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: 14-2011	Period: From 01/01/2017 To 12/31/2017	Worksheet S Parts I-III Date/Time Prepared: 5/29/2018 11:25 am

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 5/29/2018 Time: 11:25 am
2. [ ] Manually submitted cost report
3. [1] 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 CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by HOLY FAMILY MEDICAL CENTER (14-2011) for the cost reporting period beginning 01/01/2017 and ending 12/31/2017 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) ROBERT ROSENBERGER
Officer or Administrator of Provider(s)

CHIEF FINANCIAL OFFICER
Title

05/29/2018 11:25:21 AM
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	179,828	25,045	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	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
200.00	Total	0	179,828	25,045	0	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-2011 | Period: From 01/01/2017 To 12/31/2017 | Worksheet S-2 Part I Date/Time Prepared: 5/29/2018 11:24 am

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 100 NORTH RIVER ROAD, SECOND FLOOR	PO Box:			1.00
2.00	City: DES PLAINES	State: IL	Zip Code: 60016	County: COOK	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	HOLY FAMILY MEDICAL CENTER	142011	16974	2	03/01/2006	N	P	P	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From:	To:	
		1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	01/01/2017	12/31/2017	20.00
21.00	Type of Control (see instructions)	1		21.00
	Inpatient PPS Information			
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	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.	0	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: 14-2011 | Period: From 01/01/2017 To 12/31/2017 | Worksheet S-2 Part I Date/Time Prepared: 5/29/2018 11:24 am

		Urban/Rural S	Date of Geogr	
		1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0		35.00
		Beginning:	Ending:	
		1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.			36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)			37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.			38.00
		Y/N	Y/N	
		1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 1 “Y” for yes or “N” for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i) or (ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N	40.00

		V	XVIII	XIX	
		1.00	2.00	3.00	
	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(b) PPS capital? Enter "Y for yes or "N" for no.	N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00
	Teaching Hospitals				
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59.00

		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
		1.00	2.00	3.00	
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)	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)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-2011 | Period: From 01/01/2017 To 12/31/2017 | Worksheet S-2 Part I | Date/Time Prepared: 5/29/2018 11:24 am

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-2011 | Period: From 01/01/2017 To 12/31/2017 | Worksheet S-2 Part I | Date/Time Prepared: 5/29/2018 11:24 am

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	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 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			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 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00

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		1.00	
	Long Term Care Hospital PPS		
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	Y	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 an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N	87.00

		V	XIX	
		1.00	2.00	
	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
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.06
	Rural Providers			
105.00	Does this hospital qualify as a CAH?	N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			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.			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				109.00

		1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration)for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N	110.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-2011 | Period: From 01/01/2017 To 12/31/2017 | Worksheet S-2 Part I Date/Time Prepared: 5/29/2018 11:24 am

		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00

		1.00	2.00	3.00	
	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.	2			118.00

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	0	0	780,250	118.01

		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act?Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	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
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	14H082	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-2011 | Period: From 01/01/2017 To 12/31/2017 | Worksheet S-2 Part I | Date/Time Prepared: 5/29/2018 11:24 am

	1.00	2.00	3.00	
	If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.			
141.00	Name: PRESENCE HEALTH	Contractor's Name: NGS	Contractor's Number: 00131	141.00
142.00	Street: 200 S. WACKER DRIVE	PO Box:		142.00
143.00	City: CHICAGO	State: IL	Zip Code: 60606	143.00

		1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y	144.00

		1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y		145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00

		1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N	149.00

		Part A	Part B	Title V	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.	N	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)	0	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

		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00

		1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 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: 14-2011 | Period: From 01/01/2017 To 12/31/2017 | Worksheet S-2 Part II | Date/Time Prepared: 5/29/2018 11:24 am

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

		Y/N	Date	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.	N			5.00

		Y/N	Legal Oper.	
		1.00	2.00	
	Approved Educational Activities			
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	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	05/11/2018	Y	05/11/2018	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: 14-2011 | Period: From 01/01/2017 To 12/31/2017 | Worksheet S-2 Part II Date/Time Prepared: 5/29/2018 11:24 am

		Description		Y/N	Y/N	
		0		1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	20.00
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21.00

		1.00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)		
	Capital Related Cost		
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		27.00
	Interest Expense		
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		31.00
	Purchased Services		
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		33.00
	Provider-Based Physicians		
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		35.00

		Y/N	Date	
		1.00	2.00	
	Home Office Costs			
36.00	Were home office costs claimed on the cost report?	Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.	Y		37.00
38.00	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	N		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.	PATRICK	GILLILAND	41.00
42.00	Enter the employer/company name of the cost report preparer.	PRESENCE HEALTH		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	8478133718	PATRICK.GILLILAND@PRESENCEHEALTH.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 14-2011	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part II Date/Time Prepared: 5/29/2018 11:24 am

		3.00		
	Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REGIONAL DIRECTOR OF REIMBURSEMENT		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 14-2011 | Period: From 01/01/2017 To 12/31/2017 | Worksheet S-3 Part I Date/Time Prepared: 5/29/2018 11:24 am

	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	120	43,800	0.00	0	1.00
2.00	HMO and other (see instructions)						2.00
3.00	HMO IPF Subprovider						3.00
4.00	HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00	Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)		120	43,800	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	8	2,920	0.00	0	8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)		128	46,720	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00	Total (sum of lines 14-26)		128				27.00
28.00	Observation Bed Days					0	28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)		0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00
33.01	LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 14-2011 | Period: From 01/01/2017 To 12/31/2017 | Worksheet S-3 Part I | Date/Time Prepared: 5/29/2018 11:24 am

	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)	13,811	3,962	29,241			1.00
2.00	HMO and other (see instructions)	0	0				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	13,811	3,962	29,241			7.00
8.00	INTENSIVE CARE UNIT	717	188	2,134			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)	14,528	4,150	31,375	0.11	473.65	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)				0.11	473.65	27.00
28.00	Observation Bed Days		0	0			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00
33.01	LTCH site neutral days and discharges	1,209					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 14-2011 | Period: From 01/01/2017 To 12/31/2017 | Worksheet S-3 Part I | Date/Time Prepared: 5/29/2018 11:24 am

	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	493	133	1,428	1.00
2.00	HMO and other (see instructions)			0	0		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	493	133	1,428	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			0			33.00
33.01	LTCH site neutral days and discharges			73			33.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 14-2011 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A | Date/Time Prepared: 5/29/2018 11:24 am

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT		1,815,886	1,815,886	-367,755	1,448,131	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	5,345,949	5,345,949	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-2,235	-237,778	-240,013	0	-240,013	4.00
5.01	00540	NONPATIENT TELEPHONES	0	187,573	187,573	0	187,573	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	0	5.03
5.04	00570	ADMITTING	0	0	0	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	ADMINISTRATIVE & GENERAL	4,544,169	18,132,596	22,676,765	-2,349,001	20,327,764	5.06
6.00	00600	MAINTENANCE & REPAIRS	405,180	304,237	709,417	-9,136	700,281	6.00
7.00	00700	OPERATION OF PLANT	381,375	2,617,341	2,998,716	-116,765	2,881,951	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	76,605	252,513	329,118	-81,159	247,959	8.00
9.00	00900	HOUSEKEEPING	858,311	630,074	1,488,385	-17,952	1,470,433	9.00
10.00	01000	DIETARY	503,298	1,223,948	1,727,246	-603,466	1,123,780	10.00
11.00	01100	CAFETERIA	0	0	0	591,483	591,483	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	625,253	652,591	1,277,844	-168,055	1,109,789	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	67,755	45,804	113,559	-528,780	-415,221	14.00
15.00	01500	PHARMACY	880,527	2,990,134	3,870,661	-2,836,021	1,034,640	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	409,276	409,276	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	11,364,965	4,619,857	15,984,822	-2,059,408	13,925,414	30.00
31.00	03100	INTENSIVE CARE UNIT	1,655,853	534,536	2,190,389	-163,609	2,026,780	31.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,029,449	1,089,684	2,119,133	-726,638	1,392,495	50.00
53.00	05300	ANESTHESIOLOGY	0	435,188	435,188	-16,855	418,333	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	417,556	336,335	753,891	-234,662	519,229	54.00
56.00	05600	RADIOISOTOPE	39,094	38,824	77,918	-24,490	53,428	56.00
57.00	05700	CT SCAN	124,829	45,498	170,327	-19,996	150,331	57.00
57.01	03630	ULTRA SOUND	118,413	34,705	153,118	-10,867	142,251	57.01
58.00	05800	MRI	30,622	10,408	41,030	-3,376	37,654	58.00
60.00	06000	LABORATORY	0	2,388,995	2,388,995	-202,680	2,186,315	60.00
65.00	06500	RESPIRATORY THERAPY	2,690,874	989,780	3,680,654	-313,706	3,366,948	65.00
66.00	06600	PHYSICAL THERAPY	2,119,185	536,395	2,655,580	-34,977	2,620,603	66.00
69.00	06900	ELECTROCARDIOLOGY	44,095	19,019	63,114	-8,949	54,165	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	207,740	84,967	292,707	-18,584	274,123	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	2,758,976	2,758,976	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	592,385	592,385	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	3,036,761	3,036,761	73.00
74.00	07400	RENAL DIALYSIS	459,973	227,526	687,499	-60,332	627,167	74.00
76.00	03950	SUBSTANCE ABUSE	268,215	60,735	328,950	615,818	944,768	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	619,251	1,109,456	1,728,707	-889,916	838,791	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	45,319	62,291	107,610	-7,212	100,398	90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	89,281	52,183	141,464	-25,392	116,072	90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE		1,450,909	1,450,909	-1,450,909	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	29,664,952	42,742,210	72,407,162	0	72,407,162	118.00
		NONREIMBURSABLE COST CENTERS						
200.00		TOTAL (SUM OF LINES 118 through 199)	29,664,952	42,742,210	72,407,162	0	72,407,162	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 14-2011 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A | Date/Time Prepared: 5/29/2018 11:24 am

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT	332,977	1,781,108		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	99,396	5,445,345		2.00
3.00	00300	OTHER CAP REL COSTS	0	0		3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	307,092	67,079		4.00
5.01	00540	NONPATIENT TELEPHONES	0	187,573		5.01
5.02	00550	DATA PROCESSING	1,279,827	1,279,827		5.02
5.03	00560	PURCHASING RECEIVING AND STORES	468,745	468,745		5.03
5.04	00570	ADMITTING	0	0		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,576,093	1,576,093		5.05
5.06	00590	ADMINISTRATIVE & GENERAL	-5,499,744	14,828,020		5.06
6.00	00600	MAINTENANCE & REPAIRS	0	700,281		6.00
7.00	00700	OPERATION OF PLANT	0	2,881,951		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	247,959		8.00
9.00	00900	HOUSEKEEPING	0	1,470,433		9.00
10.00	01000	DIETARY	-8,198	1,115,582		10.00
11.00	01100	CAFETERIA	-235,516	355,967		11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	0	1,109,789		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	-415,221		14.00
15.00	01500	PHARMACY	0	1,034,640		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	596,437	596,437		16.00
17.00	01700	SOCIAL SERVICE	0	0		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	409,276		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0		22.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	13,925,414		30.00
31.00	03100	INTENSIVE CARE UNIT	152,707	2,179,487		31.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	1,392,495		50.00
53.00	05300	ANESTHESIOLOGY	-548,287	-129,954		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	519,229		54.00
56.00	05600	RADIOISOTOPE	0	53,428		56.00
57.00	05700	CT SCAN	0	150,331		57.00
57.01	03630	ULTRA SOUND	0	142,251		57.01
58.00	05800	MRI	0	37,654		58.00
60.00	06000	LABORATORY	-7,758	2,178,557		60.00
65.00	06500	RESPIRATORY THERAPY	0	3,366,948		65.00
66.00	06600	PHYSICAL THERAPY	-1,100	2,619,503		66.00
69.00	06900	ELECTROCARDIOLOGY	0	54,165		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	274,123		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,758,976		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	592,385		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,036,761		73.00
74.00	07400	RENAL DIALYSIS	0	627,167		74.00
76.00	03950	SUBSTANCE ABUSE	0	944,768		76.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	838,791		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	100,398		90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	0	116,072		90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE	0	0		113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-1,487,329	70,919,833		118.00
		NONREIMBURSABLE COST CENTERS				
200.00		TOTAL (SUM OF LINES 118 through 199)	-1,487,329	70,919,833		200.00

RECLASSIFICATIONS | Provider CCN: 14-2011 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A-6 | Date/Time Prepared: 5/29/2018 11:24 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - INTEREST					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,450,909		1.00
	TOTALS		0	1,450,909		
	B - CAPITAL COSTS					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,960,808		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
	TOTALS		0	2,960,808		
	C - RECLASS DIETARY COSTS					
1.00	CAFETERIA	11.00	172,351	419,132		1.00
	TOTALS		172,351	419,132		
	D - RECLASS SUPPLY COSTS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	2,758,976		1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	592,385		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
	TOTALS		0	3,351,361		
	E - RECLASS DRUG COSTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	3,036,761		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00

RECLASSIFICATIONS | Provider CCN: 14-2011 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A-6 | Date/Time Prepared: 5/29/2018 11:24 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
	TOTALS		0	3,036,761		
	F - RECLASS RESIDENCY COSTS					
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	371,990	37,286		1.00
	TOTALS		371,990	37,286		
	G - RECLASS RENTAL COSTS					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	934,232		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
	TOTALS		0	934,232		
	H - RECLASS SUBSTANCE ABUSE					
1.00	SUBSTANCE ABUSE	76.00	472,684	143,134		1.00
	TOTALS		472,684	143,134		
500.00	Grand Total: Increases		1,017,025	12,333,623		500.00

RECLASSIFICATIONS | Provider CCN: 14-2011 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A-6 | Date/Time Prepared: 5/29/2018 11:24 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - INTEREST						
1.00	INTEREST EXPENSE	113.00	0	1,450,909	9		1.00
	TOTALS		0	1,450,909			
	B - CAPITAL COSTS						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	367,755	11		1.00
2.00	ADMINISTRATIVE & GENERAL	5.06	0	1,915,063	9		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	5,897	0		3.00
4.00	OPERATION OF PLANT	7.00	0	114,043	0		4.00
5.00	HOUSEKEEPING	9.00	0	6,031	0		5.00
6.00	DIETARY	10.00	0	10,400	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	160,335	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	65,648	0		8.00
9.00	PHARMACY	15.00	0	153	0		9.00
10.00	ADULTS & PEDIATRICS	30.00	0	52,486	0		10.00
11.00	INTENSIVE CARE UNIT	31.00	0	2,719	0		11.00
12.00	OPERATING ROOM	50.00	0	56,632	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	78,701	0		13.00
14.00	ULTRA SOUND	57.01	0	9,346	0		14.00
15.00	MRI	58.00	0	1,128	0		15.00
16.00	LABORATORY	60.00	0	50,271	0		16.00
17.00	RESPIRATORY THERAPY	65.00	0	16,652	0		17.00
18.00	PHYSICAL THERAPY	66.00	0	11,784	0		18.00
19.00	ELECTROCARDIOLOGY	69.00	0	5,445	0		19.00
20.00	ELECTROENCEPHALOGRAPHY	70.00	0	11,313	0		20.00
21.00	RENAL DIALYSIS	74.00	0	525	0		21.00
22.00	CLINIC	90.00	0	135	0		22.00
23.00	WOMENS DIAGNOSTIC CENTER	90.02	0	18,346	0		23.00
	TOTALS		0	2,960,808			
	C - RECLASS DIETARY COSTS						
1.00	DIETARY	10.00	172,351	419,132	0		1.00
	TOTALS		172,351	419,132			
	D - RECLASS SUPPLY COSTS						
1.00	MAINTENANCE & REPAIRS	6.00	0	617	0		1.00
2.00	OPERATION OF PLANT	7.00	0	1,056	0		2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	0	81,051	0		3.00
4.00	HOUSEKEEPING	9.00	0	10,048	0		4.00
6.00	NURSING ADMINISTRATION	13.00	0	6,673	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	42,557	0		7.00
8.00	PHARMACY	15.00	0	4,042	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	1,244,937	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	146,391	0		10.00
11.00	OPERATING ROOM	50.00	0	632,913	0		11.00
12.00	ANESTHESIOLOGY	53.00	0	15,548	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	137,174	0		13.00
14.00	RADIOISOTOPE	56.00	0	21,775	0		14.00
15.00	CT SCAN	57.00	0	10,731	0		15.00
16.00	ULTRA SOUND	57.01	0	1,521	0		16.00
17.00	MRI	58.00	0	200	0		17.00
18.00	LABORATORY	60.00	0	145,189	0		18.00
19.00	RESPIRATORY THERAPY	65.00	0	276,410	0		19.00
20.00	PHYSICAL THERAPY	66.00	0	10,534	0		20.00
21.00	ELECTROCARDIOLOGY	69.00	0	598	0		21.00
22.00	ELECTROENCEPHALOGRAPHY	70.00	0	5,153	0		22.00
23.00	RENAL DIALYSIS	74.00	0	56,319	0		23.00
24.00	HYPERBARIC OXYGEN THERAPY	76.98	0	492,813	0		24.00
25.00	CLINIC	90.00	0	1,997	0		25.00
26.00	WOMENS DIAGNOSTIC CENTER	90.02	0	5,114	0		26.00
	TOTALS		0	3,351,361			
	E - RECLASS DRUG COSTS						
1.00	OPERATION OF PLANT	7.00	0	6	0		1.00
2.00	HOUSEKEEPING	9.00	0	65	0		2.00
3.00	NURSING ADMINISTRATION	13.00	0	53	0		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	10,514	0		4.00
5.00	PHARMACY	15.00	0	2,828,688	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	124,547	0		6.00
7.00	INTENSIVE CARE UNIT	31.00	0	13,520	0		7.00
8.00	OPERATING ROOM	50.00	0	21,028	0		8.00
9.00	ANESTHESIOLOGY	53.00	0	1,307	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	14,465	0		10.00
11.00	RADIOISOTOPE	56.00	0	56	0		11.00
12.00	CT SCAN	57.00	0	9,178	0		12.00
13.00	MRI	58.00	0	2,048	0		13.00
14.00	LABORATORY	60.00	0	386	0		14.00
15.00	RESPIRATORY THERAPY	65.00	0	1,518	0		15.00

RECLASSIFICATIONS | Provider CCN: 14-2011 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A-6 | Date/Time Prepared: 5/29/2018 11:24 am

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
16.00	PHYSICAL THERAPY	66.00	0	84	0		16.00
17.00	ELECTROCARDIOLOGY	69.00	0	6	0		17.00
18.00	RENAL DIALYSIS	74.00	0	3,459	0		18.00
19.00	HYPERBARIC OXYGEN THERAPY	76.98	0	5,373	0		19.00
20.00	CLINIC	90.00	0	454	0		20.00
21.00	WOMENS DIAGNOSTIC CENTER	90.02	0	6	0		21.00
	TOTALS		0	3,036,761			
	F - RECLASS RESIDENCY COSTS						
1.00	ADMINISTRATIVE & GENERAL	5.06	371,990	37,286	0		1.00
	TOTALS		371,990	37,286			
	G - RECLASS RENTAL COSTS						
1.00	ADMINISTRATIVE & GENERAL	5.06	0	24,662	10		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	2,622	0		2.00
3.00	OPERATION OF PLANT	7.00	0	1,660	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	108	0		4.00
5.00	HOUSEKEEPING	9.00	0	1,808	0		5.00
6.00	DIETARY	10.00	0	1,583	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	994	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	410,061	0		8.00
9.00	PHARMACY	15.00	0	3,138	0		9.00
10.00	ADULTS & PEDIATRICS	30.00	0	21,620	0		10.00
11.00	INTENSIVE CARE UNIT	31.00	0	979	0		11.00
12.00	OPERATING ROOM	50.00	0	16,065	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,322	0		13.00
14.00	RADIOISOTOPE	56.00	0	2,659	0		14.00
15.00	CT SCAN	57.00	0	87	0		15.00
16.00	LABORATORY	60.00	0	6,834	0		16.00
17.00	RESPIRATORY THERAPY	65.00	0	19,126	0		17.00
18.00	PHYSICAL THERAPY	66.00	0	12,575	0		18.00
19.00	ELECTROCARDIOLOGY	69.00	0	2,900	0		19.00
20.00	ELECTROENCEPHALOGRAPHY	70.00	0	2,118	0		20.00
21.00	RENAL DIALYSIS	74.00	0	29	0		21.00
22.00	HYPERBARIC OXYGEN THERAPY	76.98	0	391,730	0		22.00
23.00	CLINIC	90.00	0	4,626	0		23.00
24.00	WOMENS DIAGNOSTIC CENTER	90.02	0	1,926	0		24.00
	TOTALS		0	934,232			
	H - RECLASS SUBSTANCE ABUSE						
1.00	ADULTS & PEDIATRICS	30.00	472,684	143,134	0		1.00
	TOTALS		472,684	143,134			
500.00	Grand Total: Decreases		1,017,025	12,333,623			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 14-2011 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A-7 Part I | Date/Time Prepared: 5/29/2018 11:24 am

		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	342,000	0	0	0	0	1.00
2.00	Land Improvements	386,567	300,500	0	300,500	0	2.00
3.00	Buildings and Fixtures	91,925,267	197,945	0	197,945	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	19,720,142	141,626	0	141,626	5,273,476	5.00
6.00	Movable Equipment	11,994,308	49,067	0	49,067	507,073	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	124,368,284	689,138	0	689,138	5,780,549	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	124,368,284	689,138	0	689,138	5,780,549	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	342,000	0	1.00
2.00	Land Improvements	687,067	0	2.00
3.00	Buildings and Fixtures	92,123,212	0	3.00
4.00	Building Improvements	0	0	4.00
5.00	Fixed Equipment	14,588,292	0	5.00
6.00	Movable Equipment	11,536,302	0	6.00
7.00	HIT designated Assets	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	119,276,873	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	119,276,873	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 14-2011 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A-7 Part II Date/Time Prepared: 5/29/2018 11:24 am

	Cost Center Description	SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	1,815,886	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)	1,815,886	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	1,815,886	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	2.00
3.00	Total (sum of lines 1-2)	0	1,815,886	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 14-2011 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A-7 Part III Date/Time Prepared: 5/29/2018 11:24 am

	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	112,373,976	0	112,373,976	0.903558	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	11,994,308	0	11,994,308	0.096442	0	2.00
3.00	Total (sum of lines 1-2)	124,368,284	0	124,368,284	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	2,148,863	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	1,550,305	934,232	2.00
3.00	Total (sum of lines 1-2)	0	0	0	3,699,168	934,232	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	-367,755	0	0	0	1,781,108	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2,960,808	0	0	0	5,445,345	2.00
3.00	Total (sum of lines 1-2)	2,593,053	0	0	0	7,226,453	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 14-2011 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A-8 | Date/Time Prepared: 5/29/2018 11:24 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)		0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-1,041,967			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	696,748			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-235,516	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	B	-8,198	DIETARY	10.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		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	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	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	*** Cost Center Deleted ***	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	OFFSET SUBSTANCE ABUSE REVENUE		0		0.00	0	33.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 14-2011 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A-8 | Date/Time Prepared: 5/29/2018 11:24 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
33.01	MISC ADMIN INCOME	B	-228,504	ADMINISTRATIVE & GENERAL	5.06	0	33.01
33.02	OFFSET INCOME TAX	A	-4,183	ADMINISTRATIVE & GENERAL	5.06	9	33.02
34.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	34.00
35.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	35.00
36.00	OFFSET PATIENT TRANSPORT INCOME	B	-10,458	ADMINISTRATIVE & GENERAL	5.06	0	36.00
37.00	OFFSET PT INCOME	B	-1,100	PHYSICAL THERAPY	66.00	0	37.00
38.00	OFFSET CHILDCARE INCOME	B	-614,530	ADMINISTRATIVE & GENERAL	5.06	0	38.00
39.00	CY PORTION OF 1995 LOSS	A	10,120	CAP REL COSTS-MVBLE EQUIP	2.00	9	39.00
39.01	CURRENT YEAR PORTION OF 1996 LO	A	4,680	CAP REL COSTS-MVBLE EQUIP	2.00	9	39.01
39.02	1977 & 1983 EXCESS INTEREST	A	43,296	CAP REL COSTS-MVBLE EQUIP	2.00	9	39.02
39.03	DEMOLITION ADD BACK	A	32,256	CAP REL COSTS-MVBLE EQUIP	2.00	9	39.03
39.04	OFFSET PHARMACY INCOME		0		0.00	0	39.04
39.05	ANESTHESIOLOGY INCOME	B	-129,973	ANESTHESIOLOGY	53.00	0	39.05
39.06	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	39.06
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-1,487,329				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: 14-2011 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A-8-1 | Date/Time Prepared: 5/29/2018 11:24 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE CAPITAL	332,977	0	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE CAPITAL	9,044	0	2.00
3.00	5.06	ADMINISTRATIVE & GENERAL	ADMIN & GENERAL	5,257,761	9,322,971	3.00
3.01	4.00	EMPLOYEE BENEFITS DEPARTMENT	EH&W	307,092	0	3.01
3.02	5.02	DATA PROCESSING	DATA PROCESSING	1,279,827	0	3.02
3.03	5.03	PURCHASING RECEIVING AND STO	PURCHASING	468,745	0	3.03
3.04	5.05	CASHIERING/ACCOUNTS RECEIVAB	PATIENT ACCTS	1,576,093	0	3.04
3.05	31.00	INTENSIVE CARE UNIT	ELECTRONIC ICU	157,201	0	3.05
3.06	16.00	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS	596,437	0	3.06
3.07	60.00	LABORATORY	ALVERNO LAB	2,174,389	2,139,847	3.07
3.08	0.00			0	0	3.08
4.00	0.00			0	0	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			12,159,566	11,462,818	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	RESURRECTION HEALTH CARE	100.00		0.00	6.00
7.00	C	ALVERNO LAB	66.00		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: 14-2011 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A-8-1 | Date/Time Prepared: 5/29/2018 11:24 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	332,977	9		1.00
2.00	9,044	9		2.00
3.00	-4,065,210	0		3.00
3.01	307,092	0		3.01
3.02	1,279,827	0		3.02
3.03	468,745	0		3.03
3.04	1,576,093	0		3.04
3.05	157,201	0		3.05
3.06	596,437	0		3.06
3.07	34,542	0		3.07
3.08	0	0		3.08
4.00	0	0		4.00
5.00	696,748			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: 14-2011 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A-8-2 | Date/Time Prepared: 5/29/2018 11:24 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	53.00	ANESTHESIOLOGY	418,314	418,314	0	0	0	1.00
2.00	60.00	LABORATORY	42,300	42,300	0	0	0	2.00
3.00	5.06	ADMINISTRATIVE & GENERAL	371,990	371,990	0	0	0	3.00
4.00	31.00	INTENSIVE CARE UNIT	4,494	4,494	0	0	0	4.00
5.00	5.06	ADMINISTRATIVE & GENERAL	644,194	6,017	638,177	179,000	5,105	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		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			1,481,292	843,115	638,177		5,105	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	53.00	ANESTHESIOLOGY	0	0	0	0	0	1.00
2.00	60.00	LABORATORY	0	0	0	0	0	2.00
3.00	5.06	ADMINISTRATIVE & GENERAL	0	0	0	0	0	3.00
4.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	4.00
5.00	5.06	ADMINISTRATIVE & GENERAL	439,325	21,966	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		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			439,325	21,966	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	53.00	ANESTHESIOLOGY	0	0	0	418,314		1.00
2.00	60.00	LABORATORY	0	0	0	42,300		2.00
3.00	5.06	ADMINISTRATIVE & GENERAL	0	0	0	371,990		3.00
4.00	31.00	INTENSIVE CARE UNIT	0	0	0	4,494		4.00
5.00	5.06	ADMINISTRATIVE & GENERAL	0	439,325	198,852	204,869		5.00
6.00	0.00		0	0	0	0		6.00
7.00	0.00		0	0	0	0		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	439,325	198,852	1,041,967		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-2011 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part I Date/Time Prepared: 5/29/2018 11:24 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			0	1.00	2.00	4.00	5.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,781,108	1,781,108				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	5,445,345		5,445,345			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	67,079	0	0	67,079		4.00
5.01	00540	NONPATIENT TELEPHONES	187,573	15,965	48,810	0	252,348	5.01
5.02	00550	DATA PROCESSING	1,279,827	0	0	0	17,159	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	468,745	43,711	133,635	0	5,720	5.03
5.04	00570	ADMITTING	0	0	0	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,576,093	0	0	0	12,812	5.05
5.06	00590	ADMINISTRATIVE & GENERAL	14,828,020	274,998	840,747	9,433	44,613	5.06
6.00	00600	MAINTENANCE & REPAIRS	700,281	78,442	239,821	916	3,432	6.00
7.00	00700	OPERATION OF PLANT	2,881,951	298,111	911,401	862	4,804	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	247,959	34,801	106,397	173	0	8.00
9.00	00900	HOUSEKEEPING	1,470,433	24,626	75,288	1,941	1,830	9.00
10.00	01000	DIETARY	1,115,582	101,117	309,144	748	1,601	10.00
11.00	01100	CAFETERIA	355,967	0	0	390	2,288	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,109,789	0	0	1,414	458	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-415,221	49,016	149,856	153	2,288	14.00
15.00	01500	PHARMACY	1,034,640	28,285	86,475	1,991	5,033	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	596,437	27,019	82,605	0	16,701	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	409,276	0	0	841	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	13,925,414	236,351	722,592	24,630	62,914	30.00
31.00	03100	INTENSIVE CARE UNIT	2,179,487	26,950	82,393	3,744	1,144	31.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,392,495	196,452	600,609	2,328	20,133	50.00
53.00	05300	ANESTHESIOLOGY	-129,954	775	2,369	0	1,601	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	519,229	52,627	160,896	944	19,447	54.00
56.00	05600	RADIOISOTOPE	53,428	9,096	27,810	88	0	56.00
57.00	05700	CT SCAN	150,331	3,583	10,955	282	0	57.00
57.01	03630	ULTRA SOUND	142,251	4,946	15,121	268	0	57.01
58.00	05800	MRI	37,654	0	0	69	458	58.00
60.00	06000	LABORATORY	2,178,557	45,142	138,013	0	13,498	60.00
65.00	06500	RESPIRATORY THERAPY	3,366,948	3,680	11,251	6,084	5,491	65.00
66.00	06600	PHYSICAL THERAPY	2,619,503	82,710	252,869	4,791	5,033	66.00
69.00	06900	ELECTROCARDIOLOGY	54,165	9,919	30,327	100	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	274,123	21,167	64,714	470	2,745	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,758,976	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	592,385	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,036,761	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	627,167	2,262	6,915	1,040	229	74.00
76.00	03950	SUBSTANCE ABUSE	944,768	62,042	189,678	1,675	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	838,791	3,300	10,088	1,400	458	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	100,398	24,301	74,294	102	0	90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	116,072	19,714	60,272	202	458	90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	70,919,833	1,781,108	5,445,345	67,079	252,348	118.00
		NONREIMBURSABLE COST CENTERS						
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	70,919,833	1,781,108	5,445,345	67,079	252,348	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-2011 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part I Date/Time Prepared: 5/29/2018 11:24 am

		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	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING	1,296,986					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	26,687	678,498				5.03
5.04	00570	ADMITTING	0	0	0			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	117,423	0	0	1,706,328		5.05
5.06	00590	ADMINISTRATIVE & GENERAL	394,970	14,269	0	0	16,407,050	5.06
6.00	00600	MAINTENANCE & REPAIRS	16,012	6,300	0	0	1,045,204	6.00
7.00	00700	OPERATION OF PLANT	5,337	8,503	0	0	4,110,969	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	5,337	12,056	0	0	406,723	8.00
9.00	00900	HOUSEKEEPING	5,337	17,239	0	0	1,596,694	9.00
10.00	01000	DIETARY	5,337	79,568	0	0	1,613,097	10.00
11.00	01100	CAFETERIA	5,337	0	0	0	363,982	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	1,504	0	0	1,113,165	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,337	12,012	0	0	-196,559	14.00
15.00	01500	PHARMACY	26,687	1,693	0	0	1,184,804	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	117,423	0	0	0	840,185	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	410,117	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	74,723	211,288	0	568,858	15,826,770	30.00
31.00	03100	INTENSIVE CARE UNIT	0	25,188	0	56,453	2,375,359	31.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	69,386	106,699	0	77,402	2,465,504	50.00
53.00	05300	ANESTHESIOLOGY	0	2,316	0	17,613	-105,280	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	176,134	20,674	0	25,883	975,834	54.00
56.00	05600	RADIOISOTOPE	0	3,312	0	3,121	96,855	56.00
57.00	05700	CT SCAN	0	1,665	0	21,716	188,532	57.00
57.01	03630	ULTRA SOUND	0	226	0	15,165	177,977	57.01
58.00	05800	MRI	5,337	39	0	5,301	48,858	58.00
60.00	06000	LABORATORY	138,772	22,400	0	138,598	2,674,980	60.00
65.00	06500	RESPIRATORY THERAPY	26,687	42,285	0	289,990	3,752,416	65.00
66.00	06600	PHYSICAL THERAPY	53,374	2,801	0	61,679	3,082,760	66.00
69.00	06900	ELECTROCARDIOLOGY	0	108	0	11,139	105,758	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	16,012	1,268	0	17,007	397,506	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	58,296	2,817,272	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,196	598,581	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	251,133	3,287,894	73.00
74.00	07400	RENAL DIALYSIS	0	8,417	0	19,244	665,274	74.00
76.00	03950	SUBSTANCE ABUSE	0	801	0	16,706	1,215,670	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	74,739	0	35,176	963,952	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	367	0	1,787	201,249	90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	5,337	761	0	7,865	210,681	90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,296,986	678,498	0	1,706,328	70,919,833	118.00
		NONREIMBURSABLE COST CENTERS						
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 through 201)	1,296,986	678,498	0	1,706,328	70,919,833	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-2011 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part I | Date/Time Prepared: 5/29/2018 11:24 am

		Cost Center Description	ADMINISTRATIVE & 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	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE & GENERAL	16,407,050					5.06
6.00	00600	MAINTENANCE & REPAIRS	312,849	1,358,053				6.00
7.00	00700	OPERATION OF PLANT	1,230,491	295,943	5,637,403			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	121,740	34,548	183,373	746,384		8.00
9.00	00900	HOUSEKEEPING	477,921	24,447	129,757	0	2,228,819	9.00
10.00	01000	DIETARY	482,831	100,383	532,806	0	223,041	10.00
11.00	01100	CAFETERIA	108,947	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	333,191	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	48,660	258,275	0	108,118	14.00
15.00	01500	PHARMACY	354,634	28,079	149,039	0	62,390	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	251,483	26,823	142,368	0	59,598	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	122,756	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	4,737,246	234,634	1,245,378	541,279	521,334	30.00
31.00	03100	INTENSIVE CARE UNIT	710,990	26,754	142,004	51,509	59,445	31.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	737,972	195,025	1,035,142	81,718	433,326	50.00
53.00	05300	ANESTHESIOLOGY	0	769	4,082	0	1,709	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	292,086	52,245	277,301	4,131	116,082	54.00
56.00	05600	RADIOISOTOPE	28,991	9,030	47,930	0	20,064	56.00
57.00	05700	CT SCAN	56,431	3,557	18,880	3,077	7,904	57.00
57.01	03630	ULTRA SOUND	53,272	4,910	26,061	3,131	10,909	57.01
58.00	05800	MRI	14,624	0	0	186	0	58.00
60.00	06000	LABORATORY	800,672	44,815	237,864	0	99,573	60.00
65.00	06500	RESPIRATORY THERAPY	1,123,169	3,653	19,391	599	8,117	65.00
66.00	06600	PHYSICAL THERAPY	922,729	82,110	435,816	20,587	182,439	66.00
69.00	06900	ELECTROCARDIOLOGY	31,655	9,847	52,267	701	21,880	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	118,981	21,013	111,533	755	46,689	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	843,263	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	179,167	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	984,129	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	199,129	2,246	11,919	0	4,989	74.00
76.00	03950	SUBSTANCE ABUSE	363,873	61,591	326,908	12,039	136,848	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	288,529	3,276	17,386	24,283	7,278	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	60,238	24,124	128,044	75	53,601	90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	63,061	19,571	103,879	2,314	43,485	90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	16,407,050	1,358,053	5,637,403	746,384	2,228,819	118.00
		NONREIMBURSABLE COST CENTERS						
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	16,407,050	1,358,053	5,637,403	746,384	2,228,819	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-2011 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part I Date/Time Prepared: 5/29/2018 11:24 am

		Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
		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	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE & 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	2,952,158					10.00
11.00	01100	CAFETERIA	0	472,929				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	8,331	0	1,454,687		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,580	0	125	221,199	14.00
15.00	01500	PHARMACY	0	13,259	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,844,223	240,432	0	1,061,660	0	30.00
31.00	03100	INTENSIVE CARE UNIT	107,935	25,585	0	194,822	0	31.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	19,339	0	78,530	0	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	6,671	0	626	0	54.00
56.00	05600	RADIOISOTOPE	0	576	0	0	0	56.00
57.00	05700	CT SCAN	0	1,606	0	0	0	57.00
57.01	03630	ULTRA SOUND	0	1,743	0	63	0	57.01
58.00	05800	MRI	0	425	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	58,787	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	41,506	0	689	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	878	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,065	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	180,785	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	40,414	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	8,359	0	28,431	0	74.00
76.00	03950	SUBSTANCE ABUSE	0	24,130	0	46,342	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	11,008	0	39,641	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	782	0	3,570	0	90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	0	1,867	0	188	0	90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,952,158	472,929	0	1,454,687	221,199	118.00
		NONREIMBURSABLE COST CENTERS						
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,952,158	472,929	0	1,454,687	221,199	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-2011 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part I Date/Time Prepared: 5/29/2018 11:24 am

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	
			15.00	16.00	17.00	21.00	22.00	
		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	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	1,792,205					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,320,457				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	532,873		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0		0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	440,316	0	532,873	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	43,681	0	0	0	31.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	59,891	0	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0	13,629	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	20,028	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	2,415	0	0	0	56.00
57.00	05700	CT SCAN	0	16,803	0	0	0	57.00
57.01	03630	ULTRA SOUND	0	11,734	0	0	0	57.01
58.00	05800	MRI	0	4,102	0	0	0	58.00
60.00	06000	LABORATORY	0	107,243	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	224,386	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	47,725	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	8,619	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	13,159	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	45,108	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	4,794	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,792,205	194,319	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	14,891	0	0	0	74.00
76.00	03950	SUBSTANCE ABUSE	0	12,927	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	27,218	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	1,383	0	0	0	90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	0	6,086	0	0	0	90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,792,205	1,320,457	0	532,873	0	118.00
		NONREIMBURSABLE COST CENTERS						
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,792,205	1,320,457	0	532,873	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-2011 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part I | Date/Time Prepared: 5/29/2018 11:24 am

		Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
		GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	ADMINISTRATIVE & GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
		INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	28,226,145	-532,873	27,693,272		30.00
31.00	03100	INTENSIVE CARE UNIT	3,738,084	0	3,738,084		31.00
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	5,106,447	0	5,106,447		50.00
53.00	05300	ANESTHESIOLOGY	-85,091	0	-85,091		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,745,004	0	1,745,004		54.00
56.00	05600	RADIOISOTOPE	205,861	0	205,861		56.00
57.00	05700	CT SCAN	296,790	0	296,790		57.00
57.01	03630	ULTRA SOUND	289,800	0	289,800		57.01
58.00	05800	MRI	68,195	0	68,195		58.00
60.00	06000	LABORATORY	3,965,147	0	3,965,147		60.00
65.00	06500	RESPIRATORY THERAPY	5,190,518	0	5,190,518		65.00
66.00	06600	PHYSICAL THERAPY	4,816,361	0	4,816,361		66.00
69.00	06900	ELECTROCARDIOLOGY	231,605	0	231,605		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	714,701	0	714,701		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,886,428	0	3,886,428		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	822,956	0	822,956		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,258,547	0	6,258,547		73.00
74.00	07400	RENAL DIALYSIS	935,238	0	935,238		74.00
76.00	03950	SUBSTANCE ABUSE	2,200,328	0	2,200,328		76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,382,571	0	1,382,571		76.98
76.99	07699	LITHOTRIPSY	0	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	473,066	0	473,066		90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	451,132	0	451,132		90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0			92.00
		SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	70,919,833	-532,873	70,386,960		118.00
		NONREIMBURSABLE COST CENTERS					
200.00		Cross Foot Adjustments	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	70,919,833	-532,873	70,386,960		202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-2011 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part II Date/Time Prepared: 5/29/2018 11:24 am

		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	0	0	0	4.00
5.01	00540	NONPATIENT TELEPHONES	0	15,965	48,810	64,775	0	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	43,711	133,635	177,346	0	5.03
5.04	00570	ADMITTING	0	0	0	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	ADMINISTRATIVE & GENERAL	0	274,998	840,747	1,115,745	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	78,442	239,821	318,263	0	6.00
7.00	00700	OPERATION OF PLANT	0	298,111	911,401	1,209,512	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	34,801	106,397	141,198	0	8.00
9.00	00900	HOUSEKEEPING	0	24,626	75,288	99,914	0	9.00
10.00	01000	DIETARY	0	101,117	309,144	410,261	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	49,016	149,856	198,872	0	14.00
15.00	01500	PHARMACY	0	28,285	86,475	114,760	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	27,019	82,605	109,624	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	236,351	722,592	958,943	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	26,950	82,393	109,343	0	31.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	196,452	600,609	797,061	0	50.00
53.00	05300	ANESTHESIOLOGY	0	775	2,369	3,144	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	52,627	160,896	213,523	0	54.00
56.00	05600	RADIOISOTOPE	0	9,096	27,810	36,906	0	56.00
57.00	05700	CT SCAN	0	3,583	10,955	14,538	0	57.00
57.01	03630	ULTRA SOUND	0	4,946	15,121	20,067	0	57.01
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	45,142	138,013	183,155	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	3,680	11,251	14,931	0	65.00
66.00	06600	PHYSICAL THERAPY	0	82,710	252,869	335,579	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	9,919	30,327	40,246	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	21,167	64,714	85,881	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	2,262	6,915	9,177	0	74.00
76.00	03950	SUBSTANCE ABUSE	0	62,042	189,678	251,720	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	3,300	10,088	13,388	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	24,301	74,294	98,595	0	90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	0	19,714	60,272	79,986	0	90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	1,781,108	5,445,345	7,226,453	0	118.00
		NONREIMBURSABLE COST CENTERS						
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	1,781,108	5,445,345	7,226,453	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-2011 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part II Date/Time Prepared: 5/29/2018 11:24 am

		Cost Center Description	NONPATIENT TELEPHONES	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	00540	NONPATIENT TELEPHONES	64,775					5.01
5.02	00550	DATA PROCESSING	4,404	4,404				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	1,468	91	178,905			5.03
5.04	00570	ADMITTING	0	0	0	0		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	3,289	399	0	0	3,688	5.05
5.06	00590	ADMINISTRATIVE & GENERAL	11,452	1,341	3,762	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	881	54	1,661	0	0	6.00
7.00	00700	OPERATION OF PLANT	1,233	18	2,242	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	18	3,179	0	0	8.00
9.00	00900	HOUSEKEEPING	470	18	4,545	0	0	9.00
10.00	01000	DIETARY	411	18	20,980	0	0	10.00
11.00	01100	CAFETERIA	587	18	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	117	0	397	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	587	18	3,167	0	0	14.00
15.00	01500	PHARMACY	1,292	91	446	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,287	399	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	16,151	254	55,713	0	1,274	30.00
31.00	03100	INTENSIVE CARE UNIT	294	0	6,642	0	120	31.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	5,168	236	28,134	0	164	50.00
53.00	05300	ANESTHESIOLOGY	411	0	611	0	37	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,992	598	5,451	0	55	54.00
56.00	05600	RADIOISOTOPE	0	0	873	0	7	56.00
57.00	05700	CT SCAN	0	0	439	0	46	57.00
57.01	03630	ULTRA SOUND	0	0	60	0	32	57.01
58.00	05800	MRI	117	18	10	0	11	58.00
60.00	06000	LABORATORY	3,465	471	5,906	0	294	60.00
65.00	06500	RESPIRATORY THERAPY	1,409	91	11,150	0	615	65.00
66.00	06600	PHYSICAL THERAPY	1,292	181	739	0	131	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	29	0	24	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	705	54	334	0	36	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	124	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	13	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	533	73.00
74.00	07400	RENAL DIALYSIS	59	0	2,219	0	41	74.00
76.00	03950	SUBSTANCE ABUSE	0	0	211	0	35	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	117	0	19,707	0	75	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	97	0	4	90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	117	18	201	0	17	90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	64,775	4,404	178,905	0	3,688	118.00
		NONREIMBURSABLE COST CENTERS						
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	64,775	4,404	178,905	0	3,688	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-2011 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part II Date/Time Prepared: 5/29/2018 11:24 am

		Cost Center Description	ADMINISTRATIVE & 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	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE & GENERAL	1,132,300					5.06
6.00	00600	MAINTENANCE & REPAIRS	21,591	342,450				6.00
7.00	00700	OPERATION OF PLANT	84,920	74,625	1,372,550			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8,402	8,712	44,646	206,155		8.00
9.00	00900	HOUSEKEEPING	32,983	6,165	31,592	0	175,687	9.00
10.00	01000	DIETARY	33,322	25,313	129,723	0	17,581	10.00
11.00	01100	CAFETERIA	7,519	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	22,995	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	12,270	62,883	0	8,522	14.00
15.00	01500	PHARMACY	24,474	7,081	36,287	0	4,918	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	17,356	6,764	34,663	0	4,698	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	8,472	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	326,926	59,166	303,214	149,504	41,093	30.00
31.00	03100	INTENSIVE CARE UNIT	49,068	6,746	34,574	14,227	4,686	31.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	50,930	49,178	252,028	22,571	34,157	50.00
53.00	05300	ANESTHESIOLOGY	0	194	994	0	135	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,158	13,174	67,515	1,141	9,150	54.00
56.00	05600	RADIOISOTOPE	2,001	2,277	11,670	0	1,582	56.00
57.00	05700	CT SCAN	3,895	897	4,597	850	623	57.00
57.01	03630	ULTRA SOUND	3,676	1,238	6,345	865	860	57.01
58.00	05800	MRI	1,009	0	0	51	0	58.00
60.00	06000	LABORATORY	55,257	11,301	57,913	0	7,849	60.00
65.00	06500	RESPIRATORY THERAPY	77,514	921	4,721	165	640	65.00
66.00	06600	PHYSICAL THERAPY	63,681	20,705	106,109	5,686	14,381	66.00
69.00	06900	ELECTROCARDIOLOGY	2,185	2,483	12,726	194	1,725	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	8,211	5,299	27,155	209	3,680	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	58,196	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,365	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	67,918	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	13,743	566	2,902	0	393	74.00
76.00	03950	SUBSTANCE ABUSE	25,112	15,531	79,593	3,325	10,787	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	19,912	826	4,233	6,707	574	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	4,157	6,083	31,175	21	4,225	90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	4,352	4,935	25,292	639	3,428	90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,132,300	342,450	1,372,550	206,155	175,687	118.00
		NONREIMBURSABLE COST CENTERS						
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,132,300	342,450	1,372,550	206,155	175,687	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-2011 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part II Date/Time Prepared: 5/29/2018 11:24 am

		Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
		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	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE & 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	637,609					10.00
11.00	01100	CAFETERIA	0	8,124				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	143	0	23,652		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	44	0	2	99,531	14.00
15.00	01500	PHARMACY	0	228	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	614,297	4,131	0	17,262	0	30.00
31.00	03100	INTENSIVE CARE UNIT	23,312	439	0	3,168	0	31.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	332	0	1,277	0	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	115	0	10	0	54.00
56.00	05600	RADIOISOTOPE	0	10	0	0	0	56.00
57.00	05700	CT SCAN	0	28	0	0	0	57.00
57.01	03630	ULTRA SOUND	0	30	0	1	0	57.01
58.00	05800	MRI	0	7	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	1,010	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	713	0	11	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	15	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	87	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	81,347	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	18,184	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	144	0	462	0	74.00
76.00	03950	SUBSTANCE ABUSE	0	414	0	753	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	189	0	645	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	13	0	58	0	90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	0	32	0	3	0	90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	637,609	8,124	0	23,652	99,531	118.00
		NONREIMBURSABLE COST CENTERS						
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	186,834	201.00
202.00		TOTAL (sum lines 118 through 201)	637,609	8,124	0	23,652	286,365	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-2011 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part II Date/Time Prepared: 5/29/2018 11:24 am

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	
			15.00	16.00	17.00	21.00	22.00	
		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	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	189,577					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	177,791				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	8,472		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0		0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	59,265	0			30.00
31.00	03100	INTENSIVE CARE UNIT	0	5,882	0			31.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	8,065	0			50.00
53.00	05300	ANESTHESIOLOGY	0	1,835	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,697	0			54.00
56.00	05600	RADIOISOTOPE	0	325	0			56.00
57.00	05700	CT SCAN	0	2,263	0			57.00
57.01	03630	ULTRA SOUND	0	1,580	0			57.01
58.00	05800	MRI	0	552	0			58.00
60.00	06000	LABORATORY	0	14,442	0			60.00
65.00	06500	RESPIRATORY THERAPY	0	30,218	0			65.00
66.00	06600	PHYSICAL THERAPY	0	6,427	0			66.00
69.00	06900	ELECTROCARDIOLOGY	0	1,161	0			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,772	0			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	6,075	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	646	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	189,577	26,169	0			73.00
74.00	07400	RENAL DIALYSIS	0	2,005	0			74.00
76.00	03950	SUBSTANCE ABUSE	0	1,741	0			76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	3,665	0			76.98
76.99	07699	LITHOTRIPSY	0	0	0			76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	186	0			90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	0	820	0			90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	189,577	177,791	0	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
200.00		Cross Foot Adjustments				8,472	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	189,577	177,791	0	8,472	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-2011 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part II | Date/Time Prepared: 5/29/2018 11:24 am

		Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
		GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	ADMINISTRATIVE & GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
		INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	2,607,193	0	2,607,193		30.00
31.00	03100	INTENSIVE CARE UNIT	258,501	0	258,501		31.00
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	1,249,301	0	1,249,301		50.00
53.00	05300	ANESTHESIOLOGY	7,361	0	7,361		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	338,579	0	338,579		54.00
56.00	05600	RADIOISOTOPE	55,651	0	55,651		56.00
57.00	05700	CT SCAN	28,176	0	28,176		57.00
57.01	03630	ULTRA SOUND	34,754	0	34,754		57.01
58.00	05800	MRI	1,775	0	1,775		58.00
60.00	06000	LABORATORY	340,053	0	340,053		60.00
65.00	06500	RESPIRATORY THERAPY	143,385	0	143,385		65.00
66.00	06600	PHYSICAL THERAPY	555,635	0	555,635		66.00
69.00	06900	ELECTROCARDIOLOGY	60,788	0	60,788		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	133,423	0	133,423		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	145,742	0	145,742		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	31,208	0	31,208		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	284,197	0	284,197		73.00
74.00	07400	RENAL DIALYSIS	31,711	0	31,711		74.00
76.00	03950	SUBSTANCE ABUSE	389,222	0	389,222		76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	70,038	0	70,038		76.98
76.99	07699	LITHOTRIPSY	0	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	144,614	0	144,614		90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	119,840	0	119,840		90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0			92.00
		SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,031,147	0	7,031,147		118.00
		NONREIMBURSABLE COST CENTERS					
200.00		Cross Foot Adjustments	8,472	0	8,472		200.00
201.00		Negative Cost Centers	186,834	0	186,834		201.00
202.00		TOTAL (sum lines 118 through 201)	7,226,453	0	7,226,453		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-2011 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B-1 | Date/Time Prepared: 5/29/2018 11:24 am

		Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NUMBER OF LINES)	DATA PROCESSING (NUMBER OF INSTRUMENT)	
			1.00	2.00	4.00	5.01	5.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	257,485					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		257,485				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	29,667,187			4.00
5.01	00540	NONPATIENT TELEPHONES	2,308	2,308	0	1,103		5.01
5.02	00550	DATA PROCESSING	0	0	0	75	243	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	6,319	6,319	0	25	5	5.03
5.04	00570	ADMITTING	0	0	0	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	56	22	5.05
5.06	00590	ADMINISTRATIVE & GENERAL	39,755	39,755	4,172,179	195	74	5.06
6.00	00600	MAINTENANCE & REPAIRS	11,340	11,340	405,180	15	3	6.00
7.00	00700	OPERATION OF PLANT	43,096	43,096	381,375	21	1	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	5,031	5,031	76,605	0	1	8.00
9.00	00900	HOUSEKEEPING	3,560	3,560	858,311	8	1	9.00
10.00	01000	DIETARY	14,618	14,618	330,947	7	1	10.00
11.00	01100	CAFETERIA	0	0	172,351	10	1	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	625,253	2	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,086	7,086	67,755	10	1	14.00
15.00	01500	PHARMACY	4,089	4,089	880,527	22	5	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,906	3,906	0	73	22	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	371,990	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	34,168	34,168	10,892,281	275	14	30.00
31.00	03100	INTENSIVE CARE UNIT	3,896	3,896	1,655,853	5	0	31.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	28,400	28,400	1,029,449	88	13	50.00
53.00	05300	ANESTHESIOLOGY	112	112	0	7	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,608	7,608	417,556	85	33	54.00
56.00	05600	RADIOISOTOPE	1,315	1,315	39,094	0	0	56.00
57.00	05700	CT SCAN	518	518	124,829	0	0	57.00
57.01	03630	ULTRA SOUND	715	715	118,413	0	0	57.01
58.00	05800	MRI	0	0	30,622	2	1	58.00
60.00	06000	LABORATORY	6,526	6,526	0	59	26	60.00
65.00	06500	RESPIRATORY THERAPY	532	532	2,690,874	24	5	65.00
66.00	06600	PHYSICAL THERAPY	11,957	11,957	2,119,185	22	10	66.00
69.00	06900	ELECTROCARDIOLOGY	1,434	1,434	44,095	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,060	3,060	207,740	12	3	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	327	327	459,973	1	0	74.00
76.00	03950	SUBSTANCE ABUSE	8,969	8,969	740,899	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	477	477	619,251	2	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	3,513	3,513	45,319	0	0	90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	2,850	2,850	89,281	2	1	90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	257,485	257,485	29,667,187	1,103	243	118.00
		NONREIMBURSABLE COST CENTERS						
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)	1,781,108	5,445,345	67,079	252,348	1,296,986	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	6.917327	21.148203	0.002261	228.783318	5,337.390947	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			0	64,775	4,404	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000000	58.726201	18.123457	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-2011 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B-1 | Date/Time Prepared: 5/29/2018 11:24 am

		Cost Center Description	PURCHASING RECEIVING AND STORES (COST OF RE QUISTIONS)	ADMITTING (INPATIENT REVENUE)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS REVE NUE)	Reconciliation	ADMINISTRATIVE & 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	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES	4,561,316					5.03
5.04	00570	ADMITTING	0	0				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	362,135,243			5.05
5.06	00590	ADMINISTRATIVE & GENERAL	95,924	0	0	-16,407,050	54,814,622	5.06
6.00	00600	MAINTENANCE & REPAIRS	42,351	0	0	0	1,045,204	6.00
7.00	00700	OPERATION OF PLANT	57,160	0	0	0	4,110,969	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	81,051	0	0	0	406,723	8.00
9.00	00900	HOUSEKEEPING	115,890	0	0	0	1,596,694	9.00
10.00	01000	DIETARY	534,913	0	0	0	1,613,097	10.00
11.00	01100	CAFETERIA	0	0	0	0	363,982	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	10,111	0	0	0	1,113,165	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	80,756	0	0	196,559	0	14.00
15.00	01500	PHARMACY	11,379	0	0	0	1,184,804	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	840,185	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	410,117	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,420,408	0	120,736,597	0	15,826,770	30.00
31.00	03100	INTENSIVE CARE UNIT	169,334	0	11,980,621	0	2,375,359	31.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	717,304	0	16,426,516	0	2,465,504	50.00
53.00	05300	ANESTHESIOLOGY	15,567	0	3,737,945	105,280	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	138,985	0	5,493,035	0	975,834	54.00
56.00	05600	RADIOISOTOPE	22,266	0	662,378	0	96,855	56.00
57.00	05700	CT SCAN	11,191	0	4,608,593	0	188,532	57.00
57.01	03630	ULTRA SOUND	1,521	0	3,218,311	0	177,977	57.01
58.00	05800	MRI	264	0	1,124,974	0	48,858	58.00
60.00	06000	LABORATORY	150,585	0	29,413,757	0	2,674,980	60.00
65.00	06500	RESPIRATORY THERAPY	284,271	0	61,542,926	0	3,752,416	65.00
66.00	06600	PHYSICAL THERAPY	18,833	0	13,089,773	0	3,082,760	66.00
69.00	06900	ELECTROCARDIOLOGY	729	0	2,364,067	0	105,758	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	8,523	0	3,609,274	0	397,506	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	12,371,821	0	2,817,272	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	1,314,903	0	598,581	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	53,296,543	0	3,287,894	73.00
74.00	07400	RENAL DIALYSIS	56,588	0	4,084,075	0	665,274	74.00
76.00	03950	SUBSTANCE ABUSE	5,385	0	3,545,403	0	1,215,670	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	502,445	0	7,465,258	0	963,952	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,468	0	379,341	0	201,249	90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	5,114	0	1,669,132	0	210,681	90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,561,316	0	362,135,243	-16,105,211	54,814,622	118.00
		NONREIMBURSABLE COST CENTERS						
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)	678,498	0	1,706,328		16,407,050	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.148750	0.000000	0.004712		0.299319	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	178,905	0	3,688		1,132,300	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.039222	0.000000	0.000010		0.020657	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-2011 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B-1 | Date/Time Prepared: 5/29/2018 11:24 am

		Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	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	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS	197,763					6.00
7.00	00700	OPERATION OF PLANT	43,096	154,667				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	5,031	5,031	444,882			8.00
9.00	00900	HOUSEKEEPING	3,560	3,560	0	146,076		9.00
10.00	01000	DIETARY	14,618	14,618	0	14,618	91,052	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,086	7,086	0	7,086	0	14.00
15.00	01500	PHARMACY	4,089	4,089	0	4,089	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,906	3,906	0	3,906	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	34,168	34,168	322,629	34,168	87,723	30.00
31.00	03100	INTENSIVE CARE UNIT	3,896	3,896	30,702	3,896	3,329	31.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	28,400	28,400	48,708	28,400	0	50.00
53.00	05300	ANESTHESIOLOGY	112	112	0	112	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,608	7,608	2,462	7,608	0	54.00
56.00	05600	RADIOISOTOPE	1,315	1,315	0	1,315	0	56.00
57.00	05700	CT SCAN	518	518	1,834	518	0	57.00
57.01	03630	ULTRA SOUND	715	715	1,866	715	0	57.01
58.00	05800	MRI	0	0	111	0	0	58.00
60.00	06000	LABORATORY	6,526	6,526	0	6,526	0	60.00
65.00	06500	RESPIRATORY THERAPY	532	532	357	532	0	65.00
66.00	06600	PHYSICAL THERAPY	11,957	11,957	12,271	11,957	0	66.00
69.00	06900	ELECTROCARDIOLOGY	1,434	1,434	418	1,434	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,060	3,060	450	3,060	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	327	327	0	327	0	74.00
76.00	03950	SUBSTANCE ABUSE	8,969	8,969	7,176	8,969	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	477	477	14,474	477	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	3,513	3,513	45	3,513	0	90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	2,850	2,850	1,379	2,850	0	90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	197,763	154,667	444,882	146,076	91,052	118.00
		NONREIMBURSABLE COST CENTERS						
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)	1,358,053	5,637,403	746,384	2,228,819	2,952,158	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	6.867073	36.448648	1.677712	15.257941	32.422769	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	342,450	1,372,550	206,155	175,687	637,609	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.731618	8.874227	0.463393	1.202710	7.002691	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-2011 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B-1 | Date/Time Prepared: 5/29/2018 11:24 am

		Cost Center Description	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
		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	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE & 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	34,456					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	607	0	23,229			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	188	0	2	3,242,337		14.00
15.00	01500	PHARMACY	966	0	0	0	3,036,761	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	17,517	0	16,953	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,864	0	3,111	0	0	31.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,409	0	1,254	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	486	0	10	0	0	54.00
56.00	05600	RADIOISOTOPE	42	0	0	0	0	56.00
57.00	05700	CT SCAN	117	0	0	0	0	57.00
57.01	03630	ULTRA SOUND	127	0	1	0	0	57.01
58.00	05800	MRI	31	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	4,283	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	3,024	0	11	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	64	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	369	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	2,649,952	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	592,385	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	3,036,761	73.00
74.00	07400	RENAL DIALYSIS	609	0	454	0	0	74.00
76.00	03950	SUBSTANCE ABUSE	1,758	0	740	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	802	0	633	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	57	0	57	0	0	90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	136	0	3	0	0	90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	34,456	0	23,229	3,242,337	3,036,761	118.00
		NONREIMBURSABLE COST CENTERS						
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)	472,929	0	1,454,687	221,199	1,792,205	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	13.725592	0.000000	62.623746	0.068222	0.590170	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	8,124	0	23,652	286,365	189,577	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.235779	0.000000	1.018210	0.030697	0.062427	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-2011 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B-1 | Date/Time Prepared: 5/29/2018 11:24 am

		Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
			16.00	17.00	21.00	22.00		
		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	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	362,135,243					16.00
17.00	01700	SOCIAL SERVICE	0	0				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	100			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0		0		22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	120,736,597	0	100	0		30.00
31.00	03100	INTENSIVE CARE UNIT	11,980,621	0	0	0		31.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	16,426,516	0	0	0		50.00
53.00	05300	ANESTHESIOLOGY	3,737,945	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,493,035	0	0	0		54.00
56.00	05600	RADIOISOTOPE	662,378	0	0	0		56.00
57.00	05700	CT SCAN	4,608,593	0	0	0		57.00
57.01	03630	ULTRA SOUND	3,218,311	0	0	0		57.01
58.00	05800	MRI	1,124,974	0	0	0		58.00
60.00	06000	LABORATORY	29,413,757	0	0	0		60.00
65.00	06500	RESPIRATORY THERAPY	61,542,926	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	13,089,773	0	0	0		66.00
69.00	06900	ELECTROCARDIOLOGY	2,364,067	0	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,609,274	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,371,821	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,314,903	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	53,296,543	0	0	0		73.00
74.00	07400	RENAL DIALYSIS	4,084,075	0	0	0		74.00
76.00	03950	SUBSTANCE ABUSE	3,545,403	0	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	7,465,258	0	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	379,341	0	0	0		90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	1,669,132	0	0	0		90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	362,135,243	0	100	0		118.00
		NONREIMBURSABLE COST CENTERS						
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)	1,320,457	0	532,873	0		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.003646	0.000000	5,328.730000	0.000000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	177,791	0	8,472	0		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000491	0.000000	84.720000	0.000000		205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-2011 | Period: From 01/01/2017 To 12/31/2017 | Worksheet C Part I Date/Time Prepared: 5/29/2018 11:24 am

Title XVIII | Hospital | PPS

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	Costs RCE Disallowance	Costs Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	27,693,272		27,693,272	0	27,693,272	30.00
31.00	03100	INTENSIVE CARE UNIT	3,738,084		3,738,084	0	3,738,084	31.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	5,106,447		5,106,447	0	5,106,447	50.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,745,004		1,745,004	0	1,745,004	54.00
56.00	05600	RADIOISOTOPE	205,861		205,861	0	205,861	56.00
57.00	05700	CT SCAN	296,790		296,790	0	296,790	57.00
57.01	03630	ULTRA SOUND	289,800		289,800	0	289,800	57.01
58.00	05800	MRI	68,195		68,195	0	68,195	58.00
60.00	06000	LABORATORY	3,965,147		3,965,147	0	3,965,147	60.00
65.00	06500	RESPIRATORY THERAPY	5,190,518	0	5,190,518	0	5,190,518	65.00
66.00	06600	PHYSICAL THERAPY	4,816,361	0	4,816,361	0	4,816,361	66.00
69.00	06900	ELECTROCARDIOLOGY	231,605		231,605	0	231,605	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	714,701		714,701	0	714,701	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,886,428		3,886,428	0	3,886,428	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	822,956		822,956	0	822,956	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,258,547		6,258,547	0	6,258,547	73.00
74.00	07400	RENAL DIALYSIS	935,238		935,238	0	935,238	74.00
76.00	03950	SUBSTANCE ABUSE	2,200,328		2,200,328	0	2,200,328	76.00
76.97	07697	CARDIAC REHABILITATION	0		0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,382,571		1,382,571	0	1,382,571	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	473,066		473,066	0	473,066	90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	451,132		451,132	0	451,132	90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0		0	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	70,472,051	0	70,472,051	0	70,472,051	200.00
201.00		Less Observation Beds	0		0		0	201.00
202.00		Total (see instructions)	70,472,051	0	70,472,051	0	70,472,051	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-2011 | Period: From 01/01/2017 To 12/31/2017 | Worksheet C Part I Date/Time Prepared: 5/29/2018 11:24 am

Title XVIII | Hospital | PPS

		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	120,736,597		120,736,597			30.00
31.00	03100	INTENSIVE CARE UNIT	11,980,621		11,980,621			31.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,410,162	14,016,354	16,426,516	0.310866	0.000000	50.00
53.00	05300	ANESTHESIOLOGY	586,284	3,151,661	3,737,945	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,060,779	1,432,256	5,493,035	0.317676	0.000000	54.00
56.00	05600	RADIOISOTOPE	196,654	465,724	662,378	0.310791	0.000000	56.00
57.00	05700	CT SCAN	2,904,794	1,703,799	4,608,593	0.064399	0.000000	57.00
57.01	03630	ULTRA SOUND	649,508	2,568,803	3,218,311	0.090047	0.000000	57.01
58.00	05800	MRI	0	1,124,974	1,124,974	0.060619	0.000000	58.00
60.00	06000	LABORATORY	23,117,959	6,295,798	29,413,757	0.134806	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	61,537,691	5,235	61,542,926	0.084340	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	10,544,063	2,545,710	13,089,773	0.367948	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	1,119,222	1,244,845	2,364,067	0.097969	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	141,856	3,467,418	3,609,274	0.198018	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,509,727	862,094	12,371,821	0.314135	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	359,587	955,316	1,314,903	0.625868	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	48,987,802	4,308,741	53,296,543	0.117429	0.000000	73.00
74.00	07400	RENAL DIALYSIS	4,084,075	0	4,084,075	0.228996	0.000000	74.00
76.00	03950	SUBSTANCE ABUSE	0	3,545,403	3,545,403	0.620614	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,693	7,462,565	7,465,258	0.185201	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	15,205	364,136	379,341	1.247073	0.000000	90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	0	1,669,132	1,669,132	0.270279	0.000000	90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0.000000	0.000000	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	304,945,279	57,189,964	362,135,243			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	304,945,279	57,189,964	362,135,243			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-2011 | Period: From 01/01/2017 To 12/31/2017 | Worksheet C Part I Date/Time Prepared: 5/29/2018 11:24 am

Title XVIII | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio	
			11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
		ANCILLARY SERVICE COST CENTERS		
50.00	05000	OPERATING ROOM	0.310866	50.00
53.00	05300	ANESTHESIOLOGY	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.317676	54.00
56.00	05600	RADIOISOTOPE	0.310791	56.00
57.00	05700	CT SCAN	0.064399	57.00
57.01	03630	ULTRA SOUND	0.090047	57.01
58.00	05800	MRI	0.060619	58.00
60.00	06000	LABORATORY	0.134806	60.00
65.00	06500	RESPIRATORY THERAPY	0.084340	65.00
66.00	06600	PHYSICAL THERAPY	0.367948	66.00
69.00	06900	ELECTROCARDIOLOGY	0.097969	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.198018	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.314135	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.625868	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.117429	73.00
74.00	07400	RENAL DIALYSIS	0.228996	74.00
76.00	03950	SUBSTANCE ABUSE	0.620614	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.185201	76.98
76.99	07699	LITHOTRIPSY	0.000000	76.99
		OUTPATIENT SERVICE COST CENTERS		
90.00	09000	CLINIC	1.247073	90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	0.270279	90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	92.00
		SPECIAL PURPOSE COST CENTERS		
113.00	11300	INTEREST EXPENSE		113.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-2011 | Period: From 01/01/2017 To 12/31/2017 | Worksheet C Part I Date/Time Prepared: 5/29/2018 11:24 am

Title XIX | Hospital | PPS

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	Costs RCE Disallowance	Costs Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	27,693,272		27,693,272	0	27,693,272	30.00
31.00	03100	INTENSIVE CARE UNIT	3,738,084		3,738,084	0	3,738,084	31.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	5,106,447		5,106,447	0	5,106,447	50.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,745,004		1,745,004	0	1,745,004	54.00
56.00	05600	RADIOISOTOPE	205,861		205,861	0	205,861	56.00
57.00	05700	CT SCAN	296,790		296,790	0	296,790	57.00
57.01	03630	ULTRA SOUND	289,800		289,800	0	289,800	57.01
58.00	05800	MRI	68,195		68,195	0	68,195	58.00
60.00	06000	LABORATORY	3,965,147		3,965,147	0	3,965,147	60.00
65.00	06500	RESPIRATORY THERAPY	5,190,518	0	5,190,518	0	5,190,518	65.00
66.00	06600	PHYSICAL THERAPY	4,816,361	0	4,816,361	0	4,816,361	66.00
69.00	06900	ELECTROCARDIOLOGY	231,605		231,605	0	231,605	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	714,701		714,701	0	714,701	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,886,428		3,886,428	0	3,886,428	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	822,956		822,956	0	822,956	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,258,547		6,258,547	0	6,258,547	73.00
74.00	07400	RENAL DIALYSIS	935,238		935,238	0	935,238	74.00
76.00	03950	SUBSTANCE ABUSE	2,200,328		2,200,328	0	2,200,328	76.00
76.97	07697	CARDIAC REHABILITATION	0		0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,382,571		1,382,571	0	1,382,571	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	473,066		473,066	0	473,066	90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	451,132		451,132	0	451,132	90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0		0	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	70,472,051	0	70,472,051	0	70,472,051	200.00
201.00		Less Observation Beds	0		0		0	201.00
202.00		Total (see instructions)	70,472,051	0	70,472,051	0	70,472,051	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-2011 | Period: From 01/01/2017 To 12/31/2017 | Worksheet C Part I Date/Time Prepared: 5/29/2018 11:24 am

Title XIX | Hospital | PPS

		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	120,736,597		120,736,597			30.00
31.00	03100	INTENSIVE CARE UNIT	11,980,621		11,980,621			31.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,410,162	14,016,354	16,426,516	0.310866	0.000000	50.00
53.00	05300	ANESTHESIOLOGY	586,284	3,151,661	3,737,945	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,060,779	1,432,256	5,493,035	0.317676	0.000000	54.00
56.00	05600	RADIOISOTOPE	196,654	465,724	662,378	0.310791	0.000000	56.00
57.00	05700	CT SCAN	2,904,794	1,703,799	4,608,593	0.064399	0.000000	57.00
57.01	03630	ULTRA SOUND	649,508	2,568,803	3,218,311	0.090047	0.000000	57.01
58.00	05800	MRI	0	1,124,974	1,124,974	0.060619	0.000000	58.00
60.00	06000	LABORATORY	23,117,959	6,295,798	29,413,757	0.134806	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	61,537,691	5,235	61,542,926	0.084340	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	10,544,063	2,545,710	13,089,773	0.367948	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	1,119,222	1,244,845	2,364,067	0.097969	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	141,856	3,467,418	3,609,274	0.198018	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,509,727	862,094	12,371,821	0.314135	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	359,587	955,316	1,314,903	0.625868	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	48,987,802	4,308,741	53,296,543	0.117429	0.000000	73.00
74.00	07400	RENAL DIALYSIS	4,084,075	0	4,084,075	0.228996	0.000000	74.00
76.00	03950	SUBSTANCE ABUSE	0	3,545,403	3,545,403	0.620614	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,693	7,462,565	7,465,258	0.185201	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	15,205	364,136	379,341	1.247073	0.000000	90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	0	1,669,132	1,669,132	0.270279	0.000000	90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0.000000	0.000000	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	304,945,279	57,189,964	362,135,243			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	304,945,279	57,189,964	362,135,243			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-2011 | Period: From 01/01/2017 To 12/31/2017 | Worksheet C Part I Date/Time Prepared: 5/29/2018 11:24 am

Title XIX | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio		
			11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.310866		50.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.317676		54.00
56.00	05600	RADIOISOTOPE	0.310791		56.00
57.00	05700	CT SCAN	0.064399		57.00
57.01	03630	ULTRA SOUND	0.090047		57.01
58.00	05800	MRI	0.060619		58.00
60.00	06000	LABORATORY	0.134806		60.00
65.00	06500	RESPIRATORY THERAPY	0.084340		65.00
66.00	06600	PHYSICAL THERAPY	0.367948		66.00
69.00	06900	ELECTROCARDIOLOGY	0.097969		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.198018		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.314135		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.625868		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.117429		73.00
74.00	07400	RENAL DIALYSIS	0.228996		74.00
76.00	03950	SUBSTANCE ABUSE	0.620614		76.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.185201		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	1.247073		90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	0.270279		90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 14-2011 | Period: From 01/01/2017 To 12/31/2017 | Worksheet C Part II | Date/Time Prepared: 5/29/2018 11:24 am

Title XIX | Hospital | PPS

		Cost Center Description	Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	5,106,447	1,249,301	3,857,146	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0	7,361	-7,361	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,745,004	338,579	1,406,425	0	0	54.00
56.00	05600	RADIOISOTOPE	205,861	55,651	150,210	0	0	56.00
57.00	05700	CT SCAN	296,790	28,176	268,614	0	0	57.00
57.01	03630	ULTRA SOUND	289,800	34,754	255,046	0	0	57.01
58.00	05800	MRI	68,195	1,775	66,420	0	0	58.00
60.00	06000	LABORATORY	3,965,147	340,053	3,625,094	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	5,190,518	143,385	5,047,133	0	0	65.00
66.00	06600	PHYSICAL THERAPY	4,816,361	555,635	4,260,726	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	231,605	60,788	170,817	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	714,701	133,423	581,278	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,886,428	145,742	3,740,686	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	822,956	31,208	791,748	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,258,547	284,197	5,974,350	0	0	73.00
74.00	07400	RENAL DIALYSIS	935,238	31,711	903,527	0	0	74.00
76.00	03950	SUBSTANCE ABUSE	2,200,328	389,222	1,811,106	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,382,571	70,038	1,312,533	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	473,066	144,614	328,452	0	0	90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	451,132	119,840	331,292	0	0	90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (sum of lines 50 thru 199)	39,040,695	4,165,453	34,875,242	0	0	200.00
201.00		Less Observation Beds	0	0	0	0	0	201.00
202.00		Total (line 200 minus line 201)	39,040,695	4,165,453	34,875,242	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 14-2011 | Period: From 01/01/2017 To 12/31/2017 | Worksheet C Part II Date/Time Prepared: 5/29/2018 11:24 am

Title XIX | Hospital | PPS

		Cost Center Description	Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)		
			6.00	7.00	8.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	5,106,447	16,426,516	0.310866		50.00
53.00	05300	ANESTHESIOLOGY	0	3,737,945	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,745,004	5,493,035	0.317676		54.00
56.00	05600	RADIOISOTOPE	205,861	662,378	0.310791		56.00
57.00	05700	CT SCAN	296,790	4,608,593	0.064399		57.00
57.01	03630	ULTRA SOUND	289,800	3,218,311	0.090047		57.01
58.00	05800	MRI	68,195	1,124,974	0.060619		58.00
60.00	06000	LABORATORY	3,965,147	29,413,757	0.134806		60.00
65.00	06500	RESPIRATORY THERAPY	5,190,518	61,542,926	0.084340		65.00
66.00	06600	PHYSICAL THERAPY	4,816,361	13,089,773	0.367948		66.00
69.00	06900	ELECTROCARDIOLOGY	231,605	2,364,067	0.097969		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	714,701	3,609,274	0.198018		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,886,428	12,371,821	0.314135		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	822,956	1,314,903	0.625868		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,258,547	53,296,543	0.117429		73.00
74.00	07400	RENAL DIALYSIS	935,238	4,084,075	0.228996		74.00
76.00	03950	SUBSTANCE ABUSE	2,200,328	3,545,403	0.620614		76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,382,571	7,465,258	0.185201		76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000		76.99
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	473,066	379,341	1.247073		90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	451,132	1,669,132	0.270279		90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0.000000		92.00
		SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (sum of lines 50 thru 199)	39,040,695	229,418,025			200.00
201.00		Less Observation Beds	0	0			201.00
202.00		Total (line 200 minus line 201)	39,040,695	229,418,025			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS | Provider CCN: 14-2011 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D Part I Date/Time Prepared: 5/29/2018 11:24 am

Title XVIII | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	2,607,193	0	2,607,193	29,241	89.16	30.00
31.00	INTENSIVE CARE UNIT	258,501		258,501	2,134	121.13	31.00
200.00	Total (lines 30 through 199)	2,865,694		2,865,694	31,375		200.00

	Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	13,811	1,231,389				30.00
31.00	INTENSIVE CARE UNIT	717	86,850				31.00
200.00	Total (lines 30 through 199)	14,528	1,318,239				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 14-2011 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D Part II Date/Time Prepared: 5/29/2018 11:24 am

Title XVIII | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,249,301	16,426,516	0.076054	1,159,191	88,161	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	338,579	5,493,035	0.061638	2,240,054	138,072	54.00
56.00	05600	RADIOISOTOPE	55,651	662,378	0.084017	103,276	8,677	56.00
57.00	05700	CT SCAN	28,176	4,608,593	0.006114	1,481,166	9,056	57.00
57.01	03630	ULTRA SOUND	34,754	3,218,311	0.010799	355,390	3,838	57.01
58.00	05800	MRI	1,775	1,124,974	0.001578	0	0	58.00
60.00	06000	LABORATORY	340,053	29,413,757	0.011561	11,278,925	130,396	60.00
65.00	06500	RESPIRATORY THERAPY	143,385	61,542,926	0.002330	32,603,136	75,965	65.00
66.00	06600	PHYSICAL THERAPY	555,635	13,089,773	0.042448	5,188,943	220,260	66.00
69.00	06900	ELECTROCARDIOLOGY	60,788	2,364,067	0.025713	634,175	16,307	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	133,423	3,609,274	0.036967	61,093	2,258	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	145,742	12,371,821	0.011780	6,000,849	70,690	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	31,208	1,314,903	0.023734	186,807	4,434	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	284,197	53,296,543	0.005332	23,126,182	123,309	73.00
74.00	07400	RENAL DIALYSIS	31,711	4,084,075	0.007765	2,118,487	16,450	74.00
76.00	03950	SUBSTANCE ABUSE	389,222	3,545,403	0.109782	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	70,038	7,465,258	0.009382	1,151	11	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	144,614	379,341	0.381224	7,724	2,945	90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	119,840	1,669,132	0.071798	0	0	90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0.000000	0	0	92.00
200.00		Total (lines 50 through 199)	4,158,092	225,680,080		86,546,549	910,829	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 14-2011 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D Part III Date/Time Prepared: 5/29/2018 11:24 am

Title XVIII | Hospital | PPS

		Cost Center Description	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
			1A	1.00	2A	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00

		Cost Center Description	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
			4.00	5.00	6.00	7.00	8.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	29,241	0.00	13,811	30.00
31.00	03100	INTENSIVE CARE UNIT		0	2,134	0.00	717	31.00
200.00		Total (lines 30 through 199)		0	31,375		14,528	200.00

		Cost Center Description	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
			9.00	
		INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
200.00		Total (lines 30 through 199)	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-2011 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D Part IV | Date/Time Prepared: 5/29/2018 11:24 am

Title XVIII | Hospital | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
		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
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
57.01	03630	ULTRA SOUND	0	0	0	0	0	57.01
58.00	05800	MRI	0	0	0	0	0	58.00
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
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950	SUBSTANCE ABUSE	0	0	0	0	0	76.00
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
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	0	0	0	0	0	90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0		0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-2011 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D Part IV | Date/Time Prepared: 5/29/2018 11:24 am

Title XVIII | Hospital | PPS

		Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
			4.00	5.00	6.00	7.00	8.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	16,426,516	0.000000	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	3,737,945	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	5,493,035	0.000000	54.00
56.00	05600	RADIOISOTOPE	0	0	0	662,378	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	4,608,593	0.000000	57.00
57.01	03630	ULTRA SOUND	0	0	0	3,218,311	0.000000	57.01
58.00	05800	MRI	0	0	0	1,124,974	0.000000	58.00
60.00	06000	LABORATORY	0	0	0	29,413,757	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	61,542,926	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	13,089,773	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	2,364,067	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	3,609,274	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	12,371,821	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,314,903	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	53,296,543	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	4,084,075	0.000000	74.00
76.00	03950	SUBSTANCE ABUSE	0	0	0	3,545,403	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	7,465,258	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	379,341	0.000000	90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	0	0	0	1,669,132	0.000000	90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	229,418,025		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 14-2011 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D Part IV Date/Time Prepared: 5/29/2018 11:24 am

Title XVIII | Hospital | PPS

		Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000	1,159,191	0	4,243,465	0	50.00
53.00	05300	ANESTHESIOLOGY	0.000000	289,331	0	973,452	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	2,240,054	0	433,558	0	54.00
56.00	05600	RADIOISOTOPE	0.000000	103,276	0	166,589	0	56.00
57.00	05700	CT SCAN	0.000000	1,481,166	0	800,570	0	57.00
57.01	03630	ULTRA SOUND	0.000000	355,390	0	400,731	0	57.01
58.00	05800	MRI	0.000000	0	0	318,584	0	58.00
60.00	06000	LABORATORY	0.000000	11,278,925	0	693,941	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.000000	32,603,136	0	1,213	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	5,188,943	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	634,175	0	450,484	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	61,093	0	756,076	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	6,000,849	0	386,213	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	186,807	0	433,715	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	23,126,182	0	2,050,013	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	2,118,487	0	0	0	74.00
76.00	03950	SUBSTANCE ABUSE	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	1,151	0	2,590,430	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	7,724	0	37,528	0	90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	0.000000	0	0	193,010	0	90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		86,835,880	0	14,929,572	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 14-2011 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D Part V Date/Time Prepared: 5/29/2018 11:24 am

Title XVIII | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	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	0.310866	4,243,465	0	0	1,319,149	50.00
53.00	05300	ANESTHESIOLOGY	0.000000	973,452	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.317676	433,558	0	20	137,731	54.00
56.00	05600	RADIOISOTOPE	0.310791	166,589	0	0	51,774	56.00
57.00	05700	CT SCAN	0.064399	800,570	0	443	51,556	57.00
57.01	03630	ULTRA SOUND	0.090047	400,731	0	0	36,085	57.01
58.00	05800	MRI	0.060619	318,584	0	0	19,312	58.00
60.00	06000	LABORATORY	0.134806	693,941	414	0	93,547	60.00
65.00	06500	RESPIRATORY THERAPY	0.084340	1,213	0	0	102	65.00
66.00	06600	PHYSICAL THERAPY	0.367948	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.097969	450,484	0	0	44,133	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.198018	756,076	0	0	149,717	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.314135	386,213	0	0	121,323	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.625868	433,715	0	0	271,448	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.117429	2,050,013	0	64,583	240,731	73.00
74.00	07400	RENAL DIALYSIS	0.228996	0	0	0	0	74.00
76.00	03950	SUBSTANCE ABUSE	0.620614	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.185201	2,590,430	0	0	479,750	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1.247073	37,528	0	0	46,800	90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	0.270279	193,010	0	0	52,167	90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
200.00		Subtotal (see instructions)		14,929,572	414	65,046	3,115,325	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		14,929,572	414	65,046	3,115,325	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 14-2011 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D Part V Date/Time Prepared: 5/29/2018 11:24 am

Title XVIII | Hospital | PPS

		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	6		54.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	29		57.00
57.01	03630	ULTRA SOUND	0	0		57.01
58.00	05800	MRI	0	0		58.00
60.00	06000	LABORATORY	56	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	7,584		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03950	SUBSTANCE ABUSE	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	0	0		90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	56	7,619		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	56	7,619		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS | Provider CCN: 14-2011 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D Part I Date/Time Prepared: 5/29/2018 11:24 am

Title XIX | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	2,607,193	0	2,607,193	29,241	89.16	30.00
31.00	INTENSIVE CARE UNIT	258,501		258,501	2,134	121.13	31.00
200.00	Total (lines 30 through 199)	2,865,694		2,865,694	31,375		200.00

	Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	3,962	353,252				30.00
31.00	INTENSIVE CARE UNIT	188	22,772				31.00
200.00	Total (lines 30 through 199)	4,150	376,024				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 14-2011 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D Part II Date/Time Prepared: 5/29/2018 11:24 am

Title XIX | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,249,301	16,426,516	0.076054	45,784	3,482	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	338,579	5,493,035	0.061638	134,446	8,287	54.00
56.00	05600	RADIOISOTOPE	55,651	662,378	0.084017	5,446	458	56.00
57.00	05700	CT SCAN	28,176	4,608,593	0.006114	205,225	1,255	57.00
57.01	03630	ULTRA SOUND	34,754	3,218,311	0.010799	70,196	758	57.01
58.00	05800	MRI	1,775	1,124,974	0.001578	0	0	58.00
60.00	06000	LABORATORY	340,053	29,413,757	0.011561	1,233,992	14,266	60.00
65.00	06500	RESPIRATORY THERAPY	143,385	61,542,926	0.002330	1,977,157	4,607	65.00
66.00	06600	PHYSICAL THERAPY	555,635	13,089,773	0.042448	666,476	28,291	66.00
69.00	06900	ELECTROCARDIOLOGY	60,788	2,364,067	0.025713	87,107	2,240	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	133,423	3,609,274	0.036967	5,777	214	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	145,742	12,371,821	0.011780	1,052,041	12,393	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	31,208	1,314,903	0.023734	6,902	164	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	284,197	53,296,543	0.005332	4,311,442	22,989	73.00
74.00	07400	RENAL DIALYSIS	31,711	4,084,075	0.007765	70,782	550	74.00
76.00	03950	SUBSTANCE ABUSE	389,222	3,545,403	0.109782	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	70,038	7,465,258	0.009382	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	144,614	379,341	0.381224	0	0	90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	119,840	1,669,132	0.071798	0	0	90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0.000000	0	0	92.00
200.00		Total (lines 50 through 199)	4,158,092	225,680,080		9,872,773	99,954	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 14-2011 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D Part III Date/Time Prepared: 5/29/2018 11:24 am

Title XIX | Hospital | PPS

		Cost Center Description	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
			1A	1.00	2A	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00

		Cost Center Description	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
			4.00	5.00	6.00	7.00	8.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	29,241	0.00	3,962	30.00
31.00	03100	INTENSIVE CARE UNIT		0	2,134	0.00	188	31.00
200.00		Total (lines 30 through 199)		0	31,375		4,150	200.00

		Cost Center Description	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			9.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	0		30.00
31.00	03100	INTENSIVE CARE UNIT	0		31.00
200.00		Total (lines 30 through 199)	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-2011 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D Part IV | Date/Time Prepared: 5/29/2018 11:24 am

Title XIX | Hospital | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
		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
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
57.01	03630	ULTRA SOUND	0	0	0	0	0	57.01
58.00	05800	MRI	0	0	0	0	0	58.00
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
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950	SUBSTANCE ABUSE	0	0	0	0	0	76.00
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
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	0	0	0	0	0	90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0		0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-2011 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D Part IV Date/Time Prepared: 5/29/2018 11:24 am

Title XIX | Hospital | PPS

		Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
			4.00	5.00	6.00	7.00	8.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	16,426,516	0.000000	50.00
53.00	05300	ANESTHESIOLOGY	0	0	0	3,737,945	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	5,493,035	0.000000	54.00
56.00	05600	RADIOISOTOPE	0	0	0	662,378	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	4,608,593	0.000000	57.00
57.01	03630	ULTRA SOUND	0	0	0	3,218,311	0.000000	57.01
58.00	05800	MRI	0	0	0	1,124,974	0.000000	58.00
60.00	06000	LABORATORY	0	0	0	29,413,757	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	61,542,926	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	13,089,773	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	2,364,067	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	3,609,274	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	12,371,821	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,314,903	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	53,296,543	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	4,084,075	0.000000	74.00
76.00	03950	SUBSTANCE ABUSE	0	0	0	3,545,403	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	7,465,258	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	379,341	0.000000	90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	0	0	0	1,669,132	0.000000	90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	229,418,025		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-2011 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D Part IV | Date/Time Prepared: 5/29/2018 11:24 am

Title XIX | Hospital | PPS

		Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000	45,784	0	0	0	50.00
53.00	05300	ANESTHESIOLOGY	0.000000	11,183	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	134,446	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0.000000	5,446	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	205,225	0	0	0	57.00
57.01	03630	ULTRA SOUND	0.000000	70,196	0	0	0	57.01
58.00	05800	MRI	0.000000	0	0	0	0	58.00
60.00	06000	LABORATORY	0.000000	1,233,992	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.000000	1,977,157	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	666,476	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	87,107	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	5,777	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	1,052,041	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	6,902	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	4,311,442	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	70,782	0	0	0	74.00
76.00	03950	SUBSTANCE ABUSE	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	0.000000	0	0	0	0	90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		9,883,956	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 14-2011 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D-1 | Date/Time Prepared: 5/29/2018 11:24 am

Title XVIII | Hospital | PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	29,241	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	29,241	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)	29,241	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	13,811	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	27,693,272	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	27,693,272	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)	27,693,272	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)	947.07	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	13,079,984	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)	13,079,984	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 14-2011 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D-1 | Date/Time Prepared: 5/29/2018 11:24 am

Title XVIII | Hospital | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	3,738,084	2,134	1,751.68	717	1,255,955	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)	12,697,800	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	27,033,739	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	1,318,239	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	910,829	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	2,229,068	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	24,804,671	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 14-2011 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D-1 | Date/Time Prepared: 5/29/2018 11:24 am

Title XVIII | Hospital | PPS

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	2,607,193	27,693,272	0.094145	0	0	90.00
91.00	Nursing School cost	0	27,693,272	0.000000	0	0	91.00
92.00	Allied health cost	0	27,693,272	0.000000	0	0	92.00
93.00	All other Medical Education	0	27,693,272	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 14-2011 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D-1 | Date/Time Prepared: 5/29/2018 11:24 am

Title XIX | Hospital | PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	29,241	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	29,241	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)	29,241	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	3,962	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	27,693,272	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	27,693,272	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)	27,693,272	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)	947.07	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	3,752,291	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)	3,752,291	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 14-2011 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D-1 | Date/Time Prepared: 5/29/2018 11:24 am

Title XIX | Hospital | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	3,738,084	2,134	1,751.68	188	329,316	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)	1,523,483	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	5,605,090	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)	376,024	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	99,954	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	475,978	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	5,129,112	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 14-2011 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D-1 | Date/Time Prepared: 5/29/2018 11:24 am

Title XIX | Hospital | PPS

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	2,607,193	27,693,272	0.094145	0	0	90.00
91.00	Nursing School cost	0	27,693,272	0.000000	0	0	91.00
92.00	Allied health cost	0	27,693,272	0.000000	0	0	92.00
93.00	All other Medical Education	0	27,693,272	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 14-2011 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D-3 | Date/Time Prepared: 5/29/2018 11:24 am

Title XVIII | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		56,691,581		30.00
31.00	03100	INTENSIVE CARE UNIT		6,769,809		31.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.310866	1,159,191	360,353	50.00
53.00	05300	ANESTHESIOLOGY	0.000000	289,331	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.317676	2,240,054	711,611	54.00
56.00	05600	RADIOISOTOPE	0.310791	103,276	32,097	56.00
57.00	05700	CT SCAN	0.064399	1,481,166	95,386	57.00
57.01	03630	ULTRA SOUND	0.090047	355,390	32,002	57.01
58.00	05800	MRI	0.060619	0	0	58.00
60.00	06000	LABORATORY	0.134806	11,278,925	1,520,467	60.00
65.00	06500	RESPIRATORY THERAPY	0.084340	32,603,136	2,749,748	65.00
66.00	06600	PHYSICAL THERAPY	0.367948	5,188,943	1,909,261	66.00
69.00	06900	ELECTROCARDIOLOGY	0.097969	634,175	62,129	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.198018	61,093	12,098	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.314135	6,000,849	1,885,077	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.625868	186,807	116,917	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.117429	23,126,182	2,715,684	73.00
74.00	07400	RENAL DIALYSIS	0.228996	2,118,487	485,125	74.00
76.00	03950	SUBSTANCE ABUSE	0.620614	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.185201	1,151	213	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	1.247073	7,724	9,632	90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	0.270279	0	0	90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		86,835,880	12,697,800	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)		86,835,880		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 14-2011 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D-3 | Date/Time Prepared: 5/29/2018 11:24 am

Title XIX | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		7,441,237		30.00
31.00	03100	INTENSIVE CARE UNIT		230,470		31.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.310866	45,784	14,233	50.00
53.00	05300	ANESTHESIOLOGY	0.000000	11,183	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.317676	134,446	42,710	54.00
56.00	05600	RADIOISOTOPE	0.310791	5,446	1,693	56.00
57.00	05700	CT SCAN	0.064399	205,225	13,216	57.00
57.01	03630	ULTRA SOUND	0.090047	70,196	6,321	57.01
58.00	05800	MRI	0.060619	0	0	58.00
60.00	06000	LABORATORY	0.134806	1,233,992	166,350	60.00
65.00	06500	RESPIRATORY THERAPY	0.084340	1,977,157	166,753	65.00
66.00	06600	PHYSICAL THERAPY	0.367948	666,476	245,229	66.00
69.00	06900	ELECTROCARDIOLOGY	0.097969	87,107	8,534	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.198018	5,777	1,144	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.314135	1,052,041	330,483	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.625868	6,902	4,320	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.117429	4,311,442	506,288	73.00
74.00	07400	RENAL DIALYSIS	0.228996	70,782	16,209	74.00
76.00	03950	SUBSTANCE ABUSE	0.620614	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.185201	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	1.247073	0	0	90.00
90.02	09001	WOMENS DIAGNOSTIC CENTER	0.270279	0	0	90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		9,883,956	1,523,483	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)		9,883,956		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-2011	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part B Date/Time Prepared: 5/29/2018 11:24 am
	Title XVIII	Hospital	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	7,675	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	3,115,325	2.00
3.00	OPPS payments	1,962,932	3.00
4.00	Outlier payment (see instructions)	38,798	4.00
4.01	Outlier reconciliation amount (see instructions)	0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	7,675	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	65,460	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)	65,460	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)	65,460	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	57,785	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0	20.00
21.00	Lesser of cost or charges (see instructions)	7,675	21.00
22.00	Interns and residents (see instructions)	0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)	0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)	2,001,730	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	389,127	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)	1,620,278	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)	340	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)	1,620,618	30.00
31.00	Primary payer payments	1,191	31.00
32.00	Subtotal (line 30 minus line 31)	1,619,427	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)	28,719	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	18,667	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	11,620	36.00
37.00	Subtotal (see instructions)	1,638,094	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)		39.50
39.97	Demonstration payment adjustment amount before sequestration	0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	1,638,094	40.00
40.01	Sequestration adjustment (see instructions)	32,762	40.01
40.02	Demonstration payment adjustment amount after sequestration	0	40.02
41.00	Interim payments	1,580,287	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	25,045	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: 14-2011 | Period: From 01/01/2017 To 12/31/2017 | Worksheet E-1 Part I | Date/Time Prepared: 5/29/2018 11:24 am

Title XVIII | Hospital | PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		24,516,264		1,580,287	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		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		24,516,264		1,580,287	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		179,828		25,045	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		24,696,092		1,605,332	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: 14-2011	Period: From 01/01/2017 To 12/31/2017	Worksheet E-1 Part II Date/Time Prepared: 5/29/2018 11:24 am
	Title XVIII	Hospital	PPS

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

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-2011	Period: From 01/01/2017 To 12/31/2017	Worksheet E-3 Part IV Date/Time Prepared: 5/29/2018 11:24 am
	Title XVIII	Hospital	PPS

		1.00	
	PART IV - MEDICARE PART A SERVICES - LTCH PPS		
1.00	Net Federal PPS Payments (see instructions)	23,946,121	1.00
1.01	Full standard payment amount	20,875,030	1.01
1.02	Short stay outlier standard payment amount	2,790,493	1.02
1.03	Site neutral payment amount - Cost	37,210	1.03
1.04	Site neutral payment amount - IPPS comparable	243,388	1.04
2.00	Outlier Payments	3,314,785	2.00
3.00	Total PPS Payments (sum of lines 1 and 2)	27,260,906	3.00
4.00	Nursing and Allied Health Managed Care payments (see instructions)	0	4.00
5.00	Organ acquisition (DO NOT USE THIS LINE)		5.00
6.00	Cost of physicians' services in a teaching hospital (see instructions)	0	6.00
7.00	Subtotal (see instructions)	27,260,906	7.00
8.00	Primary payer payments	0	8.00
9.00	Subtotal (line 7 less line 8).	27,260,906	9.00
10.00	Deductibles	59,136	10.00
11.00	Subtotal (line 9 minus line 10)	27,201,770	11.00
12.00	Coinsurance	2,185,162	12.00
13.00	Subtotal (line 11 minus line 12)	25,016,608	13.00
14.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	277,758	14.00
15.00	Adjusted reimbursable bad debts (see instructions)	180,543	15.00
16.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	177,716	16.00
17.00	Subtotal (sum of lines 13 and 15)	25,197,151	17.00
18.00	Direct graduate medical education payments (from Wkst. E-4, line 49)	2,943	18.00
19.00	Other pass through costs (see instructions)	0	19.00
20.00	Outlier payments reconciliation	0	20.00
21.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	21.00
21.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	21.50
21.99	Demonstration payment adjustment amount before sequestration	0	21.99
22.00	Total amount payable to the provider (see instructions)	25,200,094	22.00
22.01	Sequestration adjustment (see instructions)	504,002	22.01
22.02	Demonstration payment adjustment amount after sequestration	0	22.02
23.00	Interim payments	24,516,264	23.00
24.00	Tentative settlement (for contractor use only)	0	24.00
25.00	Balance due provider/program (line 22 minus lines 22.01, 22.02, 23 and 24)	179,828	25.00
26.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	26.00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Wkst. E-3, Pt IV, line 2 (see instructions)	3,314,785	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money (see instructions)	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-2011	Period: From 01/01/2017 To 12/31/2017	Worksheet E-3 Part VII Date/Time Prepared: 5/29/2018 11:24 am
	Title XIX	Hospital	PPS

		Inpatient	Outpatient	
		1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES			
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient hospital/SNF/NF services	0		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	0	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	0	0	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	7,441,237		8.00
9.00	Ancillary service charges	9,883,956	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	17,325,193	0	12.00
	CUSTOMARY CHARGES			
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	17,325,193	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	17,325,193	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	0	21.00
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.			
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0		24.00
25.00	Capital exception payments (see instructions)	0		25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0	0	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS | Provider CCN: 14-2011 | Period: From 01/01/2017 To 12/31/2017 | Worksheet E-4 | Date/Time Prepared: 5/29/2018 11:24 am

Title XVIII | Hospital | PPS

				1.00	
	COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			2.73	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			1.19	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts			1.54	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			0.11	6.00
7.00	Enter the lesser of line 5 or line 6			0.11	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.06	0.05	0.11	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.06	0.05	0.11	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	0.06	0.05		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.03	0.03		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.02	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.04	0.03		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	0.04	0.03		17.00
18.00	Per resident amount	100,492.21	102,321.94		18.00
19.00	Approved amount for resident costs	4,020	3,070	7,090	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			7,090	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
	COMPUTATION OF PROGRAM PATIENT LOAD				
26.00	Inpatient Days (see instructions)	14,528	0		26.00
27.00	Total Inpatient Days (see instructions)	31,375	31,375		27.00
28.00	Ratio of inpatient days to total inpatient days	0.463044	0.000000		28.00
29.00	Program direct GME amount	3,283	0		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		0		30.00
31.00	Net Program direct GME amount			3,283	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

Provider CCN: 14-2011 | Period: From 01/01/2017 To 12/31/2017 | Worksheet E-4 | Date/Time Prepared: 5/29/2018 11:24 am

Title XVIII | Hospital | PPS

		1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)		
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)	0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)	4,084,075	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)	0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)	0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)	0	36.00
	APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY		
	Part A Reasonable Cost		
37.00	Reasonable cost (see instructions)	27,033,739	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)	0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)	0	39.00
40.00	Primary payer payments (see instructions)	0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	27,033,739	41.00
	Part B Reasonable Cost		
42.00	Reasonable cost (see instructions)	3,123,000	42.00
43.00	Primary payer payments (see instructions)	1,191	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	3,121,809	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	30,155,548	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.896476	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.103524	47.00
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
48.00	Total program GME payment (line 31)	3,283	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)	2,943	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	340	50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) | Provider CCN: 14-2011 | Period: From 01/01/2017 To 12/31/2017 | Worksheet G | Date/Time Prepared: 5/29/2018 11:24 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
	CURRENT ASSETS					
1.00	Cash on hand in banks	4,063	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	61,484,192	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-42,877,921	0	0	0	6.00
7.00	Inventory	1,002,720	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	1,422,987	0	0	0	9.00
10.00	Due from other funds	-563,211	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	20,472,830	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	342,000	0	0	0	12.00
13.00	Land improvements	687,068	0	0	0	13.00
14.00	Accumulated depreciation	-276,560	0	0	0	14.00
15.00	Buildings	92,142,568	0	0	0	15.00
16.00	Accumulated depreciation	-81,744,737	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	14,588,292	0	0	0	19.00
20.00	Accumulated depreciation	-12,368,089	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	11,874,035	0	0	0	23.00
24.00	Accumulated depreciation	-6,710,288	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	18,534,289	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	1,521,282	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	0	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	1,521,282	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	40,528,401	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	15,926	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	55,486,998	0	0	0	43.00
44.00	Other current liabilities	7,562,438	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	63,065,362	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	0	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	63,065,362	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	-22,536,961				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)	-22,536,961	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	40,528,401	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 14-2011 | Period: From 01/01/2017 To 12/31/2017 | Worksheet G-1 | Date/Time Prepared: 5/29/2018 11:24 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		-23,333,185		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		796,224				2.00
3.00	Total (sum of line 1 and line 2)		-22,536,961		0		3.00
4.00	RECONCILING ITEM	0		0		0	4.00
5.00		0		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)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		-22,536,961		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		-22,536,961		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	RECONCILING ITEM		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider CCN: 14-2011 | Period: From 01/01/2017 To 12/31/2017 | Worksheet G-2 Parts I & II | Date/Time Prepared: 5/29/2018 11:24 am

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	121,293,366		121,293,366	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	121,293,366		121,293,366	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	12,119,187		12,119,187	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)	12,119,187		12,119,187	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	133,412,553		133,412,553	17.00
18.00	Ancillary services	171,532,725	55,147,277	226,680,002	18.00
19.00	Outpatient services	0	2,042,687	2,042,687	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	CLINIC OP REVENUE	0	190	190	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	304,945,278	57,190,154	362,135,432	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		72,407,162		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)		72,407,162		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 14-2011	Period: From 01/01/2017 To 12/31/2017	Worksheet G-3 Date/Time Prepared: 5/29/2018 11:24 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	362,135,432	1.00
2.00	Less contractual allowances and discounts on patients' accounts	291,570,817	2.00
3.00	Net patient revenues (line 1 minus line 2)	70,564,615	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	72,407,162	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-1,842,547	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	3,235	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	263,691	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	INTERCOMPANY RENTAL	1,128,222	24.00
24.01	NET ASSETS RELEASED	45,591	24.01
24.02	OTHER REVENUE	1,198,032	24.02
25.00	Total other income (sum of lines 6-24)	2,638,771	25.00
26.00	Total (line 5 plus line 25)	796,224	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)	796,224	29.00