	03440	MAMMOGRAPHY	4,907	0	4,907	0	1,476	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	12,428	16,112	12,428	0	746	55.00
56.00	05600	RADIOISOTOPE	2,127	0	2,127	0	443	56.00
57.00	05700	CT SCAN	2,664	74,137	2,664	0	1,317	57.00
58.00	05800	MRI	2,050	0	2,050	0	972	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,678	0	6,678	0	1,304	59.00
60.00	06000	LABORATORY	13,472	0	13,472	0	5,197	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	543	0	543	0	646	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	301	64.00
65.00	06500	RESPIRATORY THERAPY	1,437	0	1,437	0	2,725	65.00
66.00	06600	PHYSICAL THERAPY	5,347	0	5,347	0	2,408	66.00
66.01	06601	REHAB OUTPATIENT	119	0	119	0	2,097	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	1,395	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	556	0	556	0	342	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PROCEDURE CLINIC	6,372	0	6,372	0	2,493	90.02
90.03	09004	IMMEDIATE CARE CENTER	0	0	0	0	0	90.03
90.04	09002	EPILEPSY MONITORING UNIT	0	0	0	0	212	90.04
90.05	09003	OFFSITE IMAGING CENTER	0	0	0	0	658	90.05
91.00	09100	EMERGENCY	20,740	245,836	20,740	0	9,513	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	365,834	2,101,270	359,184	81,975	127,459	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,375	0	2,375	0	869	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	530	192.00
192.01	19201	POB	0	0	0	0	1,528	192.01
194.00	07950	COMMUNITY PROGRAMS	0	0	0	0	0	194.00
194.01	07951	VACANT SPACE	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 14-0290			Period: From 07/01/2016 To 06/30/2017		Worksheet B-1 Date/Time Prepared: 11/30/2017 4:00 pm	
Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (FTES)		
		7.00	8.00	9.00	10.00	11.00		
201.00	Negative Cost Centers						201.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	26,315,487	606,843	8,490,344	5,541,157	2,180,911	202.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	71.468886	0.288798	23.482596	67.595694	16.726573	203.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	7,521,490	4,639	504,886	440,717	305,800	204.00	
205.00	Unit cost multiplier (Wkst. B, Part II)	20.427230	0.002208	1.396414	5.376237	2.345344	205.00	

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 14-0290	Period: From 07/01/2016 To 06/30/2017	Worksheet B-1 Date/Time Prepared: 11/30/2017 4:00 pm		
Cost Center Description		NURSING ADMINISTRATIVE (FTES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIREMENTS)	PHARMACY (COSTED REQUIREMENTS)	PHARMACY (COSTED REQUIREMENTS)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)
		13.00	14.00	15.00	15.01	16.00
GENERAL SERVICE COST CENTERS						
1.00	00100					1.00
2.00	00200					2.00
4.00	00400					4.00
5.00	00500					5.00
7.00	00700					7.00
8.00	00800					8.00
9.00	00900					9.00
10.00	01000					10.00
11.00	01100					11.00
13.00	01300	85,297				13.00
14.00	01400	0	25,730,127			14.00
15.00	01500	0	0	14,369,300		15.00
15.01	01501	0	0	0	0	15.01
16.00	01600	0	0	0	1,550,987,060	16.00
17.00	01700	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	39,283	0	0	0	163,213,956
31.00	03100	5,695	0	0	0	22,884,686
31.01	02060	0	0	0	0	0
31.02	03101	3,128	0	0	0	10,677,729
31.03	03102	1,342	0	0	0	5,429,544
31.04	03103	7,580	0	0	0	56,066,509
43.00	04300	735	0	0	0	8,234,268
ANCILLARY SERVICE COST CENTERS						
50.00	05000	6,915	0	0	0	131,792,419
50.01	05001	1,954	0	0	0	45,632,592
51.00	05100	1,275	0	0	0	22,347,594
52.00	05200	5,172	0	0	0	29,635,264
53.00	05300	0	0	0	0	30,086,777
54.00	05400	0	0	0	0	43,021,833
54.01	03630	0	0	0	0	34,041,087
54.02	05401	0	0	0	0	9,172,648
54.03	03440	0	0	0	0	18,178,050
55.00	05500	0	0	0	0	17,235,032
56.00	05600	0	0	0	0	26,084,670
57.00	05700	0	0	0	0	96,084,055
58.00	05800	0	0	0	0	47,460,049
59.00	05900	0	0	0	0	31,443,092
60.00	06000	0	0	0	0	177,629,677
62.30	06250	0	0	0	0	0
63.00	06300	0	0	0	0	8,270,187
64.00	06400	0	0	0	0	3,649,299
65.00	06500	0	0	0	0	32,644,670
66.00	06600	0	0	0	0	19,531,054
66.01	06601	0	0	0	0	12,342,381
67.00	06700	0	0	0	0	0
68.00	06800	0	0	0	0	0
69.00	06900	0	0	0	0	39,707,865
70.00	07000	0	0	0	0	4,540,446
71.00	07100	0	11,491,117	0	0	81,745,703
72.00	07200	0	14,239,010	0	0	27,986,301
73.00	07300	0	0	14,369,300	0	132,953,175
74.00	07400	0	0	0	0	4,203,813
76.97	07697	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.02	09001	2,493	0	0	0	9,923,404
90.03	09004	0	0	0	0	0
90.04	09002	212	0	0	0	874,760
90.05	09003	0	0	0	0	9,994,034
91.00	09100	9,513	0	0	0	136,268,437
92.00	09200					
SPECIAL PURPOSE COST CENTERS						
113.00	11300					113.00
118.00		85,297	25,730,127	14,369,300	0	1,550,987,060
NONREIMBURSABLE COST CENTERS						
190.00	19000	0	0	0	0	0
192.00	19200	0	0	0	0	0
192.01	19201	0	0	0	0	0
194.00	07950	0	0	0	0	0
194.01	07951	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 14-0290			Period: From 07/01/2016 To 06/30/2017		Worksheet B-1 Date/Time Prepared: 11/30/2017 4:00 pm	
Cost Center Description		NURSING ADMINISTRATION (FTES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)		
		13.00	14.00	15.00	15.01	16.00		
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)	6,173,814	1,340,273	7,427,080	0	3,481,260	202.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	72.380201	0.052090	0.516871	0.000000	0.002245	203.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	687,604	213,157	357,190	0	478,388	204.00	
205.00	Unit cost multiplier (Wkst. B, Part II)	8.061292	0.008284	0.024858	0.000000	0.000308	205.00	

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 14-0290	Period: From 07/01/2016 To 06/30/2017	Worksheet B-1 Date/Time Prepared: 11/30/2017 4:00 pm
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Cost Center Description		SOCIAL SERVICE (TOTAL PATIENT DAYS)	
		17.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
15.01	01501	PHARMACY	15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
		81,975	
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
31.01	02060	NEONATAL NICU	31.01
31.02	03101	CHILDRENS PEDIATRIC	31.02
31.03	03102	CHILDRENS PICU	31.03
31.04	03103	CHILDRENS NICU	31.04
43.00	04300	NURSERY	43.00
		57,612	
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
50.01	05001	ENDOSCOPY	50.01
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	03630	ULTRASOUND	54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	54.02
54.03	03440	MAMMOGRAPHY	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
66.01	06601	REHAB OUTPATIENT	66.01
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
76.97	07697	CARDIAC REHABILITATION	76.97
		0	
OUTPATIENT SERVICE COST CENTERS			
90.02	09001	PROCEDURE CLINIC	90.02
90.03	09004	IMMEDIATE CARE CENTER	90.03
90.04	09002	EPILEPSY MONITORING UNIT	90.04
90.05	09003	OFFSITE IMAGING CENTER	90.05
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	118.00
		81,975	
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
192.01	19201	POB	192.01
194.00	07950	COMMUNITY PROGRAMS	194.00
194.01	07951	VACANT SPACE	194.01
200.00		Cross Foot Adjustments	200.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 14-0290	Period: From 07/01/2016 To 06/30/2017	Worksheet B-1 Date/Time Prepared: 11/30/2017 4:00 pm
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Cost Center Description		SOCIAL SERVICE (TOTAL PATIENT DAYS)	
		17.00	
201.00	Negative Cost Centers		201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	4,827,916	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	58.894980	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	64,030	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.781092	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0290	Period: From 07/01/2016 To 06/30/2017	Worksheet C Part I Date/Time Prepared: 11/30/2017 4:00 pm	
			Title XVIII	Hospital	PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	76,721,854	76,721,854	0	76,721,854	30.00
31.00	03100 INTENSIVE CARE UNIT	11,972,755	11,972,755	0	11,972,755	31.00
31.01	02060 NEONATAL NICU	0	0	0	0	31.01
31.02	03101 CHILDRENS PEDIATRIC	6,901,156	6,901,156	0	6,901,156	31.02
31.03	03102 CHILDRENS PICU	3,692,823	3,692,823	0	3,692,823	31.03
31.04	03103 CHILDRENS NICU	17,672,965	17,672,965	0	17,672,965	31.04
43.00	04300 NURSERY	2,221,645	2,221,645	0	2,221,645	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	26,561,799	26,561,799	0	26,561,799	50.00
50.01	05001 ENDOSCOPY	4,671,141	4,671,141	0	4,671,141	50.01
51.00	05100 RECOVERY ROOM	3,045,929	3,045,929	0	3,045,929	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	10,499,567	10,499,567	0	10,499,567	52.00
53.00	05300 ANESTHESIOLOGY	960,941	960,941	0	960,941	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,447,591	6,447,591	0	6,447,591	54.00
54.01	03630 ULTRASOUND	2,377,769	2,377,769	0	2,377,769	54.01
54.02	05401 RADIOLOGY-SPECIAL PROCEDURES	1,301,870	1,301,870	0	1,301,870	54.02
54.03	03440 MAMMOGRAPHY	2,924,490	2,924,490	0	2,924,490	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	3,284,161	3,284,161	0	3,284,161	55.00
56.00	05600 RADIOISOTOPE	2,743,310	2,743,310	0	2,743,310	56.00
57.00	05700 CT SCAN	2,723,548	2,723,548	0	2,723,548	57.00
58.00	05800 MRI	2,089,526	2,089,526	0	2,089,526	58.00
59.00	05900 CARDIAC CATHETERIZATION	4,025,143	4,025,143	0	4,025,143	59.00
60.00	06000 LABORATORY	14,162,984	14,162,984	0	14,162,984	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	1,888,384	1,888,384	0	1,888,384	63.00
64.00	06400 INTRAVENOUS THERAPY	490,998	490,998	0	490,998	64.00
65.00	06500 RESPIRATORY THERAPY	4,173,974	4,173,974	0	4,173,974	65.00
66.00	06600 PHYSICAL THERAPY	4,638,613	4,638,613	0	4,638,613	66.00
66.01	06601 REHAB OUTPATIENT	2,963,133	2,963,133	0	2,963,133	66.01
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	1,843,645	1,843,645	0	1,843,645	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	394,562	394,562	0	394,562	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	16,471,523	16,471,523	0	16,471,523	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	14,347,448	14,347,448	0	14,347,448	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	25,816,604	25,816,604	0	25,816,604	73.00
74.00	07400 RENAL DIALYSIS	1,145,476	1,145,476	0	1,145,476	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.02	09001 PROCEDURE CLINIC	4,374,816	4,374,816	0	4,374,816	90.02
90.03	09004 IMMEDIATE CARE CENTER	0	0	0	0	90.03
90.04	09002 EPILEPSY MONITORING UNIT	345,225	345,225	0	345,225	90.04
90.05	09003 OFFSITE IMAGING CENTER	803,782	803,782	0	803,782	90.05
91.00	09100 EMERGENCY	19,151,918	19,151,918	0	19,151,918	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	9,830,695	9,830,695	0	9,830,695	92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)	315,683,763	315,683,763	0	315,683,763	200.00
201.00	Less Observation Beds	9,830,695	9,830,695	0	9,830,695	201.00
202.00	Total (see instructions)	305,853,068	305,853,068	0	305,853,068	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0290		Period: From 07/01/2016 To 06/30/2017		Worksheet C Part I Date/Time Prepared: 11/30/2017 4:00 pm		
			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	147,138,642		147,138,642				30.00
31.00	03100	INTENSIVE CARE UNIT	22,884,686		22,884,686				31.00
31.01	02060	NEONATAL NICU	0		0				31.01
31.02	03101	CHILDRENS PEDIATRIC	10,677,729		10,677,729				31.02
31.03	03102	CHILDRENS PICU	5,429,544		5,429,544				31.03
31.04	03103	CHILDRENS NICU	56,066,509		56,066,509				31.04
43.00	04300	NURSERY	8,234,268		8,234,268				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	54,278,576	77,513,843	131,792,419	0.201543	0.000000		50.00
50.01	05001	ENDOSCOPY	10,126,645	35,505,947	45,632,592	0.102364	0.000000		50.01
51.00	05100	RECOVERY ROOM	9,081,260	13,266,334	22,347,594	0.136298	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	29,254,916	380,348	29,635,264	0.354293	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	11,742,057	18,344,720	30,086,777	0.031939	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,106,091	28,915,742	43,021,833	0.149868	0.000000		54.00
54.01	03630	ULTRASOUND	7,820,500	26,220,587	34,041,087	0.069850	0.000000		54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	4,793,293	4,379,355	9,172,648	0.141930	0.000000		54.02
54.03	03440	MAMMOGRAPHY	3,509	18,174,541	18,178,050	0.160880	0.000000		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	655,225	16,579,807	17,235,032	0.190551	0.000000		55.00
56.00	05600	RADIOISOTOPE	7,920,853	18,163,817	26,084,670	0.105169	0.000000		56.00
57.00	05700	CT SCAN	25,510,496	70,573,559	96,084,055	0.028345	0.000000		57.00
58.00	05800	MRI	10,531,852	36,928,197	47,460,049	0.044027	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	17,361,452	14,081,640	31,443,092	0.128014	0.000000		59.00
60.00	06000	LABORATORY	83,705,033	93,924,644	177,629,677	0.079733	0.000000		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6,292,200	1,977,987	8,270,187	0.228336	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	3,230,238	419,061	3,649,299	0.134546	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	29,002,040	3,642,630	32,644,670	0.127861	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	18,575,847	955,207	19,531,054	0.237499	0.000000		66.00
66.01	06601	REHAB OUTPATIENT	26,934	12,315,447	12,342,381	0.240078	0.000000		66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	17,931,011	21,776,854	39,707,865	0.046430	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	769,960	3,770,486	4,540,446	0.086899	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	48,727,355	33,018,348	81,745,703	0.201497	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,576,869	9,409,432	27,986,301	0.512660	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	85,706,879	47,246,296	132,953,175	0.194178	0.000000		73.00
74.00	07400	RENAL DIALYSIS	4,110,031	93,782	4,203,813	0.272485	0.000000		74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS									
90.02	09001	PROCEDURE CLINIC	157,612	9,765,792	9,923,404	0.440858	0.000000		90.02
90.03	09004	IMMEDIATE CARE CENTER	0	0	0	0.000000	0.000000		90.03
90.04	09002	EPILEPSY MONITORING UNIT	0	874,760	874,760	0.394651	0.000000		90.04
90.05	09003	OFFSITE IMAGING CENTER	17,930	9,976,104	9,994,034	0.080426	0.000000		90.05
91.00	09100	EMERGENCY	32,314,532	103,953,905	136,268,437	0.140546	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	16,075,314	16,075,314	0.611540	0.000000		92.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	802,762,574	748,224,486	1,550,987,060				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	802,762,574	748,224,486	1,550,987,060				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0290	Period: From 07/01/2016 To 06/30/2017	Worksheet C Part I Date/Time Prepared: 11/30/2017 4:00 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital
		11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.01	02060 NEONATAL NICU			31.01
31.02	03101 CHILDRENS PEDIATRIC			31.02
31.03	03102 CHILDRENS PICU			31.03
31.04	03103 CHILDRENS NICU			31.04
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.201543		50.00
50.01	05001 ENDOSCOPY	0.102364		50.01
51.00	05100 RECOVERY ROOM	0.136298		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.354293		52.00
53.00	05300 ANESTHESIOLOGY	0.031939		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.149868		54.00
54.01	03630 ULTRASOUND	0.069850		54.01
54.02	05401 RADIOLOGY-SPECIAL PROCEDURES	0.141930		54.02
54.03	03440 MAMMOGRAPHY	0.160880		54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.190551		55.00
56.00	05600 RADIOISOTOPE	0.105169		56.00
57.00	05700 CT SCAN	0.028345		57.00
58.00	05800 MRI	0.044027		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.128014		59.00
60.00	06000 LABORATORY	0.079733		60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.228336		63.00
64.00	06400 INTRAVENOUS THERAPY	0.134546		64.00
65.00	06500 RESPIRATORY THERAPY	0.127861		65.00
66.00	06600 PHYSICAL THERAPY	0.237499		66.00
66.01	06601 REHAB OUTPATIENT	0.240078		66.01
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.046430		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.086899		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.201497		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.512660		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.194178		73.00
74.00	07400 RENAL DIALYSIS	0.272485		74.00
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS				
90.02	09001 PROCEDURE CLINIC	0.440858		90.02
90.03	09004 IMMEDIATE CARE CENTER	0.000000		90.03
90.04	09002 EPILEPSY MONITORING UNIT	0.394651		90.04
90.05	09003 OFFSITE IMAGING CENTER	0.080426		90.05
91.00	09100 EMERGENCY	0.140546		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.611540		92.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 14-0290	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part I Date/Time Prepared: 11/30/2017 4:00 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	8,724,824	0	8,724,824	66,079	132.04	30.00
31.00	INTENSIVE CARE UNIT	906,814		906,814	4,905	184.88	31.00
31.01	NEONATAL NICU	0		0	0	0.00	31.01
31.02	CHILDRENS PEDIATRIC	1,149,109		1,149,109	1,083	1,061.04	31.02
31.03	CHILDRENS PICU	530,934		530,934	3,046	174.31	31.03
31.04	CHILDRENS NICU	1,593,473		1,593,473	8,095	196.85	31.04
43.00	NURSERY	150,434		150,434	7,234	20.80	43.00
200.00	Total (lines 30-199)	13,055,588		13,055,588	90,442		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	23,793	3,141,628				
31.00	INTENSIVE CARE UNIT	2,050	379,004				
31.01	NEONATAL NICU	0	0				
31.02	CHILDRENS PEDIATRIC	0	0				
31.03	CHILDRENS PICU	0	0				
31.04	CHILDRENS NICU	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30-199)	25,843	3,520,632				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0290	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part II Date/Time Prepared: 11/30/2017 4:00 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
Title XVIII								
Hospital								
PPS								
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,529,518	131,792,419	0.019193	19,135,700	367,271	50.00
50.01	05001	ENDOSCOPY	783,070	45,632,592	0.017160	4,590,284	78,769	50.01
51.00	05100	RECOVERY ROOM	424,047	22,347,594	0.018975	3,254,132	61,747	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,150,125	29,635,264	0.038809	36,140	1,403	52.00
53.00	05300	ANESTHESIOLOGY	52,244	30,086,777	0.001736	3,986,020	6,920	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,064,330	43,021,833	0.024739	6,472,279	160,118	54.00
54.01	03630	ULTRASOUND	106,734	34,041,087	0.003135	3,484,453	10,924	54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	83,712	9,172,648	0.009126	2,375,588	21,680	54.02
54.03	03440	MAMMOGRAPHY	361,776	18,178,050	0.019902	1,379	27	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	869,297	17,235,032	0.050438	266,493	13,441	55.00
56.00	05600	RADIOISOTOPE	172,945	26,084,670	0.006630	3,985,159	26,422	56.00
57.00	05700	CT SCAN	231,400	96,084,055	0.002408	11,991,868	28,876	57.00
58.00	05800	MRI	170,212	47,460,049	0.003586	4,194,212	15,040	58.00
59.00	05900	CARDIAC CATHETERIZATION	493,058	31,443,092	0.015681	7,095,393	111,263	59.00
60.00	06000	LABORATORY	1,080,372	177,629,677	0.006082	33,079,884	201,192	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	54,928	8,270,187	0.006642	1,422,998	9,452	63.00
64.00	06400	INTRAVENOUS THERAPY	5,539	3,649,299	0.001518	1,526,718	2,318	64.00
65.00	06500	RESPIRATORY THERAPY	144,617	32,644,670	0.004430	13,709,082	60,731	65.00
66.00	06600	PHYSICAL THERAPY	407,191	19,531,054	0.020848	9,938,282	207,193	66.00
66.01	06601	REHAB OUTPATIENT	39,230	12,342,381	0.003178	7,785	25	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	28,931	39,707,865	0.000729	8,777,951	6,399	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	42,587	4,540,446	0.009379	273,819	2,568	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	240,320	81,745,703	0.002940	17,640,805	51,864	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	230,124	27,986,301	0.008223	8,060,747	66,284	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	536,451	132,953,175	0.004035	32,259,773	130,168	73.00
74.00	07400	RENAL DIALYSIS	9,980	4,203,813	0.002374	2,601,273	6,175	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PROCEDURE CLINIC	490,271	9,923,404	0.049406	55,703	2,752	90.02
90.03	09004	IMMEDIATE CARE CENTER	0	0	0.000000	0	0	90.03
90.04	09002	EPILEPSY MONITORING UNIT	4,993	874,760	0.005708	0	0	90.04
90.05	09003	OFFSITE IMAGING CENTER	10,592	9,994,034	0.001060	11,629	12	90.05
91.00	09100	EMERGENCY	1,677,442	136,268,437	0.012310	13,807,959	169,976	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,117,947	16,075,314	0.069544	0	0	92.00
200.00		Total (lines 50-199)	14,613,983	1,300,555,682		214,043,508	1,821,010	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0290	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part III Date/Time Prepared: 11/30/2017 4:00 pm
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Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02060	NEONATAL NICU	0	0	0	0	0	31.01
31.02	03101	CHILDRENS PEDIATRIC	0	0	0	0	0	31.02
31.03	03102	CHILDRENS PICU	0	0	0	0	0	31.03
31.04	03103	CHILDRENS NICU	0	0	0	0	0	31.04
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
			6.00	7.00	8.00	9.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	66,079	0.00	23,793	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	4,905	0.00	2,050	0	0	31.00
31.01	02060	NEONATAL NICU	0	0.00	0	0	0	31.01
31.02	03101	CHILDRENS PEDIATRIC	1,083	0.00	0	0	0	31.02
31.03	03102	CHILDRENS PICU	3,046	0.00	0	0	0	31.03
31.04	03103	CHILDRENS NICU	8,095	0.00	0	0	0	31.04
43.00	04300	NURSERY	7,234	0.00	0	0	0	43.00
200.00		Total (lines 30-199)	90,442		25,843	0	0	200.00
Cost Center Description			PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost				
			12.00	13.00				
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0				30.00
31.00	03100	INTENSIVE CARE UNIT	0	0				31.00
31.01	02060	NEONATAL NICU	0	0				31.01
31.02	03101	CHILDRENS PEDIATRIC	0	0				31.02
31.03	03102	CHILDRENS PICU	0	0				31.03
31.04	03103	CHILDRENS NICU	0	0				31.04
43.00	04300	NURSERY	0	0				43.00
200.00		Total (lines 30-199)	0	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0290	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/30/2017 4:00 pm
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Cost Center Description	Title XVIII				Hospital	PPS
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01 05001 ENDOSCOPY	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 03630 ULTRASOUND	0	0	0	0	0	54.01
54.02 05401 RADIOLOGY-SPECIAL PROCEDURES	0	0	0	0	0	54.02
54.03 03440 MAMMOGRAPHY	0	0	0	0	0	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01 06601 REHAB OUTPATIENT	0	0	0	0	0	66.01
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.02 09001 PROCEDURE CLINIC	0	0	0	0	0	90.02
90.03 09004 IMMEDIATE CARE CENTER	0	0	0	0	0	90.03
90.04 09002 EPILEPSY MONITORING UNIT	0	0	0	0	0	90.04
90.05 09003 OFFSITE IMAGING CENTER	0	0	0	0	0	90.05
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00 Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0290	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/30/2017 4:00 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	131,792,419	0.000000	0.000000	19,135,700	50.00
50.01	05001	ENDOSCOPY	0	45,632,592	0.000000	0.000000	4,590,284	50.01
51.00	05100	RECOVERY ROOM	0	22,347,594	0.000000	0.000000	3,254,132	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	29,635,264	0.000000	0.000000	36,140	52.00
53.00	05300	ANESTHESIOLOGY	0	30,086,777	0.000000	0.000000	3,986,020	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	43,021,833	0.000000	0.000000	6,472,279	54.00
54.01	03630	ULTRASOUND	0	34,041,087	0.000000	0.000000	3,484,453	54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	0	9,172,648	0.000000	0.000000	2,375,588	54.02
54.03	03440	MAMMOGRAPHY	0	18,178,050	0.000000	0.000000	1,379	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	17,235,032	0.000000	0.000000	266,493	55.00
56.00	05600	RADIOISOTOPE	0	26,084,670	0.000000	0.000000	3,985,159	56.00
57.00	05700	CT SCAN	0	96,084,055	0.000000	0.000000	11,991,868	57.00
58.00	05800	MRI	0	47,460,049	0.000000	0.000000	4,194,212	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	31,443,092	0.000000	0.000000	7,095,393	59.00
60.00	06000	LABORATORY	0	177,629,677	0.000000	0.000000	33,079,884	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	8,270,187	0.000000	0.000000	1,422,998	63.00
64.00	06400	INTRAVENOUS THERAPY	0	3,649,299	0.000000	0.000000	1,526,718	64.00
65.00	06500	RESPIRATORY THERAPY	0	32,644,670	0.000000	0.000000	13,709,082	65.00
66.00	06600	PHYSICAL THERAPY	0	19,531,054	0.000000	0.000000	9,938,282	66.00
66.01	06601	REHAB OUTPATIENT	0	12,342,381	0.000000	0.000000	7,785	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	39,707,865	0.000000	0.000000	8,777,951	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,540,446	0.000000	0.000000	273,819	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	81,745,703	0.000000	0.000000	17,640,805	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	27,986,301	0.000000	0.000000	8,060,747	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	132,953,175	0.000000	0.000000	32,259,773	73.00
74.00	07400	RENAL DIALYSIS	0	4,203,813	0.000000	0.000000	2,601,273	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PROCEDURE CLINIC	0	9,923,404	0.000000	0.000000	55,703	90.02
90.03	09004	IMMEDIATE CARE CENTER	0	0	0.000000	0.000000	0	90.03
90.04	09002	EPILEPSY MONITORING UNIT	0	874,760	0.000000	0.000000	0	90.04
90.05	09003	OFFSITE IMAGING CENTER	0	9,994,034	0.000000	0.000000	11,629	90.05
91.00	09100	EMERGENCY	0	136,268,437	0.000000	0.000000	13,807,959	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	16,075,314	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	0	1,300,555,682			214,043,508	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0290	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/30/2017 4:00 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	PPS
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	12,531,051	0	0	0	50.00
50.01	05001 ENDOSCOPY	0	10,324,935	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	1,510,548	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	3,080,328	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	5,252,470	0	0	0	54.00
54.01	03630 ULTRASOUND	0	3,684,025	0	0	0	54.01
54.02	05401 RADIOLOGY-SPECIAL PROCEDURES	0	2,045,175	0	0	0	54.02
54.03	03440 MAMMOGRAPHY	0	1,189,769	0	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	6,893,520	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	6,728,732	0	0	0	56.00
57.00	05700 CT SCAN	0	15,188,472	0	0	0	57.00
58.00	05800 MRI	0	8,744,876	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	6,769,429	0	0	0	59.00
60.00	06000 LABORATORY	0	9,658,851	0	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	341,425	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	117,871	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	895,275	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601 REHAB OUTPATIENT	0	230,967	0	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	5,357,401	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	858,021	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	7,898,121	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	3,197,953	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	14,363,728	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	46,059	0	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.02	09001 PROCEDURE CLINIC	0	4,536,620	0	0	0	90.02
90.03	09004 IMMEDIATE CARE CENTER	0	0	0	0	0	90.03
90.04	09002 EPILEPSY MONITORING UNIT	0	58,612	0	0	0	90.04
90.05	09003 OFFSITE IMAGING CENTER	0	2,310,518	0	0	0	90.05
91.00	09100 EMERGENCY	0	12,578,421	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	2,951,826	0	0	0	92.00
200.00	Total (lines 50-199)	0	149,344,999	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0290	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/30/2017 4:00 pm
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Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	Title XVIII	Hospital	PPS
		23.00	24.00			
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
50.01	05001	ENDOSCOPY	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
54.01	03630	ULTRASOUND	0	0		54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	0	0		54.02
54.03	03440	MAMMOGRAPHY	0	0		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
66.01	06601	REHAB OUTPATIENT	0	0		66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS						
90.02	09001	PROCEDURE CLINIC	0	0		90.02
90.03	09004	IMMEDIATE CARE CENTER	0	0		90.03
90.04	09002	EPILEPSY MONITORING UNIT	0	0		90.04
90.05	09003	OFFSITE IMAGING CENTER	0	0		90.05
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0290	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part V Date/Time Prepared: 11/30/2017 4:00 pm				
		Title XVIII	Hospital	PPS				
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.201543	12,531,051	0	0	2,525,546	50.00
50.01	05001	ENDOSCOPY	0.102364	10,324,935	0	0	1,056,902	50.01
51.00	05100	RECOVERY ROOM	0.136298	1,510,548	0	0	205,885	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.354293	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.031939	3,080,328	0	0	98,383	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.149868	5,252,470	0	0	787,177	54.00
54.01	03630	ULTRASOUND	0.069850	3,684,025	0	0	257,329	54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	0.141930	2,045,175	0	0	290,272	54.02
54.03	03440	MAMMOGRAPHY	0.160880	1,189,769	0	0	191,410	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.190551	6,893,520	0	0	1,313,567	55.00
56.00	05600	RADIO SOTOPE	0.105169	6,728,732	0	0	707,654	56.00
57.00	05700	CT SCAN	0.028345	15,188,472	0	0	430,517	57.00
58.00	05800	MRI	0.044027	8,744,876	0	0	385,011	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.128014	6,769,429	0	0	866,582	59.00
60.00	06000	LABORATORY	0.079733	9,658,851	1,264	0	770,129	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.228336	341,425	0	0	77,960	63.00
64.00	06400	INTRAVENOUS THERAPY	0.134546	117,871	0	0	15,859	64.00
65.00	06500	RESPIRATORY THERAPY	0.127861	895,275	0	0	114,471	65.00
66.00	06600	PHYSICAL THERAPY	0.237499	0	0	0	0	66.00
66.01	06601	REHAB OUTPATIENT	0.240078	230,967	0	0	55,450	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.046430	5,357,401	0	0	248,744	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.086899	858,021	0	0	74,561	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.201497	7,898,121	106	0	1,591,448	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.512660	3,197,953	0	0	1,639,463	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.194178	14,363,728	1,374	138,318	2,789,120	73.00
74.00	07400	RENAL DIALYSIS	0.272485	46,059	0	0	12,550	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PROCEDURE CLINIC	0.440858	4,536,620	0	0	2,000,005	90.02
90.03	09004	IMMEDIATE CARE CENTER	0.000000	0	0	0	0	90.03
90.04	09002	EPILEPSY MONITORING UNIT	0.394651	58,612	0	0	23,131	90.04
90.05	09003	OFFSITE IMAGING CENTER	0.080426	2,310,518	0	0	185,826	90.05
91.00	09100	EMERGENCY	0.140546	12,578,421	51,399	0	1,767,847	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.611540	2,951,826	0	0	1,805,160	92.00
200.00		Subtotal (see instructions)		149,344,999	54,143	138,318	22,287,959	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		149,344,999	54,143	138,318	22,287,959	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0290	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part V Date/Time Prepared: 11/30/2017 4:00 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000	OPERATING ROOM	0	0	50.00
50.01 05001	ENDOSCOPY	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
54.01 03630	ULTRASOUND	0	0	54.01
54.02 05401	RADIOLOGY-SPECIAL PROCEDURES	0	0	54.02
54.03 03440	MAMMOGRAPHY	0	0	54.03
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 05600	RADIOISOTOPE	0	0	56.00
57.00 05700	CT SCAN	0	0	57.00
58.00 05800	MRI	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000	LABORATORY	101	0	60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	66.00
66.01 06601	REHAB OUTPATIENT	0	0	66.01
67.00 06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	21	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	267	26,858	73.00
74.00 07400	RENAL DIALYSIS	0	0	74.00
76.97 07697	CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS				
90.02 09001	PROCEDURE CLINIC	0	0	90.02
90.03 09004	IMMEDIATE CARE CENTER	0	0	90.03
90.04 09002	EPILEPSY MONITORING UNIT	0	0	90.04
90.05 09003	OFFSITE IMAGING CENTER	0	0	90.05
91.00 09100	EMERGENCY	7,224	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00	Subtotal (see instructions)	7,613	26,858	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	7,613	26,858	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0290	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/30/2017 4:00 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		66,079	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		66,079	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)		57,612	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)		23,793	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		76,721,854	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)		76,721,854	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		76,721,854	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,161.06	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		27,625,101	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)		27,625,101	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0290	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/30/2017 4:00 pm	
Title XVIII			Hospital		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	11,972,755	4,905	2,440.93	2,050	5,003,907	43.00
43.01 NEONATAL NICU	0	0	0.00	0	0	43.01
43.02 CHILDRENS PEDIATRIC	6,901,156	1,083	6,372.26	0	0	43.02
43.03 CHILDRENS PICU	3,692,823	3,046	1,212.35	0	0	43.03
43.04 CHILDRENS NICU	17,672,965	8,095	2,183.20	0	0	43.04
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					32,704,121	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					65,333,129	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)					3,520,632	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,821,010	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					5,341,642	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					59,991,487	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)					8,467	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,161.06	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					9,830,695	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0290		Period: From 07/01/2016 To 06/30/2017		Worksheet D-1 Date/Time Prepared: 11/30/2017 4:00 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	8,724,824	76,721,854	0.113720	9,830,695	1,117,947	90.00
91.00	Nursing School cost	0	76,721,854	0.000000	9,830,695	0	91.00
92.00	Allied health cost	0	76,721,854	0.000000	9,830,695	0	92.00
93.00	All other Medical Education	0	76,721,854	0.000000	9,830,695	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0290	Period: From 07/01/2016 To 06/30/2017	Worksheet D-3 Date/Time Prepared: 11/30/2017 4:00 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		63,305,637	30.00
31.00	03100	INTENSIVE CARE UNIT		10,841,981	31.00
31.01	02060	NEONATAL NICU		0	31.01
31.02	03101	CHILDRENS PEDIATRIC		0	31.02
31.03	03102	CHILDRENS PICU		0	31.03
31.04	03103	CHILDRENS NICU		0	31.04
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.201543	19,135,700	3,856,666 50.00
50.01	05001	ENDOSCOPY	0.102364	4,590,284	469,880 50.01
51.00	05100	RECOVERY ROOM	0.136298	3,254,132	443,532 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.354293	36,140	12,804 52.00
53.00	05300	ANESTHESIOLOGY	0.031939	3,986,020	127,309 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.149868	6,472,279	969,988 54.00
54.01	03630	ULTRASOUND	0.069850	3,484,453	243,389 54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	0.141930	2,375,588	337,167 54.02
54.03	03440	MAMMOGRAPHY	0.160880	1,379	222 54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.190551	266,493	50,781 55.00
56.00	05600	RADIOISOTOPE	0.105169	3,985,159	419,115 56.00
57.00	05700	CT SCAN	0.028345	11,991,868	339,909 57.00
58.00	05800	MRI	0.044027	4,194,212	184,659 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.128014	7,095,393	908,310 59.00
60.00	06000	LABORATORY	0.079733	33,079,884	2,637,558 60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0 62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.228336	1,422,998	324,922 63.00
64.00	06400	INTRAVENOUS THERAPY	0.134546	1,526,718	205,414 64.00
65.00	06500	RESPIRATORY THERAPY	0.127861	13,709,082	1,752,857 65.00
66.00	06600	PHYSICAL THERAPY	0.237499	9,938,282	2,360,332 66.00
66.01	06601	REHAB OUTPATIENT	0.240078	7,785	1,869 66.01
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0.046430	8,777,951	407,560 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.086899	273,819	23,795 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.201497	17,640,805	3,554,569 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.512660	8,060,747	4,132,423 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.194178	32,259,773	6,264,138 73.00
74.00	07400	RENAL DIALYSIS	0.272485	2,601,273	708,808 74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0 76.97
OUTPATIENT SERVICE COST CENTERS					
90.02	09001	PROCEDURE CLINIC	0.440858	55,703	24,557 90.02
90.03	09004	IMMEDIATE CARE CENTER	0.000000	0	0 90.03
90.04	09002	EPILEPSY MONITORING UNIT	0.394651	0	0 90.04
90.05	09003	OFFSITE IMAGING CENTER	0.080426	11,629	935 90.05
91.00	09100	EMERGENCY	0.140546	13,807,959	1,940,653 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.611540	0	0 92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		214,043,508	32,704,121 200.00
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)		214,043,508	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0290	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Date/Time Prepared: 11/30/2017 4:00 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		10,780,367	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		32,341,099	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)		1,747,653	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)		287.80	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.97	30.00
31.00	Percentage of Medicaid patient days (see instructions)		24.84	31.00
32.00	Sum of lines 30 and 31		27.81	32.00
33.00	Allowable disproportionate share percentage (see instructions)		12.16	33.00
34.00	Disproportionate share adjustment (see instructions)		1,310,893	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0290	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Date/Time Prepared: 11/30/2017 4:00 pm	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		6,406,145,534	5,982,495,714	35.00
35.01	Factor 3 (see instructions)		0.000513388	0.000592552	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		3,288,840	3,544,940	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		826,703	2,651,420	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		3,478,123		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		49,658,135		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			49,658,135	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			4,057,447	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).			0	52.00
53.00	Nursing and Allied Health Managed Care payment			0	53.00
54.00	Special add-on payments for new technologies			10,357	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			0	58.00
59.00	Total (sum of amounts on lines 49 through 58)			53,725,939	59.00
60.00	Primary payer payments			318,593	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			53,407,346	61.00
62.00	Deductibles billed to program beneficiaries			4,615,072	62.00
63.00	Coinsurance billed to program beneficiaries			230,412	63.00
64.00	Allowable bad debts (see instructions)			677,657	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			440,477	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			426,527	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			49,002,339	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
70.01	OTHER ADJUSTMENTS			0	70.01
70.50	RURAL DEMONSTRATION PROJECT			0	70.50
70.88	SCH or MDH volume decrease adjustment			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)			0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			178,677	70.93
70.94	HRR adjustment amount (see instructions)			-332,548	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0290	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Date/Time Prepared: 11/30/2017 4:00 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			48,848,468	71.00
71.01	Sequestration adjustment (see instructions)			976,969	71.01
72.00	Interim payments			47,720,511	72.00
73.00	Tentative settlement (for contractor use only)			0	73.00
74.00	Balance due provider (Program) (line 71 minus lines 71.01, 72, and 73)			150,988	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	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

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 14-0290	Period: From 07/01/2016 To 06/30/2017	Worksheet DSH Date/Time Prepared: 11/30/2017 4:00 pm
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		Title XVIII			Hospital		PPS	
		Original mcrx Values	Adjusted mcax Values	HFS Look Up	Override Value	Revised Value		
		1.00	2.00	3.00	4.00	5.00		
CALCULATION OF THE DSH PAYMENT PERCENTAGE								
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	2.97	0.00	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	24.84	0.00				24.84	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	27.81	0.00				24.84	3.00
4.00	Provider Type * (urban, rural, SCH, RRC, pickle - If pickle worksheet NA)	Urban					Urban	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	287.80	0.00				287.80	5.00
6.00	Disproportionate Share Payment Percentage (transferred from Worksheet E, Part A, line 33)	12.16	0.00				9.71	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes					Yes	7.00
8.00	S-2, Line 22	Yes					Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes					No	9.00
10.00	S-2, Line 45	Yes					Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 greater than -0-)	Yes					Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	2.97	0.00	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	No					No	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	0.00	14.00
CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS								
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	5,871	0				5,871	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	1,310	0				1,310	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	64	0				64	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	0	0				0	18.00
18.01	N/A	0	0				0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	13,114	0				13,114	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	0	0				0	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	20,359	0				20,359	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	81,975	0				81,975	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	0	0				0	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0				0	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0				0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	81,975	0				81,975	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	24.84	0.00				24.84	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 14-0290		Period: From 07/01/2016 To 06/30/2017		Worksheet DSH Date/Time Prepared: 11/30/2017 4:00 pm	
		Title XVIII		Hospital		PPS	
		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE							
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	True	12.16		0.00	True	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	False	0.00		0.00	False	29.00
30.00	Line 28 or 29 as applicable		12.16		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		12.16		0.00		31.00
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
DETERMINATION OF PROVIDER TYPE							
32.00	Does the hospital qualify under the Pickle amendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	False				False	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Community hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban				Urban	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 14-0290	Period: From 07/01/2016 To 06/30/2017	Worksheet DSH Date/Time Prepared: 11/30/2017 4:00 pm
		Title XVIII	Hospital	PPS

		Revised		
		Percentage		
		6.00		
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE				
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	9.71		28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	0.00		29.00
30.00	Line 28 or 29 as applicable	9.71		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	9.71		31.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0290

Period:
From 07/01/2016
To 06/30/2017

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/30/2017 4:00 pm

		Title XVIII			Hospital		PPS	
	W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)		
	0	1.00	2.00	3.00	4.00	5.00		
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	10,780,367	0	10,486,197		10,486,197	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	32,341,099	0		32,562,716	32,562,716	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	1,747,653	0	476,074	2,073,189	2,549,263	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1216	0.1216	0.1216	0.1216		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,310,893	0	318,781	992,112	1,310,893	11.00
11.01	Uncompensated care payments	36.00	3,478,123	0	4,009,721	0	4,009,721	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	49,658,135	0	15,290,773	34,367,362	49,658,135	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	49,658,135	0	15,290,773	34,367,362	49,658,135	15.00
16.00	Payment for inpatient program capital	50.00	4,057,447	0	945,523	3,111,924	4,057,447	16.00
17.00	Special add-on payments for new technologies	54.00	10,357	0	0	3,240	3,240	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0290

Period:
From 07/01/2016
To 06/30/2017

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/30/2017 4:00 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	16,236,296	37,482,526	53,718,822	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	3,482,422	0	838,368	2,644,054	3,482,422	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	373,393	0	58,613	314,780	373,393	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0579	0.0579	0.0579	0.0579		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	201,632	0	48,542	153,090	201,632	25.00
26.00	Total prospective capital payments (see instructions)	12.00	4,057,447	0	945,523	3,111,924	4,057,447	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		N					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 14-0290		Period: From 07/01/2016 To 06/30/2017		Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/30/2017 4:00 pm	
		Title XVIII		Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	10,780,367	10,486,197		10,486,197	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	32,341,099		32,562,716	32,562,716	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	1,747,653	476,074	2,073,189	2,549,263	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1216	0.1216	0.1216		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,310,893	318,781	992,112	1,310,893	11.00
11.01	Uncompensated care payments	36.00	3,478,123	826,703	2,651,420	3,478,123	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	49,658,135	12,107,755	37,550,380	49,658,135	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	49,658,135	12,107,755	37,550,380	49,658,135	15.00
16.00	Payment for inpatient program capital	50.00	4,057,447	945,523	3,111,924	4,057,447	16.00
17.00	Special add-on payments for new technologies	54.00	10,357	0	10,357	10,357	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			13,053,278	40,672,661	53,725,939	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 14-0290	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/30/2017 4:00 pm
Title XVIII			Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	3,482,422	838,368	2,644,054	3,482,422	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	373,393	58,613	314,780	373,393	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0579	0.0579	0.0579		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	201,632	48,542	153,090	201,632	25.00
26.00	Total prospective capital payments (see instructions)	12.00	4,057,447	945,523	3,111,924	4,057,447	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	178,677	-1,453	180,130	178,677	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-332,548	-286,956	-45,592	-332,548	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0290	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part B Date/Time Prepared: 11/30/2017 4:00 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		34,471	1.00
2.00	Medical and other services reimbursed under OPPTS (see instructions)		22,287,959	2.00
3.00	PPS payments		20,404,844	3.00
4.00	Outlier payment (see instructions)		44,726	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		34,471	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		192,461	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)		192,461	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		192,461	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		157,990	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		34,471	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		20,449,570	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		10,301	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		3,922,206	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)		16,551,534	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)		16,551,534	30.00
31.00	Primary payer payments		49,155	31.00
32.00	Subtotal (line 30 minus line 31)		16,502,379	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		627,155	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		407,651	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		481,475	36.00
37.00	Subtotal (see instructions)		16,910,030	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		16,910,030	40.00
40.01	Sequestration adjustment (see instructions)		338,201	40.01
41.00	Interim payments		16,627,258	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-55,429	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00
			Overrides	
			1.00	
112.00	Override of Ancillary service charges (line 12)			0

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0290

Period:
From 07/01/2016
To 06/30/2017

Worksheet E-1
Part I
Date/Time Prepared:
11/30/2017 4:00 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		47,265,844		16,150,751	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		454,667		476,507	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		47,720,511		16,627,258	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		150,988		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		55,429	6.02	
7.00	Total Medicare program liability (see instructions)		47,871,499		16,571,829	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 14-0290	Period: From 07/01/2016 To 06/30/2017	Worksheet E-1 Part II Date/Time Prepared: 11/30/2017 4:00 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			17,297 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			25,843 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			5,654 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			74,741 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			1,550,987,060 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			22,809,016 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			559,175 8.00
9.00	Sequestration adjustment amount (see instructions)			11,184 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			547,991 10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPSS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			549,539 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			-1,548 32.00
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			0 108.00

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

Provider CCN: 14-0290

Period:
From 07/01/2016
To 06/30/2017

Worksheet G
Date/Time Prepared:
11/30/2017 4:00 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	0	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	60,633,000	0	0	0	4.00
5.00	Other receivable	5,382,000	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	4,717,000	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	8,785,000	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	79,517,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	12,412,000	0	0	0	12.00
13.00	Land improvements	264,911,000	0	0	0	13.00
14.00	Accumulated depreciation	-75,907,000	0	0	0	14.00
15.00	Buildings	0	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	46,101,000	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	247,517,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	1,310,000	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	-647,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	663,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	327,697,000	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	6,088,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	12,858,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	88,504,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	107,450,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	0	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	107,450,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	220,247,000	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	220,247,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	327,697,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0290

Period:
From 07/01/2016
To 06/30/2017

Worksheet G-1

Date/Time Prepared:
11/30/2017 4:00 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		215,222,000			0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		44,410,603				2.00
3.00	Total (sum of line 1 and line 2)		259,632,603			0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00	ROUNDING	0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0			0	10.00
11.00	Subtotal (line 3 plus line 10)		259,632,603			0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	TRANSFERS	39,385,603		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		39,385,603			0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		220,247,000			0	19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00	ROUNDING		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	TRANSFERS		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: 14-0290

Period:
From 07/01/2016
To 06/30/2017

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/30/2017 4:00 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	164,663,496		164,663,496	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	164,663,496		164,663,496	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	22,884,686		22,884,686	11.00
11.01	NEONATAL NICU	57,020,214		57,020,214	11.01
11.02	CHILDRENS PEDIATRIC	0		0	11.02
11.03	CHILDRENS PICU	0		0	11.03
11.04	CHILDRENS NICU	0		0	11.04
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	79,904,900		79,904,900	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	244,568,396		244,568,396	17.00
18.00	Ancillary services	546,839,079	753,581,858	1,300,420,937	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NURSERY & CAPITATION	11,633,610	0	11,633,610	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	803,041,085	753,581,858	1,556,622,943	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		316,041,517		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)		316,041,517		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 14-0290	Period: From 07/01/2016 To 06/30/2017	Worksheet G-3 Date/Time Prepared: 11/30/2017 4:00 pm
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		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,556,622,943	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,203,258,814	2.00
3.00	Net patient revenues (line 1 minus line 2)	353,364,129	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	316,041,517	4.00
5.00	Net income from service to patients (line 3 minus line 4)	37,322,612	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	227,720	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	1,556,675	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	283,356	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 REVENUE - CAPITATION & OTHER	588,221	24.00
24.01	POB RENT	2,307,295	24.01
24.02	FOUNDATION RESTRICTED FUNDS	312,104	24.02
24.03	INCOME FROM UNCONSOLIDATED ENTITIES	0	24.03
24.04	SURGICENTER JV	1,456,599	24.04
24.05	INTERCOMPANY	11,754	24.05
24.06	STARBUCKS	0	24.06
24.07	GAIN ON SALE OF PPE	4,750	24.07
24.08	MISCELLANEOUS INCOME	671,281	24.08
25.00	Total other income (sum of lines 6-24)	7,419,755	25.00
26.00	Total (line 5 plus line 25)	44,742,367	26.00
27.00	OTHER NON RECURRING ITEMS	331,764	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	331,764	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	44,410,603	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0290	Period: From 07/01/2016 To 06/30/2017	Worksheet L Parts I-III Date/Time Prepared: 11/30/2017 4:00 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,482,422	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		373,393	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)		204.77	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)		2.97	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		24.84	8.00
9.00	Sum of lines 7 and 8		27.81	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.79	10.00
11.00	Disproportionate share adjustment (see instructions)		201,632	11.00
12.00	Total prospective capital payments (see instructions)		4,057,447	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00

ALL INCLUSIVE RATE DATA - METHOD E		Provider CCN: 14-0290	Period: From 07/01/2016 To 06/30/2017	Worksheet AIR Not a CMS Worksheet Date/Time Prepared: 11/30/2017 4:00 pm
			1.00	
1.00	Total general inpatient routine service cost.		76,721,854	1.00
2.00	Total inpatient days.		81,975	2.00
3.00	Cost per day.		935.92	3.00
4.00	Percentage (93% = Short Term; 98% = Long Term).		0	4.00
5.00	Reduced cost per day.		0.00	5.00
6.00	Ancillary percentage.		0	6.00
7.00	Ancillary cost per day.		0.00	7.00
8.00	Inpatient Part B days.		0	8.00
9.00	Total Part B ancillary cost.		0	9.00