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: 14-1336	Period: From 07/01/2016 To 06/30/2017	Worksheet S Parts I-III Date/Time Prepared: 11/21/2017 12:23 pm

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 11/21/2017 Time: 12:23 pm
2. [ ] Manually submitted cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5. [1] 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. [N] Initial Report for this Provider CCN
9. [N] Final Report for this Provider CCN
10. NPR Date:
11. Contractor's Vendor Code: 4
12. [0] 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. JOSEPHS HOSPITAL-HIGHLAND IL (14-1336) 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	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	545,374	5,112	0	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	527,265	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
200.00	Total	0	1,072,639	5,112	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-1336 | Period: From 07/01/2016 To 06/30/2017 | Worksheet S-2 Part I | Date/Time Prepared: 11/21/2017 12:20 pm

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 1515 MAIN STREET	PO Box:			1.00
2.00	City: HIGHLAND	State: IL	Zip Code: 62249	County: MADISON	2.00

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
		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. JOSEPHS HOSPITAL-HIGHLAND IL	141336	99914	1	06/01/2004	N	O	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	ST. JOSEPHS HOSPITAL-SWING BED	14Z336	99914		08/19/2004	N	O	N	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.	N	N	22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	N	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	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.	0	0	0	0	0	0	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-1336 | Period: From 07/01/2016 To 06/30/2017 | Worksheet S-2 Part I | Date/Time Prepared: 11/21/2017 12:20 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.	2		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	2		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	XVIII	XIX	
		1.00	2.00	3.00	
	Prospective Payment System (PPS)-Capital				
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	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	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05

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		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06

		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.20

		1.00	
	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	
	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.				
64.00	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-1336 | Period: From 07/01/2016 To 06/30/2017 | Worksheet S-2 Part I Date/Time Prepared: 11/21/2017 12:20 pm

		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	67.00

		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	XIX	
		1.00	2.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00
	Rural Providers			
105.00	Does this hospital qualify as a critical access hospital (CAH)?	Y		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N		106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.	N		107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00

		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00

			1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo)for the current cost reporting period? Enter "Y" for yes or "N" for no.		N	110.00

		1.00	2.00	3.00	
	Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	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.	0			118.00

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	35,236	10,654	279,108	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.	Y	5.06	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: 14-1336 | Period: From 07/01/2016 To 06/30/2017 | Worksheet S-2 Part I | Date/Time Prepared: 11/21/2017 12:20 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	148005	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: HOSPITAL SISTERS HEALTH SYSTEM	Contractor's Name: NATIONAL GOVERNMENT SERVICES	Contractor's Number: 00131	141.00
142.00	Street: 4936 LAVERNA ROAD	PO Box:		142.00
143.00	City: SPRINGFIELD	State: IL	Zip Code: 62794	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.	N	N	145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		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	Title XIX	
		1.00	2.00	3.00	4.00	
	Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00

		1.00	
	Multicampus		
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N	165.00

		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00

		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)	1	168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)		168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	0.00	169.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 14-1336	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part I Date/Time Prepared: 11/21/2017 12:20 pm

		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	07/01/2016	06/30/2017	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. I, 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	0	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 14-1336 | Period: From 07/01/2016 To 06/30/2017 | Worksheet S-2 Part II | Date/Time Prepared: 11/21/2017 12:20 pm

		Y/N	Date	
		1.00	2.00	
	General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.			
	COMPLETED BY ALL HOSPITALS			
	Provider Organization and Operation			
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00

		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00

		Y/N	Type	Date	
		1.00	2.00	3.00	
	Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			5.00

		Y/N	Legal Oper.	
		1.00	2.00	
	Approved Educational Activities			
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00

		Y/N	
		1.00	
	Bad Debts		
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N	14.00
	Bed Complement		
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N	15.00

		Part A		Part B		
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
	PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	N		N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	10/16/2017	Y	10/16/2017	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 14-1336 | Period: From 07/01/2016 To 06/30/2017 | Worksheet S-2 Part II Date/Time Prepared: 11/21/2017 12:20 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 relifed for Medicare purposes? If yes, see instructions	Y	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.	N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions	N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.	N	25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.	N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.	N	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.	N	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	Y	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.	N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.	N	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.	Y	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.	Y	33.00
	Provider-Based Physicians		
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.	Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.	Y	35.00

		Y/N	Date	
		1.00	2.00	
	Home Office Costs			
36.00	Were home office costs claimed on the cost report?	Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.	Y		37.00
38.00	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	N		40.00

		1.00	2.00	
	Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	BKD LLP	BKD LLP	41.00
42.00	Enter the employer/company name of the cost report preparer.	BKD LLP		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	502.581.0435	LVCOSTREPORTS@BKD.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 14-1336	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part II Date/Time Prepared: 11/21/2017 12:20 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.	BKD LLP		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 14-1336 | Period: From 07/01/2016 To 06/30/2017 | Worksheet S-3 Part I | Date/Time Prepared: 11/21/2017 12:20 pm

	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	25	9,125	90,904.00	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)		25	9,125	90,904.00	0	7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)		25	9,125	90,904.00	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)		25				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: 14-1336 | Period: From 07/01/2016 To 06/30/2017 | Worksheet S-3 Part I | Date/Time Prepared: 11/21/2017 12:20 pm

	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	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)	2,093	95	3,708			1.00
2.00	HMO and other (see instructions)	545	138				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	2,261	0	2,784			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	50			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	4,354	95	6,542			7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	4,354	95	6,542	0.00	215.43	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	215.43	27.00
28.00	Observation Bed Days		19	91			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			67			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: 14-1336 | Period: From 07/01/2016 To 06/30/2017 | Worksheet S-3 Part I | Date/Time Prepared: 11/21/2017 12:20 pm

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
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	557	26	1,015	1.00
2.00	HMO and other (see instructions)			130	37		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	557	26	1,015	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 UNCOMPENSATED AND INDIGENT CARE DATA | Provider CCN: 14-1336 | Period: From 07/01/2016 To 06/30/2017 | Worksheet S-10 | Date/Time Prepared: 11/21/2017 12:20 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)	0.340293	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	882,081	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	N	3.00
4.00	If line 3 is yes, does line 2 include all DSH or supplemental payments from Medicaid?	N	4.00
5.00	If line 4 is no, then enter DSH or supplemental payments from Medicaid	1,090,741	5.00
6.00	Medicaid charges	3,560,098	6.00
7.00	Medicaid cost (line 1 times line 6)	1,211,476	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)	0	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)	0	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)	783,491	1,262,228	2,045,719	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	266,617	1,262,228	1,528,845	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)	266,617	1,262,228	1,528,845	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?	Y	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)	2,222,834	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	116,750	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	179,615	27.01
28.00	Non-Medicare bad debt expense (line 26 minus line 27.01)	2,043,219	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	758,158	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	2,287,003	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	2,287,003	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 14-1336 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A | Date/Time Prepared: 11/21/2017 12:20 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	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT		3,537,968	3,537,968	1,615,548	5,153,516	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	1,800,956	1,800,956	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	7,721	2,735,494	2,743,215	0	2,743,215	4.00
5.01	01160	COMMUNICATIONS	0	4,739	4,739	6,978	11,717	5.01
5.02	00550	DATA PROCESSING	0	1,339,594	1,339,594	-726	1,338,868	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	127,649	47,839	175,488	-19,407	156,081	5.03
5.04	00570	ADMITTING	380,794	12,393	393,187	-2,842	390,345	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	230,774	629,539	860,313	-2,182	858,131	5.05
5.06	00590	OTHER ADMIN & GENERAL	1,387,316	3,714,844	5,102,160	-838,989	4,263,171	5.06
6.00	00600	MAINTENANCE & REPAIRS	227,835	52,585	280,420	-75	280,345	6.00
7.00	00700	OPERATION OF PLANT	169,346	561,151	730,497	-170	730,327	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	135,244	135,244	0	135,244	8.00
9.00	00900	HOUSEKEEPING	262,454	105,235	367,689	0	367,689	9.00
10.00	01000	DIETARY	357,015	245,179	602,194	0	602,194	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	321,254	24,337	345,591	0	345,591	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	191,590	92,453	284,043	-4,658	279,385	16.00
17.00	01700	SOCIAL SERVICE	218,901	36,157	255,058	0	255,058	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,020,038	259,274	2,279,312	-176,289	2,103,023	30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,072,775	1,819,989	2,892,764	-1,728,213	1,164,551	50.00
53.00	05300	ANESTHESIOLOGY	0	832,120	832,120	-10,914	821,206	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	776,102	625,601	1,401,703	-154,780	1,246,923	54.00
60.00	06000	LABORATORY	674,777	931,391	1,606,168	-568,416	1,037,752	60.00
65.00	06500	RESPIRATORY THERAPY	333,385	96,829	430,214	-57,198	373,016	65.00
66.00	06600	PHYSICAL THERAPY	719,543	25,320	744,863	-13,703	731,160	66.00
67.00	06700	OCCUPATIONAL THERAPY	133,197	1,628	134,825	-1,088	133,737	67.00
68.00	06800	SPEECH PATHOLOGY	16,751	10,581	27,332	0	27,332	68.00
68.01	03040	AUDIOLOGY	71,159	127,035	198,194	-116,012	82,182	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	70,608	-2,766	67,842	2,363,150	2,430,992	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	537,433	537,433	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	460,156	816,640	1,276,796	44,995	1,321,791	73.00
76.97	07697	CARDIAC REHABILITATION	255,910	16,523	272,433	-5,813	266,620	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	197,900	810,878	1,008,778	-370,826	637,952	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	103,353	18,846	122,199	-18,108	104,091	90.00
91.00	09100	EMERGENCY	1,014,805	1,370,517	2,385,322	-101,813	2,283,509	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
93.00	04950	O/P GERIATRIC PSYCH CENTER	0	427,809	427,809	-2,532	425,277	93.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE		2,170,597	2,170,597	-2,170,597	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	11,803,108	23,633,563	35,436,671	3,709	35,440,380	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	39,171	39,171	0	39,171	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	373	4,134,170	4,134,543	-3,191	4,131,352	192.00
194.00	07950	TRANSPORTATION	27,725	9,558	37,283	-518	36,765	194.00
194.01	07951	FUND DEVELOPMENT	0	0	0	0	0	194.01
200.00		TOTAL (SUM OF LINES 118-199)	11,831,206	27,816,462	39,647,668	0	39,647,668	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 14-1336 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A | Date/Time Prepared: 11/21/2017 12:20 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	-227,328	4,926,188		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-842,440	958,516		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,544,668	4,287,883		4.00
5.01	01160	COMMUNICATIONS	0	11,717		5.01
5.02	00550	DATA PROCESSING	1,815,851	3,154,719		5.02
5.03	00560	PURCHASING RECEIVING AND STORES	-20,082	135,999		5.03
5.04	00570	ADMITTING	0	390,345		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	858,131		5.05
5.06	00590	OTHER ADMIN & GENERAL	-674,594	3,588,577		5.06
6.00	00600	MAINTENANCE & REPAIRS	-27,376	252,969		6.00
7.00	00700	OPERATION OF PLANT	0	730,327		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-2,579	132,665		8.00
9.00	00900	HOUSEKEEPING	-23,899	343,790		9.00
10.00	01000	DIETARY	-2,048	600,146		10.00
11.00	01100	CAFETERIA	0	0		11.00
13.00	01300	NURSING ADMINISTRATION	-14,542	331,049		13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-7,566	271,819		16.00
17.00	01700	SOCIAL SERVICE	-214	254,844		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0		19.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	2,103,023		30.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	1,164,551		50.00
53.00	05300	ANESTHESIOLOGY	-790,783	30,423		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-25	1,246,898		54.00
60.00	06000	LABORATORY	-61,852	975,900		60.00
65.00	06500	RESPIRATORY THERAPY	-23,377	349,639		65.00
66.00	06600	PHYSICAL THERAPY	-140	731,020		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	133,737		67.00
68.00	06800	SPEECH PATHOLOGY	0	27,332		68.00
68.01	03040	AUDIOLOGY	-348	81,834		68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	2,430,992		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	537,433		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,321,791		73.00
76.97	07697	CARDIAC REHABILITATION	-8,330	258,290		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	-19,481	618,471		76.98
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	104,091		90.00
91.00	09100	EMERGENCY	-309	2,283,200		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT				92.00
93.00	04950	O/P GERIATRIC PSYCH CENTER	-102	425,175		93.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE	0	0		113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	613,104	36,053,484		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	39,171		190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	-4,127,169	4,183		192.00
194.00	07950	TRANSPORTATION	0	36,765		194.00
194.01	07951	FUND DEVELOPMENT	0	0		194.01
200.00		TOTAL (SUM OF LINES 118-199)	-3,514,065	36,133,603		200.00

RECLASSIFICATIONS | Provider CCN: 14-1336 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-6 | Date/Time Prepared: 11/21/2017 12:20 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	A - RENTAL				
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	819,460	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	400,623	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
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
	0		0	1,220,083	
	B - TELEPHONE				
1.00	COMMUNICATIONS	5.01	0	6,978	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	0		0	6,978	
	C - POSTAGE				
1.00	OTHER ADMIN & GENERAL	5.06	0	15,999	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
	0		0	15,999	
	D - INTEREST				
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,170,597	1.00
	0		0	2,170,597	
	E - MED SUPPLIES - IMPLANTS				
1.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	2,363,150	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	537,433	2.00
3.00	DRUGS CHARGED TO PATIENTS	73.00	0	12,100	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
	0		0	2,912,683	
	F - DRUGS CHARGED TO PATIENTS				
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	84,257	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
	0		0	84,257	
	G - PROPERTY INSURANCE				
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	19,755	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	6,069	2.00
	0		0	25,824	

RECLASSIFICATIONS | Provider CCN: 14-1336 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-6 | Date/Time Prepared: 11/21/2017 12:20 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	I - DEPRECIATION					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,394,264		1.00
	0		0	1,394,264		
	J - NEGATIVE SALARIES					
1.00		0.00	0	0		1.00
	0		0	0		
500.00	Grand Total: Increases		0	7,830,685		500.00

RECLASSIFICATIONS | Provider CCN: 14-1336 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-6 | Date/Time Prepared: 11/21/2017 12:20 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - RENTAL						
1.00	DATA PROCESSING	5.02	0	705	10		1.00
2.00	PURCHASING RECEIVING AND STORES	5.03	0	3,656	10		2.00
3.00	ADMITTING	5.04	0	2,842	0		3.00
4.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	2,182	0		4.00
5.00	OTHER ADMIN & GENERAL	5.06	0	822,870	0		5.00
6.00	OPERATION OF PLANT	7.00	0	4	0		6.00
7.00	MEDICAL RECORDS & LIBRARY	16.00	0	4,603	0		7.00
8.00	ADULTS & PEDIATRICS	30.00	0	27,054	0		8.00
9.00	OPERATING ROOM	50.00	0	245,172	0		9.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,750	0		11.00
12.00	LABORATORY	60.00	0	37,234	0		12.00
13.00	RESPIRATORY THERAPY	65.00	0	3,507	0		13.00
14.00	PHYSICAL THERAPY	66.00	0	2,813	0		14.00
15.00	OCCUPATIONAL THERAPY	67.00	0	705	0		15.00
16.00	DRUGS CHARGED TO PATIENTS	73.00	0	51,362	0		16.00
17.00	CARDIAC REHABILITATION	76.97	0	660	0		17.00
18.00	HYPERBARIC OXYGEN THERAPY	76.98	0	2,965	0		18.00
19.00	EMERGENCY	91.00	0	2,420	0		19.00
20.00	O/P GERIATRIC PSYCH CENTER	93.00	0	2,407	0		20.00
21.00	PHYSICIANS PRIVATE OFFICES	192.00	0	3,172	0		21.00
	0		0	1,220,083			
	B - TELEPHONE						
1.00	OTHER ADMIN & GENERAL	5.06	0	6,294	0		1.00
2.00	OPERATION OF PLANT	7.00	0	166	0		2.00
3.00	TRANSPORTATION	194.00	0	518	0		3.00
	0		0	6,978			
	C - POSTAGE						
1.00	DATA PROCESSING	5.02	0	21	0		1.00
2.00	PURCHASING RECEIVING AND STORES	5.03	0	15,751	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	75	0		3.00
4.00	MEDICAL RECORDS & LIBRARY	16.00	0	52	0		4.00
5.00	HYPERBARIC OXYGEN THERAPY	76.98	0	75	0		5.00
6.00	OPERATING ROOM	50.00	0	15	0		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	10	0		7.00
	0		0	15,999			
	D - INTEREST						
1.00	INTEREST EXPENSE	113.00	0	2,170,597	11		1.00
	0		0	2,170,597			
	E - MED SUPPLIES - IMPLANTS						
1.00	MEDICAL RECORDS & LIBRARY	16.00	0	3	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	148,837	0		2.00
3.00	OPERATING ROOM	50.00	0	1,470,275	0		3.00
4.00	ANESTHESIOLOGY	53.00	0	10,914	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	85,709	0		5.00
6.00	LABORATORY	60.00	0	530,468	0		6.00
7.00	RESPIRATORY THERAPY	65.00	0	53,691	0		7.00
8.00	PHYSICAL THERAPY	66.00	0	10,890	0		8.00
9.00	OCCUPATIONAL THERAPY	67.00	0	383	0		9.00
10.00	AUDIOLOGY	68.01	0	116,012	0		10.00
11.00	CARDIAC REHABILITATION	76.97	0	5,153	0		11.00
12.00	HYPERBARIC OXYGEN THERAPY	76.98	0	364,153	0		12.00
13.00	CLINIC	90.00	0	18,108	0		13.00
14.00	EMERGENCY	91.00	0	97,943	0		14.00
15.00	O/P GERIATRIC PSYCH CENTER	93.00	0	125	0		15.00
16.00	PHYSICIANS PRIVATE OFFICES	192.00	0	19	0		16.00
	0		0	2,912,683			
	F - DRUGS CHARGED TO PATIENTS						
1.00	ADULTS & PEDIATRICS	30.00	0	398	0		1.00
2.00	OPERATING ROOM	50.00	0	12,751	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	65,311	0		3.00
4.00	LABORATORY	60.00	0	714	0		4.00
5.00	HYPERBARIC OXYGEN THERAPY	76.98	0	3,633	0		5.00
6.00	EMERGENCY	91.00	0	1,450	0		6.00
	0		0	84,257			
	G - PROPERTY INSURANCE						
1.00	OTHER ADMIN & GENERAL	5.06	0	25,824	12		1.00
2.00		0.00	0	0	12		2.00
	0		0	25,824			

RECLASSIFICATIONS | Provider CCN: 14-1336 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-6 | Date/Time Prepared: 11/21/2017 12:20 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	I - DEPRECIATION						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,394,264	9		1.00
	0		0	1,394,264			
	J - NEGATIVE SALARIES						
1.00		0.00	0	0	0		1.00
	0		0	0			
500.00	Grand Total: Decreases		0	7,830,685			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 14-1336 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-7 Part I | Date/Time Prepared: 11/21/2017 12:20 pm

		Beginning Balances	Acquisitions: Purchases	Acquisitions: Donation	Acquisitions: Total	Disposals and Retirements	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	3,484,888	0	0	0	1,354,010	1.00
2.00	Land Improvements	0	1,423,810	0	1,423,810	0	2.00
3.00	Buildings and Fixtures	33,665,511	794,913	0	794,913	0	3.00
4.00	Building Improvements	0	4,255,901	0	4,255,901	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	7,639,226	0	0	0	2,751,323	6.00
7.00	HIT designated Assets	10,000,000	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	54,789,625	6,474,624	0	6,474,624	4,105,333	8.00
9.00	Reconciling Items	0	1,186,129	0	1,186,129	0	9.00
10.00	Total (line 8 minus line 9)	54,789,625	5,288,495	0	5,288,495	4,105,333	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	2,130,878	0	1.00
2.00	Land Improvements	1,423,810	0	2.00
3.00	Buildings and Fixtures	34,460,424	0	3.00
4.00	Building Improvements	4,255,901	0	4.00
5.00	Fixed Equipment	0	0	5.00
6.00	Movable Equipment	4,887,903	0	6.00
7.00	HIT designated Assets	10,000,000	0	7.00
8.00	Subtotal (sum of lines 1-7)	57,158,916	0	8.00
9.00	Reconciling Items	1,186,129	0	9.00
10.00	Total (line 8 minus line 9)	55,972,787	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 14-1336 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-7 Part II | Date/Time Prepared: 11/21/2017 12:20 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	3,537,968	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)	3,537,968	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	3,537,968		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0		2.00
3.00	Total (sum of lines 1-2)	0	3,537,968		3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 14-1336 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-7 Part III Date/Time Prepared: 11/21/2017 12:20 pm

	Cost Center Description	COMPUTATION OF RATIOS: Gross Assets	COMPUTATION OF RATIOS: Capitalized Leases	COMPUTATION OF RATIOS: Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL: Ratio (see instructions)	ALLOCATION OF OTHER CAPITAL: 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	42,271,013	0	42,271,013	0.739535	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	14,887,903	0	14,887,903	0.260465	0	2.00
3.00	Total (sum of lines 1-2)	57,158,916	0	57,158,916	1.000000	0	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL: Taxes	ALLOCATION OF OTHER CAPITAL: Other Capital-Related Costs	ALLOCATION OF OTHER CAPITAL: Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL: Depreciation	SUMMARY OF CAPITAL: 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	2,143,704	592,132	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	551,824	400,623	2.00
3.00	Total (sum of lines 1-2)	0	0	0	2,695,528	992,755	3.00

	Cost Center Description	SUMMARY OF CAPITAL: Interest	SUMMARY OF CAPITAL: Insurance (see instructions)	SUMMARY OF CAPITAL: Taxes (see instructions)	SUMMARY OF CAPITAL: Other Capital-Related Costs (see instructions)	SUMMARY OF CAPITAL: 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	2,170,597	19,755	0	0	4,926,188	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	6,069	0	0	958,516	2.00
3.00	Total (sum of lines 1-2)	2,170,597	25,824	0	0	5,884,704	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 14-1336 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-8 | Date/Time Prepared: 11/21/2017 12:20 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-57,545	CAP REL COSTS-BLDG & FIXT	1.00	10	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-98,395			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	1,673,309			0	12.00
13.00	Laundry and linen service	B	-2,579	LAUNDRY & LINEN SERVICE	8.00	0	13.00
14.00	Cafeteria-employees and guests	B	-2,048	DIETARY	10.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts	B	-7,566	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 14-1336 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-8 | Date/Time Prepared: 11/21/2017 12:20 pm

				Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
	Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
32.00	CAH HIT Adjustment for Depreciation and Interest	A	-954,196	CAP REL COSTS-MVBLE EQUIP	2.00	9	32.00
33.00			0		0.00	0	33.00
33.01	MISCELLANEOUS INCOME	B	803	DATA PROCESSING	5.02	0	33.01
33.02	MISCELLANEOUS INCOME	B	-20,082	PURCHASING RECEIVING AND STORES	5.03	0	33.02
33.03	MISCELLANEOUS INCOME	B	-37,365	OTHER ADMIN & GENERAL	5.06	0	33.03
33.04	MISCELLANEOUS INCOME	B	-27,376	MAINTENANCE & REPAIRS	6.00	0	33.04
33.05	MISCELLANEOUS INCOME	B	-23,899	HOUSEKEEPING	9.00	0	33.05
33.06	MISCELLANEOUS INCOME	B	-250	NURSING ADMINISTRATION	13.00	0	33.06
33.07	MISCELLANEOUS INCOME	B	-214	SOCIAL SERVICE	17.00	0	33.07
33.08	MISCELLANEOUS INCOME	B	-25	RADIOLOGY-DIAGNOSTIC	54.00	0	33.08
33.09	MISCELLANEOUS INCOME	B	-28,937	LABORATORY	60.00	0	33.09
33.10	MISCELLANEOUS INCOME	B	-140	PHYSICAL THERAPY	66.00	0	33.10
33.11	MISCELLANEOUS INCOME	B	-348	AUDIOLOGY	68.01	0	33.11
33.12			0		0.00	0	33.12
33.13	ADVERTISING EXPENSES	A	-113	OTHER ADMIN & GENERAL	5.06	0	33.13
33.14	ADVERTISING EXPENSES	A	-309	EMERGENCY	91.00	0	33.14
33.15	ADVERTISING EXPENSES	A	-102	O/P GERIATRIC PSYCH CENTER	93.00	0	33.15
33.16	ADVERTISING EXPENSES	A	-115,969	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.16
33.17	MEDICAID TAX ASSESSMENT	A	-582,415	OTHER ADMIN & GENERAL	5.06	0	33.17
33.18	CRNA	A	-790,783	ANESTHESIOLOGY	53.00	0	33.18
33.19	PENSION ADJUSTMENT	A	2,423,245	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.19
33.20	HSHS MED GROUP ADMIN	A	-4,127,169	PHYSICIANS PRIVATE OFFICES	192.00	0	33.20
33.21	USEFUL LIVES CARRYFORWARD ADJUSTMEN	A	111,756	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.21
33.22	LOBBYING EXPENSE	A	-12,257	OTHER ADMIN & GENERAL	5.06	0	33.22
33.23	COMMUNITY RELATIONS BENEFITS	A	-15,174	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.23
33.24	COMMUNITY RELATIONS SALARY	A	-40,692	OTHER ADMIN & GENERAL	5.06	0	33.24
33.25	COMMUNITY RELATIONS OTHER EXPENSE	A	-29,796	OTHER ADMIN & GENERAL	5.06	0	33.25
33.26	SELF-INSURANCE ADJUSTMENT	A	-747,434	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.26
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-3,514,065				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: 14-1336 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-8-1 | Date/Time Prepared: 11/21/2017 12:20 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 CLAIMED HOME OFFICE COSTS:					
1.00	5.02	DATA PROCESSING	INFORMATION SYSTEMS --ISC MA	3,147,237	1,332,189	1.00
2.00	0.00			0	0	2.00
3.00	0.00			0	0	3.00
4.00	5.06	OTHER ADMIN & GENERAL	QUALITY ASSURANCE --ISC MANA	0	1,355	4.00
4.01	5.06	OTHER ADMIN & GENERAL	ADMINISTRATION --SSC MANAGEM	928,937	880,811	4.01
4.02	1.00	CAP REL COSTS-BLDG & FIXT	INTEREST --INTEREST EXPENSE-	0	169,783	4.02
4.03	5.06	OTHER ADMIN & GENERAL	ADMINISTRATION --PURCHASED S	0	18,727	4.03
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			4,076,174	2,402,865	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		
	Symbol (1)	Name	Percentage of Ownership	Name	Percentage of Ownership	
	1.00	2.00	3.00	4.00	5.00	
	B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:					

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

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

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

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 14-1336	Period: From 07/01/2016 To 06/30/2017	Worksheet A-8-1 Date/Time Prepared: 11/21/2017 12:20 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	1,815,048	0		1.00
2.00	0	0		2.00
3.00	0	0		3.00
4.00	-1,355	0		4.00
4.01	48,126	0		4.01
4.02	-169,783	10		4.02
4.03	-18,727	0		4.03
5.00	1,673,309			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			6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 14-1336 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-8-2 | Date/Time Prepared: 11/21/2017 12:20 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	91.00	EMERGENCY	1,186,357	0	1,186,357	0	0	1.00
2.00	76.98	HYPERBARIC OXYGEN THERAPY	19,481	19,481	0	0	0	2.00
3.00	50.00	OPERATING ROOM	0	0	0	0	0	3.00
4.00	13.00	NURSING ADMINISTRATION	14,292	14,292	0	0	0	4.00
5.00	65.00	RESPIRATORY THERAPY	23,377	23,377	0	0	0	5.00
6.00	76.97	CARDIAC REHABILITATION	8,330	8,330	0	0	0	6.00
7.00	60.00	LABORATORY	92,148	32,915	59,233	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			1,343,985	98,395	1,245,590		0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	91.00	EMERGENCY	0	0	0	0	0	1.00
2.00	76.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	2.00
3.00	50.00	OPERATING ROOM	0	0	0	0	0	3.00
4.00	13.00	NURSING ADMINISTRATION	0	0	0	0	0	4.00
5.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	5.00
6.00	76.97	CARDIAC REHABILITATION	0	0	0	0	0	6.00
7.00	60.00	LABORATORY	0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			0	0	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	91.00	EMERGENCY	0	0	0	0		1.00
2.00	76.98	HYPERBARIC OXYGEN THERAPY	0	0	0	19,481		2.00
3.00	50.00	OPERATING ROOM	0	0	0	0		3.00
4.00	13.00	NURSING ADMINISTRATION	0	0	0	14,292		4.00
5.00	65.00	RESPIRATORY THERAPY	0	0	0	23,377		5.00
6.00	76.97	CARDIAC REHABILITATION	0	0	0	8,330		6.00
7.00	60.00	LABORATORY	0	0	0	32,915		7.00
8.00	0.00		0	0	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	0	0	98,395		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-1336 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I | Date/Time Prepared: 11/21/2017 12:20 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	5.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	4,926,188	4,926,188				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	958,516		958,516			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,287,883	0	615	4,288,498		4.00
5.01	01160	COMMUNICATIONS	11,717	0	180	0	11,897	5.01
5.02	00550	DATA PROCESSING	3,154,719	80,361	13,181	0	2,003	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	135,999	0	260	46,300	199	5.03
5.04	00570	ADMITTING	390,345	46,319	0	138,118	214	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	858,131	0	14	83,704	321	5.05
5.06	00590	OTHER ADMIN & GENERAL	3,588,577	574,299	51	503,193	1,132	5.06
6.00	00600	MAINTENANCE & REPAIRS	252,969	0	2,047	82,638	199	6.00
7.00	00700	OPERATION OF PLANT	730,327	258,282	1,809	61,423	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	132,665	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	343,790	104,206	2,251	95,195	76	9.00
10.00	01000	DIETARY	600,146	133,631	1,062	129,493	199	10.00
11.00	01100	CAFETERIA	0	123,079	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	331,049	0	230	116,522	0	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	271,819	61,286	311	69,492	505	16.00
17.00	01700	SOCIAL SERVICE	254,844	0	1	79,398	31	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,103,023	893,207	17,603	732,691	1,361	30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,164,551	755,975	169,204	389,106	459	50.00
53.00	05300	ANESTHESIOLOGY	30,423	0	8,276	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,246,898	414,490	580,106	281,500	336	54.00
60.00	06000	LABORATORY	975,900	159,454	40,167	244,748	367	60.00
65.00	06500	RESPIRATORY THERAPY	349,639	105,576	8,202	120,922	336	65.00
66.00	06600	PHYSICAL THERAPY	731,020	283,091	6,187	260,985	581	66.00
67.00	06700	OCCUPATIONAL THERAPY	133,737	0	0	48,312	0	67.00
68.00	06800	SPEECH PATHOLOGY	27,332	0	236	6,076	0	68.00
68.01	03040	AUDIOLOGY	81,834	28,613	1,152	25,810	0	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	2,430,992	236,518	42,746	25,610	184	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	537,433	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,321,791	59,814	5,479	166,903	199	73.00
76.97	07697	CARDIAC REHABILITATION	258,290	76,506	4,390	92,821	352	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	618,471	0	8,419	71,780	245	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	104,091	0	0	37,487	0	90.00
91.00	09100	EMERGENCY	2,283,200	366,141	38,039	368,080	443	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
93.00	04950	O/P GERIATRIC PSYCH CENTER	425,175	125,717	147	0	0	93.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	36,053,484	4,886,565	952,365	4,278,307	9,742	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	39,171	39,623	582	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	4,183	0	5,569	135	2,155	192.00
194.00	07950	TRANSPORTATION	36,765	0	0	10,056	0	194.00
194.01	07951	FUND DEVELOPMENT	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)	36,133,603	4,926,188	958,516	4,288,498	11,897	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-1336 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/21/2017 12:20 pm

		Cost Center Description	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
		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
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING	3,250,264					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	245,457	428,215				5.03
5.04	00570	ADMITTING	333,413	423	908,832			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	35,796	0	0	977,966		5.05
5.06	00590	OTHER ADMIN & GENERAL	1,392,972	2,724	0	0	6,062,948	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	1,674	0	0	339,527	6.00
7.00	00700	OPERATION OF PLANT	16,364	585	0	0	1,068,790	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	132,665	8.00
9.00	00900	HOUSEKEEPING	10,227	55	0	0	555,800	9.00
10.00	01000	DIETARY	66,478	347	0	0	931,356	10.00
11.00	01100	CAFETERIA	0	0	0	0	123,079	11.00
13.00	01300	NURSING ADMINISTRATION	14,318	155	0	0	462,274	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	115,569	122	0	0	519,104	16.00
17.00	01700	SOCIAL SERVICE	19,432	4	0	0	353,710	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	215,798	1,689	156,412	52,277	4,174,061	30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	93,069	4,242	51,104	76,385	2,704,095	50.00
53.00	05300	ANESTHESIOLOGY	0	52	27,094	22,277	88,122	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	64,433	1,077	140,238	297,374	3,026,452	54.00
60.00	06000	LABORATORY	116,592	894	177,634	203,609	1,919,365	60.00
65.00	06500	RESPIRATORY THERAPY	8,182	315	41,357	27,157	661,686	65.00
66.00	06600	PHYSICAL THERAPY	90,001	445	31,631	39,216	1,443,157	66.00
67.00	06700	OCCUPATIONAL THERAPY	18,409	0	9,713	5,977	216,148	67.00
68.00	06800	SPEECH PATHOLOGY	5,114	0	1,118	885	40,761	68.00
68.01	03040	AUDIOLOGY	10,227	38	0	3,410	151,084	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	3,068	280,768	69,614	35,809	3,125,309	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	124,019	28,606	15,716	705,774	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73,637	115	138,233	79,522	1,845,693	73.00
76.97	07697	CARDIAC REHABILITATION	19,432	97	0	6,753	458,641	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	58,296	1,244	13	23,363	781,831	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	89	3	4,509	146,179	90.00
91.00	09100	EMERGENCY	176,934	1,094	36,062	78,534	3,348,527	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT					0	92.00
93.00	04950	O/P GERIATRIC PSYCH CENTER	11,250	104	0	5,193	567,586	93.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,214,468	422,371	908,832	977,966	35,953,724	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	5,840	0	0	85,216	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	35,796	0	0	0	47,838	192.00
194.00	07950	TRANSPORTATION	0	4	0	0	46,825	194.00
194.01	07951	FUND DEVELOPMENT	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,250,264	428,215	908,832	977,966	36,133,603	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-1336 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I | Date/Time Prepared: 11/21/2017 12:20 pm

		Cost Center Description	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
		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
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN & GENERAL	6,062,948					5.06
6.00	00600	MAINTENANCE & REPAIRS	68,456	407,983				6.00
7.00	00700	OPERATION OF PLANT	215,493	0	1,284,283			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	26,748	17,937	0	177,350		8.00
9.00	00900	HOUSEKEEPING	112,062	38,053	33,736	0	739,651	9.00
10.00	01000	DIETARY	187,783	22,792	43,263	1,453	12,473	10.00
11.00	01100	CAFETERIA	24,816	0	39,846	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	93,205	11,892	0	0	388	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	104,663	12,189	19,841	0	3,931	16.00
17.00	01700	SOCIAL SERVICE	71,316	0	0	0	49	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	841,601	81,557	289,174	73,969	293,919	30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	545,208	16,351	244,745	25,067	44,845	50.00
53.00	05300	ANESTHESIOLOGY	17,767	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	610,202	18,036	134,190	16,858	33,682	54.00
60.00	06000	LABORATORY	386,988	7,630	51,623	98	23,830	60.00
65.00	06500	RESPIRATORY THERAPY	133,411	3,171	34,180	2,866	11,551	65.00
66.00	06600	PHYSICAL THERAPY	290,974	7,928	91,650	14,335	18,200	66.00
67.00	06700	OCCUPATIONAL THERAPY	43,580	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	8,218	0	0	0	0	68.00
68.01	03040	AUDIOLOGY	30,462	0	9,264	0	3,543	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	630,134	2,577	76,572	284	8,396	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	142,300	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	372,134	4,459	19,365	0	4,368	73.00
76.97	07697	CARDIAC REHABILITATION	92,473	3,567	24,769	0	11,066	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	157,635	1,387	0	6,139	21,112	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	29,473	0	0	0	16,356	90.00
91.00	09100	EMERGENCY	675,140	86,810	118,537	35,186	95,320	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
93.00	04950	O/P GERIATRIC PSYCH CENTER	114,438	1,189	40,700	49	11,842	93.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	6,026,680	337,525	1,271,455	176,304	614,871	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	17,182	5,946	12,828	0	340	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	9,645	62,035	0	1,046	124,440	192.00
194.00	07950	TRANSPORTATION	9,441	2,477	0	0	0	194.00
194.01	07951	FUND DEVELOPMENT	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)	6,062,948	407,983	1,284,283	177,350	739,651	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-1336 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I | Date/Time Prepared: 11/21/2017 12:20 pm

		Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			10.00	11.00	13.00	16.00	17.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	1,199,120					10.00
11.00	01100	CAFETERIA	549,874	737,615				11.00
13.00	01300	NURSING ADMINISTRATION	0	16,859	584,618			13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	29,667	0	689,395		16.00
17.00	01700	SOCIAL SERVICE	0	15,409	1,132	0	441,616	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	308,276	195,760	331,108	399,341	440,145	30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	45,190	85,448	77,763	69,764	0	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	62,435	0	10,310	0	54.00
60.00	06000	LABORATORY	0	68,889	172	12,372	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	32,418	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	58,783	0	80,418	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	9,655	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,201	0	0	0	68.00
68.01	03040	AUDIOLOGY	0	4,753	0	0	0	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	10,106	32	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	20,411	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	17,210	12,636	6,873	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	18,460	13,731	8,248	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	10,656	13,822	0	0	90.00
91.00	09100	EMERGENCY	32,681	74,542	134,213	66,328	1,471	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
93.00	04950	O/P GERIATRIC PSYCH CENTER	38,425	0	0	0	0	93.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	974,446	732,662	584,609	653,654	441,616	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	9	35,741	0	192.00
194.00	07950	TRANSPORTATION	224,674	4,953	0	0	0	194.00
194.01	07951	FUND DEVELOPMENT	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)	1,199,120	737,615	584,618	689,395	441,616	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-1336 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I | Date/Time Prepared: 11/21/2017 12:20 pm

		Cost Center Description	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			19.00	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
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0					19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	7,428,911	0	7,428,911		30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	3,858,476	0	3,858,476		50.00
53.00	05300	ANESTHESIOLOGY	0	105,889	0	105,889		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,912,165	0	3,912,165		54.00
60.00	06000	LABORATORY	0	2,470,967	0	2,470,967		60.00
65.00	06500	RESPIRATORY THERAPY	0	879,283	0	879,283		65.00
66.00	06600	PHYSICAL THERAPY	0	2,005,445	0	2,005,445		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	269,383	0	269,383		67.00
68.00	06800	SPEECH PATHOLOGY	0	50,180	0	50,180		68.00
68.01	03040	AUDIOLOGY	0	199,106	0	199,106		68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	3,853,410	0	3,853,410		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	848,074	0	848,074		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,266,430	0	2,266,430		73.00
76.97	07697	CARDIAC REHABILITATION	0	627,235	0	627,235		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,008,543	0	1,008,543		76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	216,486	0	216,486		90.00
91.00	09100	EMERGENCY	0	4,668,755	0	4,668,755		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT			0			92.00
93.00	04950	O/P GERIATRIC PSYCH CENTER	0	774,229	0	774,229		93.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	35,442,967	0	35,442,967		118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	121,512	0	121,512		190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	280,754	0	280,754		192.00
194.00	07950	TRANSPORTATION	0	288,370	0	288,370		194.00
194.01	07951	FUND DEVELOPMENT	0	0	0	0		194.01
200.00		Cross Foot Adjustments	0	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118-201)	0	36,133,603	0	36,133,603		202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-1336 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II | Date/Time Prepared: 11/21/2017 12:20 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2A	4.00	
		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	0	615	615	615	4.00
5.01	01160	COMMUNICATIONS	0	0	180	180	0	5.01
5.02	00550	DATA PROCESSING	1,313,225	80,361	13,181	1,406,767	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	260	260	7	5.03
5.04	00570	ADMITTING	0	46,319	0	46,319	20	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	14	14	12	5.05
5.06	00590	OTHER ADMIN & GENERAL	26,854	574,299	51	601,204	72	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	2,047	2,047	12	6.00
7.00	00700	OPERATION OF PLANT	0	258,282	1,809	260,091	9	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	104,206	2,251	106,457	14	9.00
10.00	01000	DIETARY	0	133,631	1,062	134,693	19	10.00
11.00	01100	CAFETERIA	0	123,079	0	123,079	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	230	230	17	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	61,286	311	61,597	10	16.00
17.00	01700	SOCIAL SERVICE	0	0	1	1	11	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	893,207	17,603	910,810	105	30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	755,975	169,204	925,179	56	50.00
53.00	05300	ANESTHESIOLOGY	0	0	8,276	8,276	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	414,490	580,106	994,596	40	54.00
60.00	06000	LABORATORY	0	159,454	40,167	199,621	35	60.00
65.00	06500	RESPIRATORY THERAPY	0	105,576	8,202	113,778	17	65.00
66.00	06600	PHYSICAL THERAPY	0	283,091	6,187	289,278	37	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	7	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	236	236	1	68.00
68.01	03040	AUDIOLOGY	0	28,613	1,152	29,765	4	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	236,518	42,746	279,264	4	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	59,814	5,479	65,293	24	73.00
76.97	07697	CARDIAC REHABILITATION	0	76,506	4,390	80,896	13	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	8,419	8,419	10	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	5	90.00
91.00	09100	EMERGENCY	0	366,141	38,039	404,180	53	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT				0		92.00
93.00	04950	O/P GERIATRIC PSYCH CENTER	0	125,717	147	125,864	0	93.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,340,079	4,886,565	952,365	7,179,009	614	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	39,623	582	40,205	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	5,569	5,569	0	192.00
194.00	07950	TRANSPORTATION	0	0	0	0	1	194.00
194.01	07951	FUND DEVELOPMENT	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)	1,340,079	4,926,188	958,516	7,224,783	615	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-1336 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II | Date/Time Prepared: 11/21/2017 12:20 pm

		Cost Center Description	COMMUNICATIONS	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
		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
5.01	01160	COMMUNICATIONS	180					5.01
5.02	00550	DATA PROCESSING	30	1,406,797				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	3	106,240	106,510			5.03
5.04	00570	ADMITTING	3	144,310	105	190,757		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	5	15,493	0	0	15,524	5.05
5.06	00590	OTHER ADMIN & GENERAL	17	602,914	678	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	3	0	416	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	7,083	145	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	1	4,427	14	0	0	9.00
10.00	01000	DIETARY	3	28,773	86	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	6,197	38	0	0	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8	50,021	30	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	8,411	1	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	21	93,403	420	32,828	830	30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	7	40,283	1,055	10,726	1,212	50.00
53.00	05300	ANESTHESIOLOGY	0	0	13	5,686	353	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5	27,888	268	29,433	4,725	54.00
60.00	06000	LABORATORY	6	50,464	222	37,290	3,231	60.00
65.00	06500	RESPIRATORY THERAPY	5	3,541	78	8,680	431	65.00
66.00	06600	PHYSICAL THERAPY	9	38,955	111	6,639	622	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	7,968	0	2,039	95	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,213	0	235	14	68.00
68.01	03040	AUDIOLOGY	0	4,427	9	0	54	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	3	1,328	69,837	14,611	568	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	30,847	6,004	249	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3	31,872	29	29,013	1,262	73.00
76.97	07697	CARDIAC REHABILITATION	5	8,411	24	0	107	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	4	25,232	310	3	371	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	22	1	72	90.00
91.00	09100	EMERGENCY	7	76,581	272	7,569	1,246	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
93.00	04950	O/P GERIATRIC PSYCH CENTER	0	4,869	26	0	82	93.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	148	1,391,304	105,056	190,757	15,524	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	1,453	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	32	15,493	0	0	0	192.00
194.00	07950	TRANSPORTATION	0	0	1	0	0	194.00
194.01	07951	FUND DEVELOPMENT	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)	180	1,406,797	106,510	190,757	15,524	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-1336 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II | Date/Time Prepared: 11/21/2017 12:20 pm

		Cost Center Description	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
		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
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN & GENERAL	1,204,885					5.06
6.00	00600	MAINTENANCE & REPAIRS	13,604	16,082				6.00
7.00	00700	OPERATION OF PLANT	42,824	0	310,152			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	5,316	707	0	6,023		8.00
9.00	00900	HOUSEKEEPING	22,270	1,500	8,147	0	142,830	9.00
10.00	01000	DIETARY	37,318	898	10,448	49	2,409	10.00
11.00	01100	CAFETERIA	4,932	0	9,623	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	18,522	469	0	0	75	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	20,799	480	4,792	0	759	16.00
17.00	01700	SOCIAL SERVICE	14,172	0	0	0	9	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	167,261	3,215	69,834	2,512	56,756	30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	108,348	645	59,105	851	8,660	50.00
53.00	05300	ANESTHESIOLOGY	3,531	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	121,264	711	32,407	573	6,504	54.00
60.00	06000	LABORATORY	76,905	301	12,467	3	4,602	60.00
65.00	06500	RESPIRATORY THERAPY	26,512	125	8,254	97	2,231	65.00
66.00	06600	PHYSICAL THERAPY	57,824	312	22,133	487	3,515	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,661	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,633	0	0	0	0	68.00
68.01	03040	AUDIOLOGY	6,054	0	2,237	0	684	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	125,225	102	18,492	10	1,621	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	28,279	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73,953	176	4,677	0	843	73.00
76.97	07697	CARDIAC REHABILITATION	18,377	141	5,982	0	2,137	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	31,326	55	0	208	4,077	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	5,857	0	0	0	3,158	90.00
91.00	09100	EMERGENCY	134,169	3,421	28,627	1,195	18,407	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
93.00	04950	O/P GERIATRIC PSYCH CENTER	22,742	47	9,829	2	2,287	93.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,197,678	13,305	307,054	5,987	118,734	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	3,414	234	3,098	0	66	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	1,917	2,445	0	36	24,030	192.00
194.00	07950	TRANSPORTATION	1,876	98	0	0	0	194.00
194.01	07951	FUND DEVELOPMENT	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)	1,204,885	16,082	310,152	6,023	142,830	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-1336 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/21/2017 12:20 pm

		Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			10.00	11.00	13.00	16.00	17.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	214,696					10.00
11.00	01100	CAFETERIA	98,452	236,086				11.00
13.00	01300	NURSING ADMINISTRATION	0	5,396	30,944			13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	9,495	0	147,991		16.00
17.00	01700	SOCIAL SERVICE	0	4,932	60	0	27,597	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	55,195	62,658	17,525	85,726	27,505	30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	8,091	27,349	4,116	14,976	0	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	19,983	0	2,213	0	54.00
60.00	06000	LABORATORY	0	22,049	9	2,656	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	10,376	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	18,815	0	17,263	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,090	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	384	0	0	0	68.00
68.01	03040	AUDIOLOGY	0	1,521	0	0	0	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	3,234	2	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	6,533	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	5,508	669	1,475	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	5,909	727	1,771	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	3,411	732	0	0	90.00
91.00	09100	EMERGENCY	5,851	23,858	7,104	14,238	92	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
93.00	04950	O/P GERIATRIC PSYCH CENTER	6,880	0	0	0	0	93.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	174,469	234,501	30,944	140,318	27,597	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	7,673	0	192.00
194.00	07950	TRANSPORTATION	40,227	1,585	0	0	0	194.00
194.01	07951	FUND DEVELOPMENT	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)	214,696	236,086	30,944	147,991	27,597	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-1336 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II | Date/Time Prepared: 11/21/2017 12:20 pm

		Cost Center Description	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			19.00	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
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0					19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		1,586,604	0	1,586,604		30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM		1,210,659	0	1,210,659		50.00
53.00	05300	ANESTHESIOLOGY		17,859	0	17,859		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		1,240,610	0	1,240,610		54.00
60.00	06000	LABORATORY		409,861	0	409,861		60.00
65.00	06500	RESPIRATORY THERAPY		174,125	0	174,125		65.00
66.00	06600	PHYSICAL THERAPY		456,000	0	456,000		66.00
67.00	06700	OCCUPATIONAL THERAPY		21,860	0	21,860		67.00
68.00	06800	SPEECH PATHOLOGY		4,716	0	4,716		68.00
68.01	03040	AUDIOLOGY		44,755	0	44,755		68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT		514,301	0	514,301		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		65,379	0	65,379		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		213,678	0	213,678		73.00
76.97	07697	CARDIAC REHABILITATION		123,745	0	123,745		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		78,422	0	78,422		76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC		13,258	0	13,258		90.00
91.00	09100	EMERGENCY		726,870	0	726,870		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT			0			92.00
93.00	04950	O/P GERIATRIC PSYCH CENTER		172,628	0	172,628		93.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	7,075,330	0	7,075,330		118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN		48,470	0	48,470		190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES		57,195	0	57,195		192.00
194.00	07950	TRANSPORTATION		43,788	0	43,788		194.00
194.01	07951	FUND DEVELOPMENT		0	0	0		194.01
200.00		Cross Foot Adjustments	0	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118-201)	0	7,224,783	0	7,224,783		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-1336 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/21/2017 12:20 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (TELEPHONES)	DATA PROCESSING (TIME SPENT)	
			1.00	2.00	4.00	5.01	5.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	97,100					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		1,394,265				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	894	11,823,485			4.00
5.01	01160	COMMUNICATIONS	0	262	0	778		5.01
5.02	00550	DATA PROCESSING	1,584	19,173	0	131	3,178	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	378	127,649	13	240	5.03
5.04	00570	ADMITTING	913	0	380,794	14	326	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	21	230,774	21	35	5.05
5.06	00590	OTHER ADMIN & GENERAL	11,320	74	1,387,316	74	1,362	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	2,977	227,835	13	0	6.00
7.00	00700	OPERATION OF PLANT	5,091	2,631	169,346	0	16	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	2,054	3,275	262,454	5	10	9.00
10.00	01000	DIETARY	2,634	1,545	357,015	13	65	10.00
11.00	01100	CAFETERIA	2,426	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	334	321,254	0	14	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,208	453	191,590	33	113	16.00
17.00	01700	SOCIAL SERVICE	0	1	218,901	2	19	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	17,606	25,605	2,020,038	89	211	30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	14,901	246,126	1,072,775	30	91	50.00
53.00	05300	ANESTHESIOLOGY	0	12,038	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,170	843,827	776,102	22	63	54.00
60.00	06000	LABORATORY	3,143	58,428	674,777	24	114	60.00
65.00	06500	RESPIRATORY THERAPY	2,081	11,930	333,385	22	8	65.00
66.00	06600	PHYSICAL THERAPY	5,580	9,000	719,543	38	88	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	133,197	0	18	67.00
68.00	06800	SPEECH PATHOLOGY	0	343	16,751	0	5	68.00
68.01	03040	AUDIOLOGY	564	1,676	71,159	0	10	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	4,662	62,178	70,608	12	3	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,179	7,970	460,156	13	72	73.00
76.97	07697	CARDIAC REHABILITATION	1,508	6,386	255,910	23	19	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	12,247	197,900	16	57	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	103,353	0	0	90.00
91.00	09100	EMERGENCY	7,217	55,332	1,014,805	29	173	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
93.00	04950	O/P GERIATRIC PSYCH CENTER	2,478	214	0	0	11	93.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	96,319	1,385,318	11,795,387	637	3,143	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	781	847	0	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	8,100	373	141	35	192.00
194.00	07950	TRANSPORTATION	0	0	27,725	0	0	194.00
194.01	07951	FUND DEVELOPMENT	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)	4,926,188	958,516	4,288,498	11,897	3,250,264	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	50.733141	0.687470	0.362710	15.291774	1,022.738829	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			615	180	1,406,797	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000052	0.231362	442.667401	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-1336 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/21/2017 12:20 pm

		Cost Center Description	PURCHASING RECEIVING AND STORES (SUPPLY EXPENSE)	ADMITTING (INPATIENT REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
		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
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES	3,014,452					5.03
5.04	00570	ADMITTING	2,981	31,891,656				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1	0	104,154,277			5.05
5.06	00590	OTHER ADMIN & GENERAL	19,179	0	0	-6,062,948	30,070,655	5.06
6.00	00600	MAINTENANCE & REPAIRS	11,786	0	0	0	339,527	6.00
7.00	00700	OPERATION OF PLANT	4,117	0	0	0	1,068,790	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	132,665	8.00
9.00	00900	HOUSEKEEPING	390	0	0	0	555,800	9.00
10.00	01000	DIETARY	2,442	0	0	0	931,356	10.00
11.00	01100	CAFETERIA	0	0	0	0	123,079	11.00
13.00	01300	NURSING ADMINISTRATION	1,089	0	0	0	462,274	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	860	0	0	0	519,104	16.00
17.00	01700	SOCIAL SERVICE	25	0	0	0	353,710	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	11,890	5,488,712	5,567,352	0	4,174,061	30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	29,864	1,793,325	8,134,757	0	2,704,095	50.00
53.00	05300	ANESTHESIOLOGY	365	950,751	2,372,450	0	88,122	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,584	4,921,163	31,673,566	0	3,026,452	54.00
60.00	06000	LABORATORY	6,292	6,232,895	21,683,622	0	1,919,365	60.00
65.00	06500	RESPIRATORY THERAPY	2,215	1,451,275	2,892,153	0	661,686	65.00
66.00	06600	PHYSICAL THERAPY	3,131	1,109,962	4,176,384	0	1,443,157	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	340,835	636,543	0	216,148	67.00
68.00	06800	SPEECH PATHOLOGY	0	39,215	94,210	0	40,761	68.00
68.01	03040	AUDIOLOGY	268	0	363,147	0	151,084	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	1,976,477	2,442,870	3,813,478	0	3,125,309	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	873,039	1,003,811	1,673,688	0	705,774	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	811	4,850,802	8,468,824	0	1,845,693	73.00
76.97	07697	CARDIAC REHABILITATION	680	0	719,134	0	458,641	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	8,760	460	2,488,115	0	781,831	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	629	100	480,173	0	146,179	90.00
91.00	09100	EMERGENCY	7,702	1,265,480	8,363,608	0	3,348,527	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
93.00	04950	O/P GERIATRIC PSYCH CENTER	730	0	553,073	0	567,586	93.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,973,307	31,891,656	104,154,277	-6,062,948	29,890,776	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	41,114	0	0	0	85,216	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	47,838	192.00
194.00	07950	TRANSPORTATION	31	0	0	0	46,825	194.00
194.01	07951	FUND DEVELOPMENT	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)	428,215	908,832	977,966		6,062,948	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.142054	0.028497	0.009390		0.201623	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	106,510	190,757	15,524		1,204,885	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.035333	0.005981	0.000149		0.040068	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-1336 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/21/2017 12:20 pm

		Cost Center Description	MAINTENANCE & REPAIRS (TIME SPENT)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
			6.00	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
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS	4,117					6.00
7.00	00700	OPERATION OF PLANT	0	78,192				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	181	0	170,609			8.00
9.00	00900	HOUSEKEEPING	384	2,054	0	15,240		9.00
10.00	01000	DIETARY	230	2,634	1,398	257	89,344	10.00
11.00	01100	CAFETERIA	0	2,426	0	0	40,970	11.00
13.00	01300	NURSING ADMINISTRATION	120	0	0	8	0	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	123	1,208	0	81	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	1	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	823	17,606	71,158	6,056	22,969	30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	165	14,901	24,114	924	3,367	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	182	8,170	16,217	694	0	54.00
60.00	06000	LABORATORY	77	3,143	94	491	0	60.00
65.00	06500	RESPIRATORY THERAPY	32	2,081	2,757	238	0	65.00
66.00	06600	PHYSICAL THERAPY	80	5,580	13,790	375	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	03040	AUDIOLOGY	0	564	0	73	0	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	26	4,662	273	173	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	45	1,179	0	90	0	73.00
76.97	07697	CARDIAC REHABILITATION	36	1,508	0	228	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	14	0	5,906	435	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	337	0	90.00
91.00	09100	EMERGENCY	876	7,217	33,849	1,964	2,435	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
93.00	04950	O/P GERIATRIC PSYCH CENTER	12	2,478	47	244	2,863	93.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,406	77,411	169,603	12,669	72,604	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	60	781	0	7	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	626	0	1,006	2,564	0	192.00
194.00	07950	TRANSPORTATION	25	0	0	0	16,740	194.00
194.01	07951	FUND DEVELOPMENT	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)	407,983	1,284,283	177,350	739,651	1,199,120	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	99.097158	16.424737	1.039511	48.533530	13.421383	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	16,082	310,152	6,023	142,830	214,696	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	3.906242	3.966544	0.035303	9.372047	2.403027	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-1336 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/21/2017 12:20 pm

		Cost Center Description	CAFETERIA (MEALS FTES)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
			11.00	13.00	16.00	17.00	19.00	
		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
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	14,744					11.00
13.00	01300	NURSING ADMINISTRATION	337	258,775				13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	593	0	2,006			16.00
17.00	01700	SOCIAL SERVICE	308	501	0	2,101		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,913	146,562	1,162	2,094	0	30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,708	34,421	203	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,248	0	30	0	0	54.00
60.00	06000	LABORATORY	1,377	76	36	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	648	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,175	0	234	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	193	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	24	0	0	0	0	68.00
68.01	03040	AUDIOLOGY	95	0	0	0	0	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	202	14	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	408	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	344	5,593	20	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	369	6,078	24	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	213	6,118	0	0	0	90.00
91.00	09100	EMERGENCY	1,490	59,408	193	7	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
93.00	04950	O/P GERIATRIC PSYCH CENTER	0	0	0	0	0	93.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	14,645	258,771	1,902	2,101	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	4	104	0	0	192.00
194.00	07950	TRANSPORTATION	99	0	0	0	0	194.00
194.01	07951	FUND DEVELOPMENT	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)	737,615	584,618	689,395	441,616	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	50.028147	2.259175	343.666500	210.193241	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	236,086	30,944	147,991	27,597	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	16.012344	0.119579	73.774177	13.135174	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-1336 | Period: From 07/01/2016 To 06/30/2017 | Worksheet C Part I Date/Time Prepared: 11/21/2017 12:20 pm

Title XVIII | Hospital | Cost

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	7,428,911		7,428,911	0	0	30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,858,476		3,858,476	0	0	50.00
53.00	05300	ANESTHESIOLOGY	105,889		105,889	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,912,165		3,912,165	0	0	54.00
60.00	06000	LABORATORY	2,470,967		2,470,967	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	879,283	0	879,283	0	0	65.00
66.00	06600	PHYSICAL THERAPY	2,005,445	0	2,005,445	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	269,383	0	269,383	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	50,180	0	50,180	0	0	68.00
68.01	03040	AUDIOLOGY	199,106	0	199,106	0	0	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	3,853,410		3,853,410	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	848,074		848,074	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,266,430		2,266,430	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	627,235		627,235	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,008,543		1,008,543	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	216,486		216,486	0	0	90.00
91.00	09100	EMERGENCY	4,668,755		4,668,755	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	102,588		102,588		0	92.00
93.00	04950	O/P GERIATRIC PSYCH CENTER	774,229		774,229	0	0	93.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	35,545,555	0	35,545,555	0	0	200.00
201.00		Less Observation Beds	102,588		102,588		0	201.00
202.00		Total (see instructions)	35,442,967	0	35,442,967	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-1336 | Period: From 07/01/2016 To 06/30/2017 | Worksheet C Part I Date/Time Prepared: 11/21/2017 12:20 pm

Title XVIII | Hospital | Cost

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	5,486,012		5,486,012			30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,793,325	6,341,432	8,134,757	0.474320	0.000000	50.00
53.00	05300	ANESTHESIOLOGY	950,751	1,421,699	2,372,450	0.044633	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,921,163	26,752,403	31,673,566	0.123515	0.000000	54.00
60.00	06000	LABORATORY	6,232,895	15,450,727	21,683,622	0.113955	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	1,451,275	1,440,878	2,892,153	0.304024	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	1,109,962	3,066,422	4,176,384	0.480187	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	340,835	295,708	636,543	0.423197	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	39,215	54,995	94,210	0.532640	0.000000	68.00
68.01	03040	AUDIOLOGY	0	363,147	363,147	0.548279	0.000000	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	2,442,870	1,370,608	3,813,478	1.010471	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,003,811	669,877	1,673,688	0.506710	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,850,802	3,618,022	8,468,824	0.267620	0.000000	73.00
76.97	07697	CARDIAC REHABILITATION	0	719,134	719,134	0.872209	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	460	2,487,655	2,488,115	0.405344	0.000000	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	100	480,073	480,173	0.450850	0.000000	90.00
91.00	09100	EMERGENCY	1,265,480	7,098,128	8,363,608	0.558223	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	2,700	78,640	81,340	1.261224	0.000000	92.00
93.00	04950	O/P GERIATRIC PSYCH CENTER	0	553,073	553,073	1.399868	0.000000	93.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	31,891,656	72,262,621	104,154,277			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	31,891,656	72,262,621	104,154,277			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-1336 | Period: From 07/01/2016 To 06/30/2017 | Worksheet C Part I Date/Time Prepared: 11/21/2017 12:20 pm

Title XVIII | Hospital | Cost

		Cost Center Description	PPS Inpatient Ratio		
			11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.000000		50.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
60.00	06000	LABORATORY	0.000000		60.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
68.01	03040	AUDIOLOGY	0.000000		68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0.000000		90.00
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.000000		92.00
93.00	04950	O/P GERIATRIC PSYCH CENTER	0.000000		93.00
		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

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-1336 | Period: From 07/01/2016 To 06/30/2017 | Worksheet C Part I Date/Time Prepared: 11/21/2017 12:20 pm

Title XIX | Hospital | Cost

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	7,428,911		7,428,911	0	7,428,911	30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,858,476		3,858,476	0	3,858,476	50.00
53.00	05300	ANESTHESIOLOGY	105,889		105,889	0	105,889	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,912,165		3,912,165	0	3,912,165	54.00
60.00	06000	LABORATORY	2,470,967		2,470,967	0	2,470,967	60.00
65.00	06500	RESPIRATORY THERAPY	879,283	0	879,283	0	879,283	65.00
66.00	06600	PHYSICAL THERAPY	2,005,445	0	2,005,445	0	2,005,445	66.00
67.00	06700	OCCUPATIONAL THERAPY	269,383	0	269,383	0	269,383	67.00
68.00	06800	SPEECH PATHOLOGY	50,180	0	50,180	0	50,180	68.00
68.01	03040	AUDIOLOGY	199,106	0	199,106	0	199,106	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	3,853,410		3,853,410	0	3,853,410	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	848,074		848,074	0	848,074	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,266,430		2,266,430	0	2,266,430	73.00
76.97	07697	CARDIAC REHABILITATION	627,235		627,235	0	627,235	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,008,543		1,008,543	0	1,008,543	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	216,486		216,486	0	216,486	90.00
91.00	09100	EMERGENCY	4,668,755		4,668,755	0	4,668,755	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	102,588		102,588		102,588	92.00
93.00	04950	O/P GERIATRIC PSYCH CENTER	774,229		774,229	0	774,229	93.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	35,545,555	0	35,545,555	0	35,545,555	200.00
201.00		Less Observation Beds	102,588		102,588		102,588	201.00
202.00		Total (see instructions)	35,442,967	0	35,442,967	0	35,442,967	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-1336 | Period: From 07/01/2016 To 06/30/2017 | Worksheet C Part I Date/Time Prepared: 11/21/2017 12:20 pm

Title XIX | Hospital | Cost

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	5,486,012		5,486,012			30.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,793,325	6,341,432	8,134,757	0.474320	0.000000	50.00
53.00	05300	ANESTHESIOLOGY	950,751	1,421,699	2,372,450	0.044633	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,921,163	26,752,403	31,673,566	0.123515	0.000000	54.00
60.00	06000	LABORATORY	6,232,895	15,450,727	21,683,622	0.113955	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	1,451,275	1,440,878	2,892,153	0.304024	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	1,109,962	3,066,422	4,176,384	0.480187	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	340,835	295,708	636,543	0.423197	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	39,215	54,995	94,210	0.532640	0.000000	68.00
68.01	03040	AUDIOLOGY	0	363,147	363,147	0.548279	0.000000	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	2,442,870	1,370,608	3,813,478	1.010471	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,003,811	669,877	1,673,688	0.506710	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,850,802	3,618,022	8,468,824	0.267620	0.000000	73.00
76.97	07697	CARDIAC REHABILITATION	0	719,134	719,134	0.872209	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	460	2,487,655	2,488,115	0.405344	0.000000	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	100	480,073	480,173	0.450850	0.000000	90.00
91.00	09100	EMERGENCY	1,265,480	7,098,128	8,363,608	0.558223	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	2,700	78,640	81,340	1.261224	0.000000	92.00
93.00	04950	O/P GERIATRIC PSYCH CENTER	0	553,073	553,073	1.399868	0.000000	93.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	31,891,656	72,262,621	104,154,277			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	31,891,656	72,262,621	104,154,277			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-1336 | Period: From 07/01/2016 To 06/30/2017 | Worksheet C Part I | Date/Time Prepared: 11/21/2017 12:20 pm

Title XIX | Hospital | Cost

		Cost Center Description	PPS Inpatient Ratio		
			11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.000000		50.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
60.00	06000	LABORATORY	0.000000		60.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
68.01	03040	AUDIOLOGY	0.000000		68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0.000000		90.00
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.000000		92.00
93.00	04950	O/P GERIATRIC PSYCH CENTER	0.000000		93.00
		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 ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 14-1336 | Period: From 07/01/2016 To 06/30/2017 | Worksheet D Part II Date/Time Prepared: 11/21/2017 12:20 pm

Title XVIII | Hospital | Cost

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,210,659	8,134,757	0.148825	894,729	133,158	50.00
53.00	05300	ANESTHESIOLOGY	17,859	2,372,450	0.007528	507,032	3,817	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,240,610	31,673,566	0.039169	1,433,202	56,137	54.00
60.00	06000	LABORATORY	409,861	21,683,622	0.018902	2,120,093	40,074	60.00
65.00	06500	RESPIRATORY THERAPY	174,125	2,892,153	0.060206	534,122	32,157	65.00
66.00	06600	PHYSICAL THERAPY	456,000	4,176,384	0.109185	274,888	30,014	66.00
67.00	06700	OCCUPATIONAL THERAPY	21,860	636,543	0.034342	53,203	1,827	67.00
68.00	06800	SPEECH PATHOLOGY	4,716	94,210	0.050058	15,324	767	68.00
68.01	03040	AUDIOLOGY	44,755	363,147	0.123242	0	0	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	514,301	3,813,478	0.134864	1,059,978	142,953	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	65,379	1,673,688	0.039063	592,462	23,143	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	213,678	8,468,824	0.025231	1,689,969	42,640	73.00
76.97	07697	CARDIAC REHABILITATION	123,745	719,134	0.172075	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	78,422	2,488,115	0.031519	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	13,258	480,173	0.027611	4	0	90.00
91.00	09100	EMERGENCY	726,870	8,363,608	0.086909	47,499	4,128	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	21,910	81,340	0.269363	0	0	92.00
93.00	04950	O/P GERIATRIC PSYCH CENTER	172,628	553,073	0.312125	0	0	93.00
200.00		Total (lines 50-199)	5,510,636	98,668,265		9,222,505	510,815	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-1336 | Period: From 07/01/2016 To 06/30/2017 | Worksheet D Part IV | Date/Time Prepared: 11/21/2017 12:20 pm

Title XVIII | Hospital | Cost

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	03040	AUDIOLOGY	0	0	0	0	0	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	0	0	0	0	92.00
93.00	04950	O/P GERIATRIC PSYCH CENTER	0	0	0	0	0	93.00
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: 14-1336 | Period: From 07/01/2016 To 06/30/2017 | Worksheet D Part IV | Date/Time Prepared: 11/21/2017 12:20 pm

Title XVIII | Hospital | Cost

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	8,134,757	0.000000	0.000000	894,729	50.00
53.00	05300	ANESTHESIOLOGY	0	2,372,450	0.000000	0.000000	507,032	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	31,673,566	0.000000	0.000000	1,433,202	54.00
60.00	06000	LABORATORY	0	21,683,622	0.000000	0.000000	2,120,093	60.00
65.00	06500	RESPIRATORY THERAPY	0	2,892,153	0.000000	0.000000	534,122	65.00
66.00	06600	PHYSICAL THERAPY	0	4,176,384	0.000000	0.000000	274,888	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	636,543	0.000000	0.000000	53,203	67.00
68.00	06800	SPEECH PATHOLOGY	0	94,210	0.000000	0.000000	15,324	68.00
68.01	03040	AUDIOLOGY	0	363,147	0.000000	0.000000	0	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	3,813,478	0.000000	0.000000	1,059,978	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,673,688	0.000000	0.000000	592,462	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	8,468,824	0.000000	0.000000	1,689,969	73.00
76.97	07697	CARDIAC REHABILITATION	0	719,134	0.000000	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	2,488,115	0.000000	0.000000	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	480,173	0.000000	0.000000	4	90.00
91.00	09100	EMERGENCY	0	8,363,608	0.000000	0.000000	47,499	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	81,340	0.000000	0.000000	0	92.00
93.00	04950	O/P GERIATRIC PSYCH CENTER	0	553,073	0.000000	0.000000	0	93.00
200.00		Total (lines 50-199)	0	98,668,265			9,222,505	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-1336 | Period: From 07/01/2016 To 06/30/2017 | Worksheet D Part IV | Date/Time Prepared: 11/21/2017 12:20 pm

Title XVIII | Hospital | Cost

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	0		50.00
53.00	05300	ANESTHESIOLOGY	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
60.00	06000	LABORATORY	0	0	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
68.01	03040	AUDIOLOGY	0	0	0		68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0		76.98
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	0		90.00
91.00	09100	EMERGENCY	0	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	0	0		92.00
93.00	04950	O/P GERIATRIC PSYCH CENTER	0	0	0		93.00
200.00		Total (lines 50-199)	0	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 14-1336 | Period: From 07/01/2016 To 06/30/2017 | Worksheet D Part V Date/Time Prepared: 11/21/2017 12:20 pm

Title XVIII | Hospital | Cost

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.474320	0	2,464,374	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0.044633	0	508,980	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.123515	0	9,672,409	0	0	54.00
60.00	06000	LABORATORY	0.113955	0	4,863,038	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.304024	0	550,433	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.480187	0	1,043,413	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.423197	0	96,722	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.532640	0	15,149	0	0	68.00
68.01	03040	AUDIOLOGY	0.548279	0	54,358	0	0	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	1.010471	0	520,605	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.506710	0	287,598	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.267620	0	1,129,112	8,498	0	73.00
76.97	07697	CARDIAC REHABILITATION	0.872209	0	315,212	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.405344	0	1,080,210	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.450850	0	72,222	718	0	90.00
91.00	09100	EMERGENCY	0.558223	0	2,356,818	3,271	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	1.261224	0	42,592	0	0	92.00
93.00	04950	O/P GERIATRIC PSYCH CENTER	1.399868	0	515,847	0	0	93.00
200.00		Subtotal (see instructions)		0	25,589,092	12,487	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		0	25,589,092	12,487	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 14-1336 | Period: From 07/01/2016 To 06/30/2017 | Worksheet D Part V Date/Time Prepared: 11/21/2017 12:20 pm

Title XVIII | Hospital | Cost

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	1,168,902	0		50.00
53.00	05300	ANESTHESIOLOGY	22,717	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,194,688	0		54.00
60.00	06000	LABORATORY	554,167	0		60.00
65.00	06500	RESPIRATORY THERAPY	167,345	0		65.00
66.00	06600	PHYSICAL THERAPY	501,033	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	40,932	0		67.00
68.00	06800	SPEECH PATHOLOGY	8,069	0		68.00
68.01	03040	AUDIOLOGY	29,803	0		68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	526,056	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	145,729	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	302,173	2,274		73.00
76.97	07697	CARDIAC REHABILITATION	274,931	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	437,857	0		76.98
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	32,561	324		90.00
91.00	09100	EMERGENCY	1,315,630	1,826		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	53,718	0		92.00
93.00	04950	O/P GERIATRIC PSYCH CENTER	722,118	0		93.00
200.00		Subtotal (see instructions)	7,498,429	4,424		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	7,498,429	4,424		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-1336 | Component CCN: 14-Z336 | Period: From 07/01/2016 To 06/30/2017 | Worksheet D Part V | Date/Time Prepared: 11/21/2017 12:20 pm

Title XVIII | Swing Beds - SNF | Cost

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.474320	0	0	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0.044633	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.123515	0	0	0	0	54.00
60.00	06000	LABORATORY	0.113955	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.304024	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.480187	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.423197	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.532640	0	0	0	0	68.00
68.01	03040	AUDIOLOGY	0.548279	0	0	0	0	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	1.010471	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.506710	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.267620	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0.872209	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.405344	0	0	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.450850	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.558223	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	1.261224	0	0	0	0	92.00
93.00	04950	O/P GERIATRIC PSYCH CENTER	1.399868	0	0	0	0	93.00
200.00		Subtotal (see instructions)		0	0	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		0	0	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 14-1336 | Component CCN: 14-Z336 | Period: From 07/01/2016 To 06/30/2017 | Worksheet D Part V Date/Time Prepared: 11/21/2017 12:20 pm

Title XVIII | Swing Beds - SNF | Cost

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: 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
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
60.00	06000	LABORATORY	0	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
68.01	03040	AUDIOLOGY	0	0		68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	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
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	0		92.00
93.00	04950	O/P GERIATRIC PSYCH CENTER	0	0		93.00
200.00		Subtotal (see instructions)	0	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	0	0		202.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 14-1336 | Period: From 07/01/2016 To 06/30/2017 | Worksheet D-1 | Date/Time Prepared: 11/21/2017 12:20 pm

Title XVIII | Hospital

	Cost Center Description	Cost	
		1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	6,633	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	3,799	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)	3,708	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	1,392	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)	1,392	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	25	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)	25	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	2,093	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)	1,130	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)	1,131	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		17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	150.15	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	153.39	20.00
21.00	Total general inpatient routine service cost (see instructions)	7,428,911	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)	3,754	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)	3,835	25.00
26.00	Total swing-bed cost (see instructions)	3,146,131	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	4,282,780	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)	4,282,780	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)	1,127.35	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	2,359,544	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	2,359,544	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 14-1336 | Period: From 07/01/2016 To 06/30/2017 | Worksheet D-1 | Date/Time Prepared: 11/21/2017 12:20 pm

Title XVIII | Hospital | Cost

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	3,040,766	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	5,400,310	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	0	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	1,273,906	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	1,275,033	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	2,548,939	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)	91	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,127.34	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	102,588	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 14-1336 | Period: From 07/01/2016 To 06/30/2017 | Worksheet D-1 | Date/Time Prepared: 11/21/2017 12:20 pm

Title XVIII | Hospital | Cost

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	1,586,604	7,428,911	0.213572	102,588	21,910	90.00
91.00	Nursing School cost	0	7,428,911	0.000000	102,588	0	91.00
92.00	Allied health cost	0	7,428,911	0.000000	102,588	0	92.00
93.00	All other Medical Education	0	7,428,911	0.000000	102,588	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 14-1336 | Period: From 07/01/2016 To 06/30/2017 | Worksheet D-3 | Date/Time Prepared: 11/21/2017 12:20 pm

Title XVIII | Hospital | Cost

		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		2,300,193		30.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.474320	894,729	424,388	50.00
53.00	05300	ANESTHESIOLOGY	0.044633	507,032	22,630	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.123515	1,433,202	177,022	54.00
60.00	06000	LABORATORY	0.113955	2,120,093	241,595	60.00
65.00	06500	RESPIRATORY THERAPY	0.304024	534,122	162,386	65.00
66.00	06600	PHYSICAL THERAPY	0.480187	274,888	131,998	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.423197	53,203	22,515	67.00
68.00	06800	SPEECH PATHOLOGY	0.532640	15,324	8,162	68.00
68.01	03040	AUDIOLOGY	0.548279	0	0	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	1.010471	1,059,978	1,071,077	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.506710	592,462	300,206	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.267620	1,689,969	452,270	73.00
76.97	07697	CARDIAC REHABILITATION	0.872209	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.405344	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.450850	4	2	90.00
91.00	09100	EMERGENCY	0.558223	47,499	26,515	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	1.261224	0	0	92.00
93.00	04950	O/P GERIATRIC PSYCH CENTER	1.399868	0	0	93.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		9,222,505	3,040,766	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net charges (line 200 minus line 201)		9,222,505		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 14-1336 | Component CCN: 14-Z336 | Period: From 07/01/2016 To 06/30/2017 | Worksheet D-3 | Date/Time Prepared: 11/21/2017 12:20 pm

Title XVIII | Swing Beds - SNF | Cost

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.474320	100	47	50.00
53.00	05300	ANESTHESIOLOGY	0.044633	23,787	1,062	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.123515	214,441	26,487	54.00
60.00	06000	LABORATORY	0.113955	983,451	112,069	60.00
65.00	06500	RESPIRATORY THERAPY	0.304024	419,977	127,683	65.00
66.00	06600	PHYSICAL THERAPY	0.480187	542,223	260,368	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.423197	218,557	92,493	67.00
68.00	06800	SPEECH PATHOLOGY	0.532640	14,498	7,722	68.00
68.01	03040	AUDIOLOGY	0.548279	0	0	68.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	1.010471	387,184	391,238	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.506710	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.267620	1,155,570	309,254	73.00
76.97	07697	CARDIAC REHABILITATION	0.872209	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.405344	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.450850	2	1	90.00
91.00	09100	EMERGENCY	0.558223	339	189	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	1.261224	0	0	92.00
93.00	04950	O/P GERIATRIC PSYCH CENTER	1.399868	0	0	93.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		3,960,129	1,328,613	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net charges (line 200 minus line 201)		3,960,129		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-1336	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part B Date/Time Prepared: 11/21/2017 12:20 pm
	Title XVIII	Hospital	Cost

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	7,502,853	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	0	2.00
3.00	PPS payments	0	3.00
4.00	Outlier payment (see instructions)	0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	7,502,853	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)	0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	0	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)	7,577,882	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)	0	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	43,404	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	4,156,692	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)	3,377,786	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)	3,377,786	30.00
31.00	Primary payer payments	2,026	31.00
32.00	Subtotal (line 30 minus line 31)	3,375,760	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)	142,174	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	92,413	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	8,647	36.00
37.00	Subtotal (see instructions)	3,468,173	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)	3,468,173	40.00
40.01	Sequestration adjustment (see instructions)	69,363	40.01
41.00	Interim payments	3,393,698	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	5,112	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED | Provider CCN: 14-1336 | Period: From 07/01/2016 To 06/30/2017 | Worksheet E-1 Part I | Date/Time Prepared: 11/21/2017 12:20 pm

Title XVIII | Hospital | Cost

		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		4,395,108		4,099,399	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM	02/02/2017	59,060	02/02/2017	485,868	3.50
3.51		06/29/2017	29,286	06/29/2017	219,833	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)		-88,346		-705,701	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)		4,306,762		3,393,698	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		545,374		5,112	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		4,852,136		3,398,810	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-1336 | Component CCN: 14-Z336 | Period: From 07/01/2016 To 06/30/2017 | Worksheet E-1 Part I | Date/Time Prepared: 11/21/2017 12:20 pm

Title XVIII | Swing Beds - SNF | Cost

		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		3,331,917		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM	02/02/2017	45,207		0	3.50
3.51		06/29/2017	24,117		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)		-69,324		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)		3,262,593		0	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		527,265		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,789,858		0	7.00

			Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 14-1336	Period: From 07/01/2016 To 06/30/2017	Worksheet E-1 Part II Date/Time Prepared: 11/21/2017 12:20 pm
	Title XVIII	Hospital	Cost

		1.00	
	TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS		
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION		
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14	1,015	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	2,093	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	545	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	3,708	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	104,154,277	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	2,045,719	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168	1	7.00
8.00	Calculation of the HIT incentive payment (see instructions)	1	8.00
9.00	Sequestration adjustment amount (see instructions)	0	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	1	10.00
	INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)	1	30.00
31.00	Other Adjustment (specify)	0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)	0	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS	Provider CCN: 14-1336 Component CCN: 14-Z336	Period: From 07/01/2016 To 06/30/2017	Worksheet E-2 Date/Time Prepared: 11/21/2017 12:20 pm
	Title XVIII	Swing Beds - SNF	Cost

		Part A	Part B	
		1.00	2.00	
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient routine services - swing bed-SNF (see instructions)	2,574,428	0	1.00
2.00	Inpatient routine services - swing bed-NF (see instructions)			2.00
3.00	Ancillary services (from Wkst. D-3, col. 3, line 200, for Part A, and sum of Wkst. D, Part V, cols. 6 and 7, line 202, for Part B) (For CAH, see instructions)	1,341,899	0	3.00
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)		0.00	4.00
5.00	Program days	2,261	0	5.00
6.00	Interns and residents not in approved teaching program (see instructions)		0	6.00
7.00	Utilization review - physician compensation - SNF optional method only	0		7.00
8.00	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)	3,916,327	0	8.00
9.00	Primary payer payments (see instructions)	0	0	9.00
10.00	Subtotal (line 8 minus line 9)	3,916,327	0	10.00
11.00	Deductibles billed to program patients (exclude amounts applicable to physician professional services)	0	0	11.00
12.00	Subtotal (line 10 minus line 11)	3,916,327	0	12.00
13.00	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)	49,823	0	13.00
14.00	80% of Part B costs (line 12 x 80%)		0	14.00
15.00	Subtotal (enter the lesser of line 12 minus line 13, or line 14)	3,866,504	0	15.00
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	16.00
16.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	0	16.50
16.55	410A RURAL DEMONSTRATION PROJECT	0		16.55
17.00	Allowable bad debts (see instructions)	1,074	0	17.00
17.01	Adjusted reimbursable bad debts (see instructions)	698	0	17.01
18.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	0	18.00
19.00	Total (see instructions)	3,867,202	0	19.00
19.01	Sequestration adjustment (see instructions)	77,344	0	19.01
20.00	Interim payments	3,262,593	0	20.00
21.00	Tentative settlement (for contractor use only)	0	0	21.00
22.00	Balance due provider/program (line 19 minus lines 19.01, 20, and 21)	527,265	0	22.00
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	0	23.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-1336	Period: From 07/01/2016 To 06/30/2017	Worksheet E-3 Part V Date/Time Prepared: 11/21/2017 12:20 pm
	Title XVIII	Hospital	Cost

		1.00	
	PART V - CALCULATION OF REIMBURSEMENT SETTLEMENT FOR MEDICARE PART A SERVICES - COST REIMBURSEMENT		
1.00	Inpatient services	5,400,310	1.00
2.00	Nursing and Allied Health Managed Care payment (see instructions)	0	2.00
3.00	Organ acquisition	0	3.00
4.00	Subtotal (sum of lines 1 through 3)	5,400,310	4.00
5.00	Primary payer payments	16,674	5.00
6.00	Total cost (line 4 less line 5). For CAH (see instructions)	5,437,639	6.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
7.00	Routine service charges	0	7.00
8.00	Ancillary service charges	0	8.00
9.00	Organ acquisition charges, net of revenue	0	9.00
10.00	Total reasonable charges	0	10.00
	Customary charges		
11.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	11.00
12.00	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	12.00
13.00	Ratio of line 11 to line 12 (not to exceed 1.000000)	0.000000	13.00
14.00	Total customary charges (see instructions)	0	14.00
15.00	Excess of customary charges over reasonable cost (complete only if line 14 exceeds line 6) (see instructions)	0	15.00
16.00	Excess of reasonable cost over customary charges (complete only if line 6 exceeds line 14) (see instructions)	0	16.00
17.00	Cost of physicians' services in a teaching hospital (see instructions)	0	17.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18.00	Direct graduate medical education payments (from Worksheet E-4, line 49)	0	18.00
19.00	Cost of covered services (sum of lines 6, 17 and 18)	5,437,639	19.00
20.00	Deductibles (exclude professional component)	510,119	20.00
21.00	Excess reasonable cost (from line 16)	0	21.00
22.00	Subtotal (line 19 minus line 20 and 21)	4,927,520	22.00
23.00	Coinsurance	0	23.00
24.00	Subtotal (line 22 minus line 23)	4,927,520	24.00
25.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	36,367	25.00
26.00	Adjusted reimbursable bad debts (see instructions)	23,639	26.00
27.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	6,577	27.00
28.00	Subtotal (sum of lines 24 and 25, or line 26)	4,951,159	28.00
29.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	29.00
29.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	29.50
29.99	Recovery of Accelerated Depreciation	0	29.99
30.00	Subtotal (see instructions)	4,951,159	30.00
30.01	Sequestration adjustment (see instructions)	99,023	30.01
31.00	Interim payments	4,306,762	31.00
32.00	Tentative settlement (for contractor use only)	0	32.00
33.00	Balance due provider/program (line 30 minus lines 30.01, 31, and 32)	545,374	33.00
34.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	34.00

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

Provider CCN: 14-1336 | Period: From 07/01/2016 To 06/30/2017 | Worksheet G | Date/Time Prepared: 11/21/2017 12:20 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	4,154,339	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	21,791,584	0	0	0	4.00
5.00	Other receivable	-44,737	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-12,703,915	0	0	0	6.00
7.00	Inventory	560,693	0	0	0	7.00
8.00	Prepaid expenses	284,196	0	0	0	8.00
9.00	Other current assets	76,085	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)	14,118,245	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	2,130,878	0	0	0	12.00
13.00	Land improvements	1,423,810	0	0	0	13.00
14.00	Accumulated depreciation	-853,221	0	0	0	14.00
15.00	Buildings	33,665,511	0	0	0	15.00
16.00	Accumulated depreciation	-5,660,939	0	0	0	16.00
17.00	Leasehold improvements	4,255,901	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	14,496,687	0	0	0	23.00
24.00	Accumulated depreciation	-9,525,185	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	1,186,129	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	41,119,571	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	0	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	3,531,581	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	3,531,581	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	58,769,397	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	466,306	0	0	0	37.00
38.00	Salaries, wages, and fees payable	1,089,663	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	14,885,013	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	3,904,487	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	20,345,469	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	27,476,596	0	0	0	46.00
47.00	Notes payable	6,789,986	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	5,269,386	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	39,535,968	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	59,881,437	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	-1,112,040				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	-1,112,040	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	58,769,397	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 14-1336 | Period: From 07/01/2016 To 06/30/2017 | Worksheet G-1 | Date/Time Prepared: 11/21/2017 12:20 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		-1,538,760		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		3,017,368				2.00
3.00	Total (sum of line 1 and line 2)		1,478,608		0		3.00
4.00	NET ASSET RELEASED PPE	2,057		0		0	4.00
5.00	TEMPORARILY RESTRCTD NET ASSET	3,138,077		0		0	5.00
6.00		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)		3,140,134		0		10.00
11.00	Subtotal (line 3 plus line 10)		4,618,742		0		11.00
12.00	NET INCOME ROUNDING	9		0		0	12.00
13.00	CHANGE IN PENSION FUND STATUS	1,961,971		0		0	13.00
14.00	TRANSFERS_AFFILIATE	3,012,065		0		0	14.00
15.00	TRANSFERS_HCTF	722,185		0		0	15.00
16.00	TRANSFERS_HSHS	21,565		0		0	16.00
17.00	TRANSFERS_OTHER	12,987		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		5,730,782		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		-1,112,040		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	NET ASSET RELEASED PPE		0		4.00
5.00	TEMPORARILY RESTRCTD NET ASSET		0		5.00
6.00			0		6.00
7.00			0		7.00
8.00			0		8.00
9.00			0		9.00
10.00	Total additions (sum of line 4-9)	0		0	10.00
11.00	Subtotal (line 3 plus line 10)	0		0	11.00
12.00	NET INCOME ROUNDING		0		12.00
13.00	CHANGE IN PENSION FUND STATUS		0		13.00
14.00	TRANSFERS_AFFILIATE		0		14.00
15.00	TRANSFERS_HCTF		0		15.00
16.00	TRANSFERS_HSHS		0		16.00
17.00	TRANSFERS_OTHER		0		17.00
18.00	Total deductions (sum of lines 12-17)	0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0	19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider CCN: 14-1336 | Period: From 07/01/2016 To 06/30/2017 | Worksheet G-2 Parts I & II Date/Time Prepared: 11/21/2017 12:20 pm

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	3,164,354		3,164,354	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	2,333,658		2,333,658	5.00
6.00	Swing bed - NF	41,912		41,912	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)	5,539,924		5,539,924	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT				11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	0		0	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	5,539,924		5,539,924	17.00
18.00	Ancillary services	25,548,757	65,525,132	91,073,889	18.00
19.00	Outpatient services	1,280,987	8,336,551	9,617,538	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	OTHER IDENTIFIED ON TB	356,012	645,928	1,001,940	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	32,725,680	74,507,611	107,233,291	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		39,647,668		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)		39,647,668		43.00

STATEMENT OF REVENUES AND EXPENSES | Provider CCN: 14-1336 | Period: From 07/01/2016 To 06/30/2017 | Worksheet G-3 | Date/Time Prepared: 11/21/2017 12:20 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	107,233,291	1.00
2.00	Less contractual allowances and discounts on patients' accounts	66,918,315	2.00
3.00	Net patient revenues (line 1 minus line 2)	40,314,976	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	39,647,668	4.00
5.00	Net income from service to patients (line 3 minus line 4)	667,308	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	2,579	13.00
14.00	Revenue from meals sold to employees and guests	142,068	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	7,566	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	46,269	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	68,484	22.00
23.00	Governmental appropriations	1,515,948	23.00
24.00	OTHER IDENTIFIED ON TB	567,146	24.00
25.00	Total other income (sum of lines 6-24)	2,350,060	25.00
26.00	Total (line 5 plus line 25)	3,017,368	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	3,017,368	29.00