

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: 14-0093	Period: From 01/01/2017 To 01/31/2018	Worksheet S Parts I-III Date/Time Prepared: 6/29/2018 8:19 am
--	-----------------------	---------------------------------------	---

**PART I - COST REPORT STATUS**

Provider use only 1.  Electronically filed cost report Date: 6/29/2018 Time: 8:19 am  
 2.  Manually submitted cost report  
 3.  If this is an amended report enter the number of times the provider resubmitted this cost report  
 4.  Medicare Utilization. Enter "F" for full or "L" for low.

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

**PART II - CERTIFICATION**

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

CERTIFICATION BY 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 PRESENCE UNITED SAMARITANS MEDICAL C ( 14-0093 ) for the cost reporting period beginning 01/01/2017 and ending 01/31/2018 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) DEBORAH SCHIMEROWSKI  
 Officer or Administrator of Provider(s)

CFO-SOUTH SUBURBAN  
 Title

06/29/2018 08:18:58 AM  
 Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	356,707	207,430	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	0		0	6.00
200.00 Total	0	356,707	207,430	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: 14-0093		Period: From 01/01/2017 To 01/31/2018		Worksheet S-2 Part I Date/Time Prepared: 6/29/2018 5:54 am				
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 812 NORTH LOGAN AVENUE			PO Box:				1.00				
2.00	City: DANVILLE			State: IL		Zip Code: 61821		County: VERMILION				
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:												
3.00	Hospital			PRESENCE UNITED SAMARI TANS MEDICAL C		140093	19180	1	07/01/1966	0	P 0	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		01/31/2018		20.00	
21.00	Type of Control (see instructions)						1				21.00	
Inpatient PPS Information												
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (PickLe amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y		N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						Y		Y		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N		N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N		N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.								2 N		23.00	
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
				1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			3,570	814	0	0	184	64		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: 14-0093	Period: From 01/01/2017 To 01/31/2018	Worksheet S-2 Part I Date/Time Prepared: 6/29/2018 5:54 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		
<b>Prospective Payment System (PPS)-Capital</b>						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	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
<b>Teaching Hospitals</b>						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	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
61.01	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: 14-0093		Period: From 01/01/2017 To 01/31/2018		Worksheet S-2 Part I Date/Time Prepared: 6/29/2018 5:54 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.						61.10	0.00 0.00
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.						61.20	0.00 0.00
							1.00	
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)						62.00	0.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions) <u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>						62.01	0.00
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)						63.00	N
	Program Name		Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
	1.00		2.00	3.00	4.00	5.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)						64.00	0.00 0.00 0.000000

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0093		Period: From 01/01/2017 To 01/31/2018		Worksheet S-2 Part I Date/Time Prepared: 6/29/2018 5:54 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
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	71.00
75.00	Inpatient Rehabilitation Facility PPS Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	76.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0093		Period: From 01/01/2017 To 01/31/2018		Worksheet S-2 Part I Date/Time Prepared: 6/29/2018 5:54 am			
						1.00			
<b>Long Term Care Hospital PPS</b>									
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.					N		81.00	
<b>TEFRA Providers</b>									
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.							86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.					N		87.00	
						V	XIX		
						1.00	2.00		
<b>Title V and XIX Services</b>									
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.					Y	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.					N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.						N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.					N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.					N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.					0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.					N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.					0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					N	N	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					N	N	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.					N	N	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.					N	N	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.					N	N	98.06	
<b>Rural Providers</b>									
105.00	Does this hospital qualify as a CAH?					N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)							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: 14-0093	Period: From 01/01/2017 To 01/31/2018	Worksheet S-2 Part I Date/Time Prepared: 6/29/2018 5:54 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			
<b>Miscellaneous Cost Reporting Information</b>						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	0	0	1,530,682		
		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
<b>Transplant Center Information</b>						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00
<b>All Providers</b>						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		14H082		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0093		Period: From 01/01/2017 To 01/31/2018		Worksheet S-2 Part I Date/Time Prepared: 6/29/2018 5:54 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 NETWORK	Contractor's Name: NATIONAL GOVERNMENT SVCS		Contractor's Number: 0131				141.00							
142.00	Street: 200 S WACKER DRIVE	PO Box:						142.00							
143.00	City: CHICAGO	State: IL		Zip Code: 60606				143.00							
144.00 Are provider based physicians' costs included in Worksheet A?															
Y															
145.00 If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.															
Y															
146.00 Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.															
N															
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.															
N															
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.															
N															
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.															
N															
		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	N		N		N		N		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		N		161.00					
165.00 Multi campus															
Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.															
N															
		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)											166.00			
												0.00			
167.00 Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act															
Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.										Y					
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)											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)											169.00			
												9.99			
		Beginn ing		Endi ng											
		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			
												01/01/2017		01/31/2018	
171.00 If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)															
N															

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0093		Period: From 01/01/2017 To 01/31/2018		Worksheet S-2 Part II Date/Time Prepared: 6/29/2018 5:54 am	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	R	05/31/2016			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					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	06/25/2018	Y	06/25/2018		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: 14-0093	Period: From 01/01/2017 To 01/31/2018	Worksheet S-2 Part II Date/Time Prepared: 6/29/2018 5:54 am	
		Description	Y/N	Y/N	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	0	1.00	3.00	20.00
			N	N	
		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
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
					Y/N
					Date
					1.00
					2.00
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
					1.00
					2.00
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ANNE		LITTLE	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.	847-813-3721		ANNE.LITTLE@PRESENCEHEALTH.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0093

Period:  
From 01/01/2017  
To 01/31/2018

Worksheet S-2  
Part II  
Date/Time Prepared:  
6/29/2018 5:54 am

		3.00	
<b>Cost Report Preparer Contact Information</b>			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR	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: 14-0093

Period:  
From 01/01/2017  
To 01/31/2018

Worksheet S-3  
Part I  
Date/Time Prepared:  
6/29/2018 5:54 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	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	145	57,420	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)		145	57,420	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	12	4,752	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		157	62,172	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)		157				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)		2	792			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: 14-0093

Period:  
From 01/01/2017  
To 01/31/2018

Worksheet S-3  
Part I  
Date/Time Prepared:  
6/29/2018 5:54 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	6,836	2,628	15,684			1.00
2.00 HMO and other (see instructions)	3,454	724				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	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	6,836	2,628	15,684			7.00
8.00 INTENSIVE CARE UNIT	1,157	250	2,599			8.00
9.00 CORONARY CARE UNIT	0	0	0			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		843	1,074			13.00
14.00 Total (see instructions)	7,993	3,721	19,357	0.00	445.85	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	83			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	445.85	27.00
28.00 Observation Bed Days		736	4,167			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)	4	187	319			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			154			32.01
33.00 LTCH non-covered days	0					33.00
33.01 LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0093

Period:  
From 01/01/2017  
To 01/31/2018

Worksheet S-3  
Part I  
Date/Time Prepared:  
6/29/2018 5:54 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,111	456	5,441	1.00
2.00 HMO and other (see instructions)			794	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	2,111	456	5,441	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			0			33.01

HOSPITAL WAGE INDEX INFORMATION				Provider CCN: 14-0093	Period: From 01/01/2017 To 01/31/2018	Worksheet S-3 Part II Date/Time Prepared: 6/29/2018 5:54 am		
	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
<b>PART II - WAGE DATA</b>								
<b>SALARIES</b>								
1.00	Total salaries (see instructions)	200.00	30,950,333	8,000	30,958,333	1,006,273.00	30.77	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		3,095,507	0	3,095,507	44,049.00	70.27	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11.00	Contract Labor: Direct Patient Care		3,355,135	0	3,355,135	96,863.00	34.64	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract Labor: Physician-Part A - Administrative		293,244	0	293,244	2,018.42	145.28	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		6,578,228	0	6,578,228	162,403.11	40.51	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
<b>WAGE-RELATED COSTS</b>								
17.00	Wage-related costs (core) (see instructions)		7,914,360	0	7,914,360			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		502,246	0	502,246			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related (core)		1,770,413	0	1,770,413			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26.00	Employee Benefits Department	4.00	-128,017	128,017	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	2,748,701	-121,072	2,627,629	122,806.00	21.40	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0093

Period:  
From 01/01/2017  
To 01/31/2018

Worksheet S-3  
Part II  
Date/Time Prepared:  
6/29/2018 5:54 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)	2,515,272	0	2,515,272	13,566.58	185.40	28.00
29.00	Maintenance & Repairs	873,801	0	873,801	28,770.00	30.37	29.00
30.00	Operation of Plant	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	38,150	0	38,150	2,211.00	17.25	31.00
32.00	Housekeeping	998,682	0	998,682	61,714.00	16.18	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	645,433	-456,863	188,570	13,126.76	14.37	34.00
35.00	Dietary under contract (see instructions)	465,225	0	465,225	10,140.00	45.88	35.00
36.00	Cafeteria	0	456,863	456,863	31,803.24	14.37	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	1,229,330	0	1,229,330	37,059.00	33.17	38.00
39.00	Central Services and Supply	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	1,152,705	0	1,152,705	25,965.00	44.39	40.00
41.00	Medical Records & Medical Records Library	104,796	0	104,796	5,081.00	20.63	41.00
42.00	Social Service	617,166	0	617,166	15,663.00	39.40	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0093

Period:  
From 01/01/2017  
To 01/31/2018

Worksheet S-3  
Part III  
Date/Time Prepared:  
6/29/2018 5:54 am

	Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	33,930,830	8,000	33,938,830	1,029,979.58	32.95	1.00
2.00	Excluded area salaries (see instructions)	3,095,507	0	3,095,507	44,049.00	70.27	2.00
3.00	Subtotal salaries (line 1 minus line 2)	30,835,323	8,000	30,843,323	985,930.58	31.28	3.00
4.00	Subtotal other wages & related costs (see inst.)	10,226,607	0	10,226,607	261,284.53	39.14	4.00
5.00	Subtotal wage-related costs (see inst.)	9,684,773	0	9,684,773	0.00	31.40	5.00
6.00	Total (sum of lines 3 thru 5)	50,746,703	8,000	50,754,703	1,247,215.11	40.69	6.00
7.00	Total overhead cost (see instructions)	11,261,244	6,945	11,268,189	367,905.58	30.63	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0093	Period: From 01/01/2017 To 01/31/2018	Worksheet S-3 Part IV Date/Time Prepared: 6/29/2018 5:54 am
				Amount Reported
				1.00
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions			1,243,096 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			1,364,768 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			0 4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)			2,885,254 8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)			0 8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)			0 8.02
8.03	Health Insurance (Purchased)			0 8.03
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			81,926 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			17,925 11.00
12.00	Accident Insurance (If employee is owner or beneficiary)			0 12.00
13.00	Disability Insurance (If employee is owner or beneficiary)			92,440 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			385,936 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
<b>TAXES</b>				
17.00	FICA-Employers Portion Only			2,223,437 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			41,793 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			19,238 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			60,793 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			8,416,606 24.00
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COST			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 14-0093	Period: From 01/01/2017 To 01/31/2018	Worksheet S-3 Part V Date/Time Prepared: 6/29/2018 5:54 am
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost		3,355,135	8,416,606
2.00	Hospital		3,355,135	8,416,606
3.00	Subprovider - IPF			
4.00	Subprovider - IRF			
5.00	Subprovider - (Other)		0	0
6.00	Swing Beds - SNF		0	0
7.00	Swing Beds - NF		0	0
8.00	Hospital-Based SNF			
9.00	Hospital-Based NF			
10.00	Hospital-Based OLTC			
11.00	Hospital-Based HHA			
12.00	Separately Certified ASC			
13.00	Hospital-Based Hospice			
14.00	Hospital-Based Health Clinic RHC			
15.00	Hospital-Based Health Clinic FQHC			
16.00	Hospital-Based-CMHC			
17.00	Renal Dialysis		0	0
18.00	Other		0	0

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0093	Period: From 01/01/2017 To 01/31/2018	Worksheet S-10	
				Date/Time Prepared: 6/29/2018 5:54 am	
				1.00	
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.152115	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			29,893,026	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			Y	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid			0	5.00
6.00	Medicaid charges			149,660,610	6.00
7.00	Medicaid cost (line 1 times line 6)			22,765,624	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)			0	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP			0	9.00
10.00	Stand-alone CHIP charges			0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)			0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			0	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	12,818,691	1,649,291	14,467,982	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,949,915	1,649,291	3,599,206	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,949,915	1,649,291	3,599,206	23.00
				1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			16,772,723	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			884,124	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			1,360,191	27.01
28.00	Non-Medicare bad debt expense (see instructions)			15,412,532	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			2,820,544	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			6,419,750	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			6,419,750	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 14-0093		Period: From 01/01/2017 To 01/31/2018		Worksheet A	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	669,508	669,508	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	3,608,042	3,608,042	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-128,017	-236,564	-364,581	364,581	0	4.00
5.01	00540	NONPATIENT TELEPHONES	277,488	299,292	576,780	-10,199	566,581	5.01
5.02	00550	DATA PROCESSING	0	-97,324	-97,324	46,631	-50,693	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	0	5.03
5.04	00570	ADMINITTING	-6,945	899	-6,046	-1,996	-8,042	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	2,478,158	24,682,085	27,160,243	-975,882	26,184,361	5.06
6.00	00600	MAINTENANCE & REPAIRS	873,801	3,847,341	4,721,142	-1,960,019	2,761,123	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	1,174,384	1,174,384	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	38,150	292,929	331,079	0	331,079	8.00
9.00	00900	HOUSEKEEPING	998,682	631,658	1,630,340	-115,200	1,515,140	9.00
10.00	01000	DIETARY	645,433	1,144,740	1,790,173	-1,283,260	506,913	10.00
11.00	01100	CAFETERIA	0	0	0	1,267,155	1,267,155	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,229,330	457,279	1,686,609	-100,594	1,586,015	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	254,804	254,804	-184,551	70,253	14.00
15.00	01500	PHARMACY	1,152,705	7,714,775	8,867,480	-7,297,853	1,569,627	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	104,796	52,543	157,339	-14,551	142,788	16.00
17.00	01700	SOCIAL SERVICE	617,166	216,645	833,811	0	833,811	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
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
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	5,540,808	2,315,229	7,856,037	514,950	8,370,987	30.00
31.00	03100	INTENSIVE CARE UNIT	1,580,863	651,402	2,232,265	-16,465	2,215,800	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
43.00	04300	NURSERY	0	30,447	30,447	526,619	557,066	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,131,795	3,269,934	4,401,729	-2,320,676	2,081,053	50.00
50.01	03330	ENDOSCOPY	867,585	424,213	1,291,798	-29,505	1,262,293	50.01
51.00	05100	RECOVERY ROOM	320,699	65,741	386,440	-3,841	382,599	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,906,238	800,491	2,706,729	-1,439,213	1,267,516	52.00
53.00	05300	ANESTHESIOLOGY	68,567	2,810,197	2,878,764	-3,859	2,874,905	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,165,950	473,836	1,639,786	-460,576	1,179,210	54.00
54.01	03630	ULTRASOUND	218,781	109,613	328,394	22,593	350,987	54.01
54.02	03440	MAMMOGRAPHY	102,111	92,551	194,662	6,980	201,642	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	478,957	306,163	785,120	-92,522	692,598	55.00
55.01	03480	ONCOLOGY	682,525	429,236	1,111,761	-83,591	1,028,170	55.01
56.00	05600	RADIOISOTOPE	104,216	193,963	298,179	41,521	339,700	56.00
57.00	05700	CT SCAN	421,951	365,762	787,713	8,563	796,276	57.00
58.00	05800	MRI	133,830	56,765	190,595	39,078	229,673	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,083	137,164	139,247	-134,951	4,296	59.00
60.00	06000	LABORATORY	0	5,009,312	5,009,312	-75,932	4,933,380	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	219,891	219,891	0	219,891	63.00
65.00	06500	RESPIRATORY THERAPY	1,118,163	844,886	1,963,049	-240,143	1,722,906	65.00
66.00	06600	PHYSICAL THERAPY	-111	726,173	726,062	-529	725,533	66.00
67.00	06700	OCCUPATIONAL THERAPY	-451	390,785	390,334	0	390,334	67.00
68.00	06800	SPEECH PATHOLOGY	-493	117,359	116,866	0	116,866	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	234,374	234,374	69.00
69.01	03140	CARDIOLOGY	329,313	266,485	595,798	-49,288	546,510	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	1,883,016	1,883,016	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,171,068	1,171,068	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	7,296,156	7,296,156	73.00
74.00	07400	RENAL DIALYSIS	126,777	133,992	260,769	-1,482	259,287	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	3,273,922	1,786,291	5,060,213	-524,516	4,535,697	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE		1,419,603	1,419,603	-1,419,603	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	27,854,826	62,708,586	90,563,412	34,422	90,597,834	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	40,871	46,984	87,855	0	87,855	190.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 14-0093		Period: From 01/01/2017 To 01/31/2018		Worksheet A Date/Time Prepared: 6/29/2018 5:54 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	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,395,855	911,029	3,306,884	-753	3,306,131	192.00
192.01	19201	APOTHECARY	224,852	1,152,780	1,377,632	-1,289	1,376,343	192.01
192.02	19202	REAL ESTATE	0	229,235	229,235	-24,512	204,723	192.02
192.03	19203	FOUNDATION	2,970	18,550	21,520	-7,013	14,507	192.03
192.04	19204	OUTREACH PROGRAMS	430,959	188,989	619,948	0	619,948	192.04
192.05	19205	UNASSIGNED	0	855	855	-855	0	192.05
200.00		TOTAL (SUM OF LINES 118 through 199)	30,950,333	65,257,008	96,207,341	0	96,207,341	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0093

Period:  
From 01/01/2017  
To 01/31/2018

Worksheet A  
Date/Time Prepared:  
6/29/2018 5:54 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,121,201	1,790,709	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-235,806	3,372,236	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	319,807	319,807	4.00
5.01	00540	NONPATIENT TELEPHONES	0	566,581	5.01
5.02	00550	DATA PROCESSING	2,429,310	2,378,617	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	5.03
5.04	00570	ADMINITTING	874,996	866,954	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,458,834	1,458,834	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	-6,832,462	19,351,899	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	2,761,123	6.00
7.00	00700	OPERATION OF PLANT	-391	1,173,993	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	331,079	8.00
9.00	00900	HOUSEKEEPING	0	1,515,140	9.00
10.00	01000	DIETARY	0	506,913	10.00
11.00	01100	CAFETERIA	-362,584	904,571	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-184	1,585,831	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	70,253	14.00
15.00	01500	PHARMACY	-4,827	1,564,800	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	924,470	1,067,258	16.00
17.00	01700	SOCIAL SERVICE	-1,522	832,289	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-425,223	7,945,764	30.00
31.00	03100	INTENSIVE CARE UNIT	242,732	2,458,532	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
43.00	04300	NURSERY	-410	556,656	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-500	2,080,553	50.00
50.01	03330	ENDOSCOPY	0	1,262,293	50.01
51.00	05100	RECOVERY ROOM	0	382,599	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,267,516	52.00
53.00	05300	ANESTHESIOLOGY	-2,686,448	188,457	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-40	1,179,170	54.00
54.01	03630	ULTRASOUND	0	350,987	54.01
54.02	03440	MAMMOGRAPHY	0	201,642	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	-1,142	691,456	55.00
55.01	03480	ONCOLOGY	-5,710	1,022,460	55.01
56.00	05600	RADIOISOTOPE	0	339,700	56.00
57.00	05700	CT SCAN	-27,935	768,341	57.00
58.00	05800	MRI	0	229,673	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	4,296	59.00
60.00	06000	LABORATORY	23,171	4,956,551	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	219,891	63.00
65.00	06500	RESPIRATORY THERAPY	-7,862	1,715,044	65.00
66.00	06600	PHYSICAL THERAPY	0	725,533	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	390,334	67.00
68.00	06800	SPEECH PATHOLOGY	0	116,866	68.00
69.00	06900	ELECTROCARDIOLOGY	0	234,374	69.00
69.01	03140	CARDIOLOGY	-95,544	450,966	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,883,016	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,171,068	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	7,296,156	73.00
74.00	07400	RENAL DIALYSIS	-1,920	257,367	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100	EMERGENCY	-267,573	4,268,124	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-3,563,562	87,034,272	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	87,855	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	3,306,131	192.00
192.01	19201	APOTHECARY	0	1,376,343	192.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 14-0093	Period: From 01/01/2017 To 01/31/2018	Worksheet A Date/Time Prepared: 6/29/2018 5:54 am
---	--	-----------------------	---	---

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
192.02	19202	REAL ESTATE	0	204,723	192.02
192.03	19203	FOUNDATION	0	14,507	192.03
192.04	19204	OUTREACH PROGRAMS	0	619,948	192.04
192.05	19205	UNASSIGNED	0	0	192.05
200.00		TOTAL (SUM OF LINES 118 through 199)	-3,563,562	92,643,779	200.00

RECLASSIFICATIONS

Provider CCN: 14-0093

Period:  
From 01/01/2017  
To 01/31/2018

Worksheet A-6  
Date/Time Prepared:  
6/29/2018 5:54 am

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
<b>A - DEPRECIATION EXPENSE</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	239,584		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,618,363		2.00
3.00	DATA PROCESSING	5.02	0	46,631		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
43.00		0.00	0	0		43.00
TOTALS			0	2,904,578		
<b>B - INTEREST EXPENSE</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	429,924		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	989,679		2.00
TOTALS			0	1,419,603		
<b>C - UTILITIES</b>						
1.00	OPERATION OF PLANT	7.00	0	1,062,623		1.00
2.00	OPERATION OF PLANT	7.00	0	111,761		2.00
TOTALS			0	1,174,384		
<b>D - DRUGS CHARGED TO PATIENTS</b>						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	7,296,156		1.00
TOTALS			0	7,296,156		
<b>H - SHARED RADIOLOGY</b>						
1.00	ULTRASOUND	54.01	56,314	16,861		1.00
2.00	MAMMOGRAPHY	54.02	33,901	7,870		2.00
3.00	RADIOISOTOPE	56.00	50,649	8,032		3.00
4.00	CT SCAN	57.00	116,633	32,519		4.00
5.00	MRI	58.00	33,498	10,314		5.00
TOTALS			290,995	75,596		
<b>I - OTHER RECLASSIFICATION</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	128,017	236,564		1.00
2.00	ADMINISTRATIVE	5.04	6,945	0		2.00
3.00	PHYSICAL THERAPY	66.00	111	0		3.00
4.00	OCCUPATIONAL THERAPY	67.00	451	0		4.00
5.00	SPEECH PATHOLOGY	68.00	493	0		5.00
TOTALS			136,017	236,564		
<b>N - DIETARY/CAFETERIA RECLASS</b>						
1.00	CAFETERIA	11.00	456,863	810,292		1.00
TOTALS			456,863	810,292		
<b>O - LABOR &amp; DELIVERY</b>						
1.00	ADULTS & PEDIATRICS	30.00	441,737	165,181		1.00
2.00	NURSERY	43.00	394,746	138,006		2.00
TOTALS			836,483	303,187		

RECLASSIFICATIONS

Provider CCN: 14-0093

Period:  
From 01/01/2017  
To 01/31/2018

Worksheet A-6

Date/Time Prepared:  
6/29/2018 5:54 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
<b>Q - MED SUPPLIES CHG TO PAT</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,883,016	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	1,171,068	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
	<b>TOTALS</b>		0	3,054,084	
<b>S - EKG RECLASSIFICATION</b>					
1.00	ELECTROCARDIOLOGY	69.00	61,473	0	1.00
2.00	ELECTROCARDIOLOGY	69.00	5,147	0	2.00
3.00	ELECTROCARDIOLOGY	69.00	153,318	0	3.00
4.00	ELECTROCARDIOLOGY	69.00	1,173	0	4.00
5.00	ELECTROCARDIOLOGY	69.00	13,263	0	5.00
	<b>TOTALS</b>		234,374	0	
500.00	<b>Grand Total: Increases</b>		1,954,732	17,274,444	500.00

RECLASSIFICATIONS

Provider CCN: 14-0093

Period:  
From 01/01/2017  
To 01/31/2018

Worksheet A-6  
Date/Time Prepared:  
6/29/2018 5:54 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
<b>A - DEPRECIATION EXPENSE</b>							
1.00	NONPATIENT TELEPHONES	5.01	0	10,199	9		1.00
2.00	ADMINISTRATIVE AND GENERAL	5.04	0	1,996	9		2.00
3.00	MAINTENANCE & REPAIRS	5.06	0	611,301	9		3.00
4.00	HOUSEKEEPING	6.00	0	897,396	9		4.00
5.00	DIETARY	9.00	0	3,439	9		5.00
6.00	NURSING ADMINISTRATION	10.00	0	16,105	9		6.00
7.00	CENTRAL SERVICES & SUPPLY	13.00	0	100,594	9		7.00
8.00	PHARMACY	14.00	0	149,273	9		8.00
9.00	MEDICAL RECORDS & LIBRARY	15.00	0	1,697	9		9.00
10.00	ADULTS & PEDIATRICS	16.00	0	14,551	9		10.00
11.00	NURSERY	30.00	0	30,495	9		11.00
12.00	OPERATING ROOM	43.00	0	6,133	9		12.00
13.00	ENDOSCOPY	50.00	0	135,562	9		13.00
14.00	RECOVERY ROOM	50.01	0	28,332	9		14.00
15.00	DELIVERY ROOM & LABOR ROOM	51.00	0	3,841	9		15.00
16.00	ANESTHESIOLOGY	52.00	0	57,419	9		16.00
17.00	RADIOLOGY-DIAGNOSTIC	53.00	0	3,859	9		17.00
18.00	ULTRASOUND	54.00	0	93,985	9		18.00
19.00	RADIOLOGY-THERAPEUTIC	54.01	0	15,943	9		19.00
20.00	ONCOLOGY	55.00	0	92,522	9		20.00
21.00	RADIOISOTOPE	55.01	0	83,591	9		21.00
22.00	CT SCAN	56.00	0	17,160	9		22.00
23.00	MRI	57.00	0	140,589	9		23.00
24.00	CARDIAC CATHETERIZATION	58.00	0	4,734	9		24.00
25.00	LABORATORY	59.00	0	70,015	9		25.00
26.00	RESPIRATORY THERAPY	60.00	0	75,932	9		26.00
27.00	PHYSICAL THERAPY	65.00	0	51,624	9		27.00
28.00	CARDIOLOGY	66.00	0	529	9		28.00
29.00	RENAL DIALYSIS	69.01	0	44,141	9		29.00
30.00	EMERGENCY	74.00	0	1,482	9		30.00
31.00	PHYSICIANS' PRIVATE OFFICES	91.00	0	95,951	9		31.00
32.00	APOTHECARY	192.00	0	753	9		32.00
33.00	REAL ESTATE	192.01	0	1,289	9		33.00
34.00	FOUNDATION	192.02	0	24,512	9		34.00
35.00	UNASSIGNED	192.03	0	7,013	9		35.00
36.00	INTENSIVE CARE UNIT	192.05	0	855	9		36.00
37.00	MAMMOGRAPHY	31.00	0	3,202	0		37.00
38.00		54.02	0	6,564	0		38.00
43.00		0.00	0	0	9		43.00
<b>TOTALS</b>			0	2,904,578			
<b>B - INTEREST EXPENSE</b>							
1.00	INTEREST EXPENSE	113.00	0	429,924	11		1.00
2.00	INTEREST EXPENSE	113.00	0	989,679	11		2.00
<b>TOTALS</b>			0	1,419,603			
<b>C - UTILITIES</b>							
1.00	MAINTENANCE & REPAIRS	6.00	0	1,062,623	0		1.00
2.00	HOUSEKEEPING	9.00	0	111,761	0		2.00
<b>TOTALS</b>			0	1,174,384			
<b>D - DRUGS CHARGED TO PATIENTS</b>							
1.00	PHARMACY	15.00	0	7,296,156	0		1.00
<b>TOTALS</b>			0	7,296,156			
<b>H - SHARED RADIOLOGY</b>							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	56,314	16,861	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	33,901	7,870	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	50,649	8,032	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	116,633	32,519	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	33,498	10,314	0		5.00
<b>TOTALS</b>			290,995	75,596			
<b>I - OTHER RECLASSIFICATION</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	128,017	236,564	0		1.00
2.00	ADMINISTRATIVE AND GENERAL	5.04	0	6,945	0		2.00
3.00	PHYSICAL THERAPY	66.00	0	111	0		3.00
4.00	OCCUPATIONAL THERAPY	67.00	0	451	0		4.00
5.00	SPEECH PATHOLOGY	68.00	0	493	0		5.00
<b>TOTALS</b>			128,017	244,564			
<b>N - DIETARY/CAFETERIA RECLASS</b>							
1.00	DIETARY	10.00	456,863	810,292	0		1.00
<b>TOTALS</b>			456,863	810,292			

RECLASSIFICATIONS

Provider CCN: 14-0093

Period:  
From 01/01/2017  
To 01/31/2018

Worksheet A-6

Date/Time Prepared:  
6/29/2018 5:54 am

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
<b>Q - LABOR &amp; DELIVERY</b>						
1.00	DELIVERY ROOM & LABOR ROOM	52.00	836,483	303,187	0	1.00
2.00		0.00	0	0	0	2.00
	<b>TOTALS</b>		<b>836,483</b>	<b>303,187</b>		
<b>Q - MED SUPPLIES CHG TO PAT</b>						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	35,278	0	1.00
2.00	OPERATING ROOM	50.00	0	1,115,231	0	2.00
3.00	OPERATING ROOM	50.00	0	1,069,883	0	3.00
4.00	DELIVERY ROOM & LABOR ROOM	52.00	0	187,079	0	4.00
5.00	DELIVERY ROOM & LABOR ROOM	52.00	0	55,045	0	5.00
6.00	ULTRASOUND	54.01	0	34,639	0	6.00
7.00	MAMMOGRAPHY	54.02	0	28,227	0	7.00
8.00	CARDIAC CATHETERIZATION	59.00	0	31,533	0	8.00
9.00	CARDIAC CATHETERIZATION	59.00	0	33,403	0	9.00
10.00	RESPIRATORY THERAPY	65.00	0	188,519	0	10.00
11.00	EMERGENCY	91.00	0	262,509	0	11.00
12.00	EMERGENCY	91.00	0	12,738	0	12.00
	<b>TOTALS</b>		<b>0</b>	<b>3,054,084</b>		
<b>S - EKG RECLASSIFICATION</b>						
1.00	ADULTS & PEDIATRICS	30.00	61,473	0	0	1.00
2.00	CARDIOLOGY	69.01	5,147	0	0	2.00
3.00	EMERGENCY	91.00	153,318	0	0	3.00
4.00	ENDOSCOPY	50.01	1,173	0	0	4.00
5.00	INTENSIVE CARE UNIT	31.00	13,263	0	0	5.00
	<b>TOTALS</b>		<b>234,374</b>	<b>0</b>		
500.00	<b>Grand Total : Decreases</b>		<b>1,946,732</b>	<b>17,282,444</b>		<b>500.00</b>

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0093

Period:  
From 01/01/2017  
To 01/31/2018

Worksheet A-7  
Part I  
Date/Time Prepared:  
6/29/2018 5:54 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	2,237,638	0	0	0	87,408	1.00
2.00	Land Improvements	743,743	0	0	0	0	2.00
3.00	Buildings and Fixtures	30,180,329	1,072,761	0	1,072,761	2,078	3.00
4.00	Building Improvements	245,198	515,982	0	515,982	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	38,412,636	1,291,324	0	1,291,324	606,785	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	71,819,544	2,880,067	0	2,880,067	696,271	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	71,819,544	2,880,067	0	2,880,067	696,271	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	2,150,230	0				1.00
2.00	Land Improvements	743,743	0				2.00
3.00	Buildings and Fixtures	31,251,012	0				3.00
4.00	Building Improvements	761,180	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	39,097,175	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	74,003,340	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	74,003,340	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0093

Period:  
From 01/01/2017  
To 01/31/2018

Worksheet A-7  
Part II  
Date/Time Prepared:  
6/29/2018 5:54 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	0	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)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0093

Period:  
From 01/01/2017  
To 01/31/2018

Worksheet A-7  
Part III  
Date/Time Prepared:  
6/29/2018 5:54 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	31,994,755	0	31,994,755	0.445280	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	39,858,355	0	39,858,355	0.554720	0	2.00
3.00	Total (sum of lines 1-2)	71,853,110	0	71,853,110	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1,137,437	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2,633,988	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	3,771,425	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	653,272	0	0	0	1,790,709	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	738,248	0	0	0	3,372,236	2.00
3.00	Total (sum of lines 1-2)	1,391,520	0	0	0	5,162,945	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0093

Period:  
From 01/01/2017  
To 01/31/2018

Worksheet A-8

Date/Time Prepared:  
6/29/2018 5:54 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)	B	-109,224	CAP REL COSTS-BLDG & FIXT		1.00	11	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-251,431	CAP REL COSTS-MVBLE EQUIP		2.00	11	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)	A	-32,282	OTHER ADMINISTRATIVE AND GENERAL		5.06	0	8.00
9.00 Parking lot (chapter 21)		0			0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-4,850,081				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0			0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	1,601,349				0	12.00
13.00 Laundry and linen service		0			0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-362,584	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		0			0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY		65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY		66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***		114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT	A	897,853	CAP REL COSTS-BLDG & FIXT		1.00	9	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP		2.00	0	27.00
28.00 Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS		19.00		28.00
29.00 Physicians' assistant		0			0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY		67.00		30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS		30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY		68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	0	32.00
33.00 MISC REVENUE	B	-391	OPERATION OF PLANT		7.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0093

Period:  
From 01/01/2017  
To 01/31/2018

Worksheet A-8

Date/Time Prepared:  
6/29/2018 5:54 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
37.00 CLINICAL ED REVENUE	B	-184	NURSING ADMINISTRATION	13.00	0 37.00
38.00 NURSERY PHOTOS	B	-410	NURSERY	43.00	0 38.00
39.00 MISC REVENUE	B	-40	RADIOLOGY-DIAGNOSTIC	54.00	0 39.00
40.00 MISC REVENUE	B	-25,000	CT SCAN	57.00	0 40.00
42.00 MISC REVENUE	B	-996	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 42.00
43.00 ADMIN OTHER REVENUE	B	92,227	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 43.00
44.00 FEDERAL & STATE INCOME TAX	A	-474,883	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 44.00
45.00 PHYSICIAN RECRUITMENT	A	-1,000	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 45.00
48.00 MARKETING & ADVERTISING	A	-19,464	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 48.00
49.00 DONATIONS	A	-1,522	SOCIAL SERVICE	17.00	0 49.00
49.01 DONATIONS	A	-358	RESPIRATORY THERAPY	65.00	0 49.01
49.02 DONATIONS	A	-114	ONCOLOGY	55.01	0 49.02
49.03 DONATIONS	A	-8,687	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 49.03
49.04 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 49.04
49.05 CABLE TV	A	-1,142	RADIOLOGY-THERAPEUTIC	55.00	0 49.05
49.06 INTERCOMPANY RENTAL	A	-1,012	ADULTS & PEDIATRICS	30.00	0 49.06
49.07 MISC REVENUE	B	-4,827	PHARMACY	15.00	0 49.07
49.08 MISC REVENUE	B	-500	OPERATING ROOM	50.00	0 49.08
49.09 MISC REVENUE	B	-8,859	EMERGENCY	91.00	0 49.09
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-3,563,562			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: 14-0093  
 Period: From 01/01/2017 To 01/31/2018  
 Worksheet A-8-1  
 Date/Time Prepared: 6/29/2018 5:54 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	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR HOME OFFICE COSTS:</b>					
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	7,345,074	12,795,410	1.00
2.00	1.00	CAP REL COSTS-BLDG & FIXTURES	332,572	0	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	320,803	0	3.00
3.01	5.05	CASHIERING/ACCOUNTS RECEIVABLE	1,458,834	0	3.01
3.02	5.02	DATA PROCESSING	2,429,310	0	3.02
3.03	5.06	OTHER ADMINISTRATIVE AND GENERAL	407,824	0	3.03
3.04	16.00	MEDICAL RECORDS & LIBRARY	924,470	0	3.04
3.05	31.00	INTENSIVE CARE UNIT	255,828	0	3.05
3.06	2.00	CAP REL COSTS-MVBLE EQUIPMENT	15,625	0	3.06
3.07	5.04	ADMITTING	874,996	0	3.07
3.08	60.00	LABORATORY	4,929,841	4,898,418	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.		19,295,177	17,693,828	5.00

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

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

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

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

6.00	B	0.00	PRESENCE HEALTH	100.00	6.00
7.00	C	0.00	APHL LABS	66.67	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: 14-0093

Period:  
From 01/01/2017  
To 01/31/2018

Worksheet A-8-1

Date/Time Prepared:  
6/29/2018 5:54 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	-5,450,336	0		1.00
2.00	332,572	11		2.00
3.00	320,803	0		3.00
3.01	1,458,834	0		3.01
3.02	2,429,310	0		3.02
3.03	407,824	0		3.03
3.04	924,470	0		3.04
3.05	255,828	0		3.05
3.06	15,625	9		3.06
3.07	874,996	0		3.07
3.08	31,423	0		3.08
4.00	0	0		4.00
5.00	1,601,349			5.00

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

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

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

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

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

6.00	HEALTH CARE		6.00
7.00	HEALTH CARE		7.00
8.00			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: 14-0093

Period:  
From 01/01/2017  
To 01/31/2018

Worksheet A-8-2

Date/Time Prepared:  
6/29/2018 5:54 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	30.00	ADULTS & PEDIATRICS	424,211	424,211	0	169,700	0	1.00
2.00	69.01	CARDIOLOGY	95,544	95,544	0	211,500	0	2.00
3.00	65.00	RESPIRATORY THERAPY	17,594	0	17,594	211,500	141	3.00
4.00	91.00	EMERGENCY	258,714	258,714	0	211,500	0	4.00
5.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	1,410,633	1,307,716	102,917	211,500	637	5.00
6.00	55.01	ONCOLOGY	30,000	0	30,000	211,500	240	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	26,000	0	26,000	271,900	208	7.00
8.00	60.00	LABORATORY	49,800	0	49,800	260,300	332	8.00
9.00	74.00	RENAL DIALYSIS	10,563	0	10,563	211,500	85	9.00
10.00	31.00	INTENSIVE CARE UNIT	56,372	0	56,372	239,400	376	10.00
11.00	57.00	CT SCAN	2,935	2,935	0	271,900	0	11.00
12.00	65.00	RESPIRATORY THERAPY	4,247	4,247	0	211,500	0	12.00
13.00	53.00	ANESTHESIOLOGY	2,686,448	2,686,448	0	211,500	0	13.00
200.00			5,073,061	4,779,815	293,246		2,019	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	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	69.01	CARDIOLOGY	0	0	0	0	0	2.00
3.00	65.00	RESPIRATORY THERAPY	14,337	717	0	0	0	3.00
4.00	91.00	EMERGENCY	0	0	0	0	0	4.00
5.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	64,772	3,239	0	0	0	5.00
6.00	55.01	ONCOLOGY	24,404	1,220	0	0	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	27,190	1,360	0	0	0	7.00
8.00	60.00	LABORATORY	41,548	2,077	0	0	0	8.00
9.00	74.00	RENAL DIALYSIS	8,643	432	0	0	0	9.00
10.00	31.00	INTENSIVE CARE UNIT	43,276	2,164	0	0	0	10.00
11.00	57.00	CT SCAN	0	0	0	0	0	11.00
12.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	12.00
13.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	13.00
200.00			224,170	11,209	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	30.00	ADULTS & PEDIATRICS	0	0	0	424,211		1.00
2.00	69.01	CARDIOLOGY	0	0	0	95,544		2.00
3.00	65.00	RESPIRATORY THERAPY	0	14,337	3,257	3,257		3.00
4.00	91.00	EMERGENCY	0	0	0	258,714		4.00
5.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	64,772	38,145	1,345,861		5.00
6.00	55.01	ONCOLOGY	0	24,404	5,596	5,596		6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	27,190	0	0		7.00
8.00	60.00	LABORATORY	0	41,548	8,252	8,252		8.00
9.00	74.00	RENAL DIALYSIS	0	8,643	1,920	1,920		9.00
10.00	31.00	INTENSIVE CARE UNIT	0	43,276	13,096	13,096		10.00
11.00	57.00	CT SCAN	0	0	0	2,935		11.00
12.00	65.00	RESPIRATORY THERAPY	0	0	0	4,247		12.00
13.00	53.00	ANESTHESIOLOGY	0	0	0	2,686,448		13.00
200.00			0	224,170	70,266	4,850,081		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0093

Period:  
From 01/01/2017  
To 01/31/2018

Worksheet B  
Part I  
Date/Time Prepared:  
6/29/2018 5:54 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	1,790,709	1,790,709			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	3,372,236		3,372,236		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	319,807	33,249	0	353,056	4.00
5.01 00540	NONPATIENT TELEPHONES	566,581	6,164	12,905	3,164	588,814
5.02 00550	DATA PROCESSING	2,378,617	13,354	0	0	7,947
5.03 00560	PURCHASING RECEIVING AND STORES	0	0	0	0	0
5.04 00570	ADMINISTRATIVE	866,954	9,635	2,526	0	30,344
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	1,458,834	14,195	0	0	5,780
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	19,351,899	114,177	1,766,469	26,801	62,858
6.00 00600	MAINTENANCE & REPAIRS	2,761,123	279,803	352,993	9,965	38,291
7.00 00700	OPERATION OF PLANT	1,173,993	0	0	0	0
8.00 00800	LAUNDRY & LINEN SERVICE	331,079	5,292	0	435	0
9.00 00900	HOUSEKEEPING	1,515,140	24,499	4,351	11,389	6,502
10.00 01000	DIETARY	506,913	24,034	10,717	2,150	3,612
11.00 01100	CAFETERIA	904,571	65,587	0	5,210	11,560
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	1,585,831	10,527	127,285	14,019	23,119
14.00 01400	CENTRAL SERVICES & SUPPLY	70,253	42,375	188,504	0	7,947
15.00 01500	PHARMACY	1,564,800	22,480	2,147	13,145	27,454
16.00 01600	MEDICAL RECORDS & LIBRARY	1,067,258	30,714	4,233	1,195	32,511
17.00 01700	SOCIAL SERVICE	832,289	3,630	0	7,038	7,225
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00 02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	7,945,764	322,715	33,148	67,532	36,124
31.00 03100	INTENSIVE CARE UNIT	2,458,532	33,077	4,052	17,877	9,392
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0
43.00 04300	NURSERY	556,656	14,991	6,914	4,502	722
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	2,080,553	94,957	162,532	12,907	47,683
50.01 03330	ENDOSCOPY	1,262,293	59,180	28,879	9,881	18,784
51.00 05100	RECOVERY ROOM	382,599	8,744	4,860	3,657	722
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,267,516	40,515	24,650	12,199	6,502
53.00 05300	ANESTHESIOLOGY	188,457	14,825	4,883	782	7,947
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,179,170	85,029	111,034	9,978	17,339
54.01 03630	ULTRASOUND	350,987	6,559	20,173	3,137	5,780
54.02 03440	MAMMOGRAPHY	201,642	4,095	8,306	1,551	4,335
55.00 05500	RADIOLOGY-THERAPEUTIC	691,456	24,925	76,789	5,462	10,115
55.01 03480	ONCOLOGY	1,022,460	38,904	22,293	7,784	8,670
56.00 05600	RADIOISOTOPE	339,700	10,361	21,713	1,766	7,225
57.00 05700	CT SCAN	768,341	9,578	76,608	6,142	13,727
58.00 05800	MRI	229,673	17,392	0	1,908	3,612
59.00 05900	CARDIAC CATHETERIZATION	4,296	3,795	68,885	24	2,890
60.00 06000	LABORATORY	4,956,551	63,256	96,079	0	32,511
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	219,891	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	1,715,044	21,410	30,729	12,752	5,780
66.00 06600	PHYSICAL THERAPY	725,533	11,450	669	0	3,612
67.00 06700	OCCUPATIONAL THERAPY	390,334	10,864	0	0	3,612
68.00 06800	SPEECH PATHOLOGY	116,866	1,178	0	0	722
69.00 06900	ELECTROCARDIOLOGY	234,374	0	0	2,673	0
69.01 03140	CARDIOLOGY	450,966	5,146	55,853	3,697	7,947
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,883,016	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	1,171,068	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	7,296,156	0	0	0	0
74.00 07400	RENAL DIALYSIS	257,367	4,197	791	1,446	722
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	0
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99 07699	LITHOTRIPSY	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100	EMERGENCY	4,268,124	88,188	28,432	35,587	39,736
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	87,034,272	1,695,046	3,360,402	317,755	561,361

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0093

Period:  
From 01/01/2017  
To 01/31/2018

Worksheet B  
Part I  
Date/Time Prepared:  
6/29/2018 5:54 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES		
		BLDG & FIXT	MVBLE EQUIP				
		0	1.00				2.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	87,855	10,705	0	466	3,612	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	3,306,131	8,342	953	27,322	8,670	192.00
192.01 19201	APOTHECARY	1,376,343	8,909	1,631	2,564	6,502	192.01
192.02 19202	REAL ESTATE	204,723	56,792	0	0	722	192.02
192.03 19203	FOUNDATION	14,507	0	8,168	34	7,225	192.03
192.04 19204	OUTREACH PROGRAMS	619,948	10,915	0	4,915	722	192.04
192.05 19205	UNASSIGNED	0	0	1,082	0	0	192.05
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)	92,643,779	1,790,709	3,372,236	353,056	588,814	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0093

Period:  
From 01/01/2017  
To 01/31/2018

Worksheet B  
Part I  
Date/Time Prepared:  
6/29/2018 5:54 am

Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	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	2,399,918					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0				5.03
5.04	00570	ADMINITTING	0	0	909,459			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	1,478,809		5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	21,322,204	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	3,442,175	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	1,173,993	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	336,806	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	1,561,881	9.00
10.00	01000	DIETARY	0	0	0	0	547,426	10.00
11.00	01100	CAFETERIA	0	0	0	0	986,928	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	1,760,781	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	309,079	14.00
15.00	01500	PHARMACY	0	0	0	0	1,630,026	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	1,135,911	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	850,182	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
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
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	238,782	0	90,470	147,096	8,881,631	30.00
31.00	03100	INTENSIVE CARE UNIT	81,888	0	31,026	50,445	2,686,289	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
43.00	04300	NURSERY	10,407	0	3,943	6,411	604,546	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	81,607	0	30,919	50,272	2,561,430	50.00
50.01	03330	ENDOSCOPY	19,996	0	7,576	12,318	1,418,907	50.01
51.00	05100	RECOVERY ROOM	7,129	0	2,701	4,391	414,803	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	27,909	0	10,574	17,193	1,407,058	52.00
53.00	05300	ANESTHESIOLOGY	21,711	0	8,226	13,375	260,206	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	67,164	0	25,447	41,375	1,536,536	54.00
54.01	03630	ULTRASOUND	23,584	0	8,936	14,529	433,685	54.01
54.02	03440	MAMMOGRAPHY	6,691	0	2,535	4,122	233,277	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	50,303	0	19,059	30,988	909,097	55.00
55.01	03480	ONCOLOGY	34,986	0	13,255	21,552	1,169,904	55.01
56.00	05600	RADIOISOTOPE	17,263	0	6,540	10,634	415,202	56.00
57.00	05700	CT SCAN	245,296	0	92,937	151,109	1,363,738	57.00
58.00	05800	MRI	42,742	0	16,194	26,330	337,851	58.00
59.00	05900	CARDIAC CATHETERIZATION	92	0	35	57	80,074	59.00
60.00	06000	LABORATORY	320,830	0	121,556	197,639	5,788,422	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	9,246	0	3,503	5,696	238,336	63.00
65.00	06500	RESPIRATORY THERAPY	90,556	0	34,310	55,785	1,966,366	65.00
66.00	06600	PHYSICAL THERAPY	27,400	0	10,381	16,879	795,924	66.00
67.00	06700	OCCUPATIONAL THERAPY	14,869	0	5,634	9,160	434,473	67.00
68.00	06800	SPEECH PATHOLOGY	3,543	0	1,342	2,183	125,834	68.00
69.00	06900	ELECTROCARDIOLOGY	7,563	0	2,865	4,659	252,134	69.00
69.01	03140	CARDIOLOGY	51,806	0	19,628	31,914	626,957	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	64,670	0	24,502	39,838	2,012,026	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	68,397	0	25,914	42,134	1,307,513	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	309,422	0	117,234	190,612	7,913,424	73.00
74.00	07400	RENAL DIALYSIS	2,134	0	808	1,314	268,779	74.00
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
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	451,932	0	171,409	278,799	5,362,207	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,399,918	0	909,459	1,478,809	86,864,021	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	102,638	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	3,351,418	192.00
192.01	19201	APOTHECARY	0	0	0	0	1,395,949	192.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0093

Period:  
From 01/01/2017  
To 01/31/2018

Worksheet B  
Part I  
Date/Time Prepared:  
6/29/2018 5:54 am

Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
192.02	19202	REAL ESTATE	0	0	0	0	262,237	192.02
192.03	19203	FOUNDATION	0	0	0	0	29,934	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	636,500	192.04
192.05	19205	UNASSIGNED	0	0	0	0	1,082	192.05
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)	2,399,918	0	909,459	1,478,809	92,643,779	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0093

Period:  
From 01/01/2017  
To 01/31/2018

Worksheet B  
Part I  
Date/Time Prepared:  
6/29/2018 5:54 am

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 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	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	21,322,204					5.06
6.00	00600	MAINTENANCE & REPAIRS	1,029,069	4,471,244				6.00
7.00	00700	OPERATION OF PLANT	350,976	0	1,524,969			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	100,691	17,924	6,113	461,534		8.00
9.00	00900	HOUSEKEEPING	466,938	82,977	28,300	0	2,140,096	9.00
10.00	01000	DIETARY	163,658	81,402	27,763	0	4,254	10.00
11.00	01100	CAFETERIA	295,051	222,141	75,764	0	13,170	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	526,401	35,654	12,160	5,967	4,611	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	92,402	143,521	48,950	0	0	14.00
15.00	01500	PHARMACY	487,311	76,139	25,968	0	6,534	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	339,591	104,028	35,480	0	5,445	16.00
17.00	01700	SOCIAL SERVICE	254,170	12,294	4,193	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
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
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,655,220	1,093,018	372,788	137,444	477,174	30.00
31.00	03100	INTENSIVE CARE UNIT	803,090	112,030	38,209	19,781	67,706	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
43.00	04300	NURSERY	180,734	50,774	17,317	7,816	6,211	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	765,763	321,618	109,691	15,300	48,376	50.00
50.01	03330	ENDOSCOPY	424,195	200,442	68,363	4,490	48,325	50.01
51.00	05100	RECOVERY ROOM	124,009	29,614	10,100	7,941	4,986	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	420,653	137,223	46,801	26,352	55,182	52.00
53.00	05300	ANESTHESIOLOGY	77,791	50,213	17,126	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	459,361	287,991	98,223	20,329	29,608	54.00
54.01	03630	ULTRASOUND	129,654	22,216	7,577	6,664	68	54.01
54.02	03440	MAMMOGRAPHY	69,740	13,869	4,730	4,011	1,083,583	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	271,783	84,422	28,793	3,584	18,360	55.00
55.01	03480	ONCOLOGY	349,753	131,766	44,940	5,076	18,377	55.01
56.00	05600	RADIOISOTOPE	124,128	35,093	11,969	5,994	2,859	56.00
57.00	05700	CT SCAN	407,702	32,440	11,064	13,802	6,296	57.00
58.00	05800	MRI	101,004	58,905	20,090	3,964	5,292	58.00
59.00	05900	CARDIAC CATHETERIZATION	23,939	12,855	4,384	0	0	59.00
60.00	06000	LABORATORY	1,730,501	214,246	73,071	0	17,067	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	71,253	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	587,863	72,516	24,732	0	14,770	65.00
66.00	06600	PHYSICAL THERAPY	237,949	38,781	13,227	4,022	7,351	66.00
67.00	06700	OCCUPATIONAL THERAPY	129,890	36,797	12,550	2,161	2,144	67.00
68.00	06800	SPEECH PATHOLOGY	37,619	3,990	1,361	647	0	68.00
69.00	06900	ELECTROCARDIOLOGY	75,378	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	187,434	17,428	5,944	4,130	5,275	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	601,513	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	390,893	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,365,789	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	80,354	14,214	4,848	0	1,957	74.00
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								
91.00	09100	EMERGENCY	1,603,080	298,690	101,872	162,059	129,933	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	19,594,293	4,147,231	1,414,461	461,534	2,084,914	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	30,685	36,258	12,366	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,001,937	28,256	9,637	0	0	192.00
192.01	19201	APOTHECARY	417,332	30,175	10,292	0	4,577	192.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0093

Period:  
From 01/01/2017  
To 01/31/2018

Worksheet B  
Part I  
Date/Time Prepared:  
6/29/2018 5:54 am

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
192.02	19202	REAL ESTATE	78,398	192,354	65,604	0	50,265	192.02
192.03	19203	FOUNDATION	8,949	0	0	0	340	192.03
192.04	19204	OUTREACH PROGRAMS	190,287	36,970	12,609	0	0	192.04
192.05	19205	UNASSIGNED	323	0	0	0	0	192.05
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)	21,322,204	4,471,244	1,524,969	461,534	2,140,096	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0093		Period: From 01/01/2017 To 01/31/2018		Worksheet B Part I Date/Time Prepared: 6/29/2018 5:54 am	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	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	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	824,503					10.00
11.00	01100	CAFETERIA	0	1,593,054				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	79,166	0	2,424,740		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	593,952	14.00
15.00	01500	PHARMACY	0	55,445	0	94,687	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	10,848	0	18,526	0	16.00
17.00	01700	SOCIAL SERVICE	0	33,460	0	57,142	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
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
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	709,307	459,516	0	784,754	0	30.00
31.00	03100	INTENSIVE CARE UNIT	115,196	97,872	0	167,144	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
43.00	04300	NURSERY	0	23,432	0	40,016	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	74,152	0	126,634	0	50.00
50.01	03330	ENDOSCOPY	0	46,670	0	79,702	0	50.01
51.00	05100	RECOVERY ROOM	0	14,223	0	24,289	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	63,545	0	108,520	0	52.00
53.00	05300	ANESTHESIOLOGY	0	5,303	0	9,057	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	60,266	0	102,921	0	54.00
54.01	03630	ULTRASOUND	0	17,019	0	29,065	0	54.01
54.02	03440	MAMMOGRAPHY	0	7,714	0	13,174	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	18,562	0	31,700	0	55.00
55.01	03480	ONCOLOGY	0	40,644	0	69,410	0	55.01
56.00	05600	RADIOISOTOPE	0	6,702	0	11,445	0	56.00
57.00	05700	CT SCAN	0	34,665	0	59,200	0	57.00
58.00	05800	MRI	0	10,173	0	17,373	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	96	0	165	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	78,828	0	134,621	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	15,284	0	26,101	0	69.00
69.01	03140	CARDIOLOGY	0	20,057	0	34,252	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	366,205	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	227,747	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	6,509	0	11,115	0	74.00
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
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	0	218,839	0	373,727	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	824,503	1,498,990	0	2,424,740	593,952	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,870	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	48,358	0	0	0	192.00
192.01	19201	APOTHECARY	0	10,510	0	0	0	192.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0093

Period:  
From 01/01/2017  
To 01/31/2018

Worksheet B  
Part I  
Date/Time Prepared:  
6/29/2018 5:54 am

Cost Center Description			DI ETARY	CAFETERIA	MAI NTENANCE OF PERSONNEL	NURSI NG ADMI NI STRATION	CENTRAL SERVI CES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	0	289	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	30,037	0	0	0	192.04
192.05	19205	UNASSIGNED	0	0	0	0	0	192.05
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)	824,503	1,593,054	0	2,424,740	593,952	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0093		Period: From 01/01/2017 To 01/31/2018		Worksheet B Part I Date/Time Prepared: 6/29/2018 5:54 am	
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
<b>GENERAL SERVICE COST CENTERS</b>								
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	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	2,376,110					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,649,829				16.00
17.00	01700	SOCIAL SERVICE	0	0	1,211,441			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
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
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	18,303	164,128	926,147	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	8,512	56,286	150,461	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
43.00	04300	NURSERY	611	7,153	62,147	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	10,228	56,093	0	0	0	50.00
50.01	03330	ENDOSCOPY	11,049	13,744	0	0	0	50.01
51.00	05100	RECOVERY ROOM	554	4,900	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,060	19,184	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	941	14,923	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,063	46,166	0	0	0	54.00
54.01	03630	ULTRASOUND	2,047	16,211	0	0	0	54.01
54.02	03440	MAMMOGRAPHY	37	4,599	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	34,576	0	0	0	55.00
55.01	03480	ONCOLOGY	38,476	24,048	0	0	0	55.01
56.00	05600	RADIOISOTOPE	246	11,866	0	0	0	56.00
57.00	05700	CT SCAN	14,038	168,605	0	0	0	57.00
58.00	05800	MRI	5,523	29,379	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	54	64	0	0	0	59.00
60.00	06000	LABORATORY	0	220,524	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	6,356	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	236	62,244	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	18,834	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	10,220	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,435	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	5,198	0	0	0	69.00
69.01	03140	CARDIOLOGY	14,657	35,609	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,557	44,451	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	47,013	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,193,988	212,683	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	259	1,467	0	0	0	74.00
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
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	42,671	310,870	72,686	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,376,110	1,649,829	1,211,441	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	APOTHECARY	0	0	0	0	0	192.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0093

Period:  
From 01/01/2017  
To 01/31/2018

Worksheet B  
Part I  
Date/Time Prepared:  
6/29/2018 5:54 am

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
192.02	19202 REAL ESTATE	0	0	0	0	0	192.02
192.03	19203 FOUNDATION	0	0	0	0	0	192.03
192.04	19204 OUTREACH PROGRAMS	0	0	0	0	0	192.04
192.05	19205 UNASSIGNED	0	0	0	0	0	192.05
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)	2,376,110	1,649,829	1,211,441	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0093

Period:  
From 01/01/2017  
To 01/31/2018

Worksheet B  
Part I  
Date/Time Prepared:  
6/29/2018 5:54 am

Cost Center Description	INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
<b>GENERAL SERVICE COST CENTERS</b>						
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	ADMINISTRATIVE					5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL					20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		0			22.00
23.00 02300	PARAMEDICAL EDUCATION PROGRAM			0		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	0	0	16,679,430	0 30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	4,322,576	0 31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
43.00 04300	NURSERY	0	0	0	1,000,757	0 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	0	0	4,089,285	0 50.00
50.01 03330	ENDOSCOPY	0	0	0	2,315,887	0 50.01
51.00 05100	RECOVERY ROOM	0	0	0	635,419	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,292,578	0 52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	435,560	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	2,642,464	0 54.00
54.01 03630	ULTRASOUND	0	0	0	664,206	0 54.01
54.02 03440	MAMMOGRAPHY	0	0	0	1,434,734	0 54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	1,400,877	0 55.00
55.01 03480	ONCOLOGY	0	0	0	1,892,394	0 55.01
56.00 05600	RADIOISOTOPE	0	0	0	625,504	0 56.00
57.00 05700	CT SCAN	0	0	0	2,111,550	0 57.00
58.00 05800	MRI	0	0	0	589,554	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	121,631	0 59.00
60.00 06000	LABORATORY	0	0	0	8,043,831	0 60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	315,945	0 63.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	2,942,176	0 65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	1,116,088	0 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	628,235	0 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	171,886	0 68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	374,095	0 69.00
69.01 03140	CARDIOLOGY	0	0	0	951,743	0 69.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	3,028,752	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,973,166	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	12,685,884	0 73.00
74.00 07400	RENAL DIALYSIS	0	0	0	389,502	0 74.00
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
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100	EMERGENCY	0	0	0	8,676,634	0 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					0 92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	84,552,343	0 118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0093

Period:  
From 01/01/2017  
To 01/31/2018

Worksheet B  
Part I  
Date/Time Prepared:  
6/29/2018 5:54 am

Cost Center Description	INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments			
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV						
	21.00	22.00						
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	186,817	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	4,439,606	0	192.00
192.01	19201	APOTHECARY	0	0	0	1,868,835	0	192.01
192.02	19202	REAL ESTATE	0	0	0	648,858	0	192.02
192.03	19203	FOUNDATION	0	0	0	39,512	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	906,403	0	192.04
192.05	19205	UNASSIGNED	0	0	0	1,405	0	192.05
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	0	92,643,779	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0093	Period: From 01/01/2017 To 01/31/2018	Worksheet B Part I Date/Time Prepared: 6/29/2018 5:54 am
Cost Center Description		Total			
		26.00			
<b>GENERAL SERVICE COST CENTERS</b>					
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	ADMINISTRATIVE			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL			5.06
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
12.00	01200	MAINTENANCE OF PERSONNEL			12.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
20.00	02000	NURSING SCHOOL			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	16,679,430		30.00
31.00	03100	INTENSIVE CARE UNIT	4,322,576		31.00
32.00	03200	CORONARY CARE UNIT	0		32.00
43.00	04300	NURSERY	1,000,757		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	4,089,285		50.00
50.01	03330	ENDOSCOPY	2,315,887		50.01
51.00	05100	RECOVERY ROOM	635,419		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,292,578		52.00
53.00	05300	ANESTHESIOLOGY	435,560		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,642,464		54.00
54.01	03630	ULTRASOUND	664,206		54.01
54.02	03440	MAMMOGRAPHY	1,434,734		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	1,400,877		55.00
55.01	03480	ONCOLOGY	1,892,394		55.01
56.00	05600	RADIOISOTOPE	625,504		56.00
57.00	05700	CT SCAN	2,111,550		57.00
58.00	05800	MRI	589,554		58.00
59.00	05900	CARDIAC CATHETERIZATION	121,631		59.00
60.00	06000	LABORATORY	8,043,831		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	315,945		63.00
65.00	06500	RESPIRATORY THERAPY	2,942,176		65.00
66.00	06600	PHYSICAL THERAPY	1,116,088		66.00
67.00	06700	OCCUPATIONAL THERAPY	628,235		67.00
68.00	06800	SPEECH PATHOLOGY	171,886		68.00
69.00	06900	ELECTROCARDIOLOGY	374,095		69.00
69.01	03140	CARDIOLOGY	951,743		69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,028,752		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,973,166		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,685,884		73.00
74.00	07400	RENAL DIALYSIS	389,502		74.00
76.97	07697	CARDIAC REHABILITATION	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		76.98
76.99	07699	LITHOTRIpsy	0		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100	EMERGENCY	8,676,634		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	84,552,343		118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	186,817		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,439,606		192.00
192.01	19201	APOTHECARY	1,868,835		192.01
192.02	19202	REAL ESTATE	648,858		192.02
192.03	19203	FOUNDATION	39,512		192.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0093

Period:  
From 01/01/2017  
To 01/31/2018

Worksheet B  
Part I  
Date/Time Prepared:  
6/29/2018 5:54 am

Cost Center Description		Total	
		26.00	
192.04	19204	OUTREACH PROGRAMS	906,403
192.05	19205	UNASSIGNED	1,405
200.00		Cross Foot Adjustments	0
201.00		Negative Cost Centers	0
202.00		TOTAL (sum lines 118 through 201)	92,643,779

192.04  
192.05  
200.00  
201.00  
202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0093		Period: From 01/01/2017 To 01/31/2018		Worksheet B Part II Date/Time Prepared: 6/29/2018 5:54 am	
Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT			
		BLDG & FIXT	MVBLE EQUIP					
	0	1.00	2.00	2A	4.00			
<b>GENERAL SERVICE COST CENTERS</b>								
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	33,249	0	33,249	4.00	
5.01	00540	NONPATIENT TELEPHONES	0	6,164	12,905	19,069	5.01	
5.02	00550	DATA PROCESSING	0	13,354	0	13,354	5.02	
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	5.03	
5.04	00570	ADMITTING	0	9,635	2,526	12,161	5.04	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	14,195	0	14,195	5.05	
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	114,177	1,766,469	1,880,646	5.06	
6.00	00600	MAINTENANCE & REPAIRS	0	279,803	352,993	632,796	6.00	
7.00	00700	OPERATION OF PLANT	0	0	0	0	7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	0	5,292	0	5,292	8.00	
9.00	00900	HOUSEKEEPING	0	24,499	4,351	28,850	9.00	
10.00	01000	DIETARY	0	24,034	10,717	34,751	10.00	
11.00	01100	CAFETERIA	0	65,587	0	65,587	11.00	
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00	
13.00	01300	NURSING ADMINISTRATION	0	10,527	127,285	137,812	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	0	42,375	188,504	230,879	14.00	
15.00	01500	PHARMACY	0	22,480	2,147	24,627	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	30,714	4,233	34,947	16.00	
17.00	01700	SOCIAL SERVICE	0	3,630	0	3,630	17.00	
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00	
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00	
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	23.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	322,715	33,148	355,863	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	33,077	4,052	37,129	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00	
43.00	04300	NURSERY	0	14,991	6,914	21,905	43.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	94,957	162,532	257,489	50.00	
50.01	03330	ENDOSCOPY	0	59,180	28,879	88,059	50.01	
51.00	05100	RECOVERY ROOM	0	8,744	4,860	13,604	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	40,515	24,650	65,165	52.00	
53.00	05300	ANESTHESIOLOGY	0	14,825	4,883	19,708	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	85,029	111,034	196,063	54.00	
54.01	03630	ULTRASOUND	0	6,559	20,173	26,732	54.01	
54.02	03440	MAMMOGRAPHY	0	4,095	8,306	12,401	54.02	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	24,925	76,789	101,714	55.00	
55.01	03480	ONCOLOGY	0	38,904	22,293	61,197	55.01	
56.00	05600	RADIOISOTOPE	0	10,361	21,713	32,074	56.00	
57.00	05700	CT SCAN	0	9,578	76,608	86,186	57.00	
58.00	05800	MRI	0	17,392	0	17,392	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	3,795	68,885	72,680	59.00	
60.00	06000	LABORATORY	0	63,256	96,079	159,335	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00	
65.00	06500	RESPIRATORY THERAPY	0	21,410	30,729	52,139	65.00	
66.00	06600	PHYSICAL THERAPY	0	11,450	669	12,119	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	10,864	0	10,864	67.00	
68.00	06800	SPEECH PATHOLOGY	0	1,178	0	1,178	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00	
69.01	03140	CARDIOLOGY	0	5,146	55,853	60,999	69.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00	
74.00	07400	RENAL DIALYSIS	0	4,197	791	4,988	74.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98	
76.99	07699	LI THOTRI PSY	0	0	0	0	76.99	
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	0	88,188	28,432	116,620	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00	
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE					113.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	1,695,046	3,360,402	5,055,448	118.00	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0093

Period:  
From 01/01/2017  
To 01/31/2018

Worksheet B  
Part II  
Date/Time Prepared:  
6/29/2018 5:54 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	2A	4.00	
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	10,705	0	10,705	44	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	8,342	953	9,295	2,573	192.00
192.01 19201 APOTHECARY	0	8,909	1,631	10,540	241	192.01
192.02 19202 REAL ESTATE	0	56,792	0	56,792	0	192.02
192.03 19203 FOUNDATION	0	0	8,168	8,168	3	192.03
192.04 19204 OUTREACH PROGRAMS	0	10,915	0	10,915	463	192.04
192.05 19205 UNASSIGNED	0	0	1,082	1,082	0	192.05
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	1,790,709	3,372,236	5,162,945	33,249	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0093		Period: From 01/01/2017 To 01/31/2018		Worksheet B Part II Date/Time Prepared: 6/29/2018 5:54 am	
Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
<b>GENERAL SERVICE COST CENTERS</b>								
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	19,367					5.01
5.02	00550	DATA PROCESSING	261	13,615				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0			5.03
5.04	00570	ADMINITTING	998	0	0	13,159		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	190	0	0	0	14,385	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	2,067	0	0	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	1,259	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	214	0	0	0	0	9.00
10.00	01000	DIETARY	119	0	0	0	0	10.00
11.00	01100	CAFETERIA	380	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	760	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	261	0	0	0	0	14.00
15.00	01500	PHARMACY	903	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,069	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	238	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
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
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	1,188	1,327	0	1,327	1,438	30.00
31.00	03100	INTENSIVE CARE UNIT	309	455	0	455	493	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
43.00	04300	NURSERY	24	58	0	58	63	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,568	454	0	454	491	50.00
50.01	03330	ENDOSCOPY	618	111	0	111	120	50.01
51.00	05100	RECOVERY ROOM	24	40	0	40	43	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	214	155	0	155	168	52.00
53.00	05300	ANESTHESIOLOGY	261	121	0	121	131	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	570	373	0	373	404	54.00
54.01	03630	ULTRASOUND	190	131	0	131	142	54.01
54.02	03440	MAMMOGRAPHY	143	37	0	37	40	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	333	280	0	280	303	55.00
55.01	03480	ONCOLOGY	285	194	0	194	211	55.01
56.00	05600	RADIOISOTOPE	238	96	0	96	104	56.00
57.00	05700	CT SCAN	452	1,363	0	1,363	1,477	57.00
58.00	05800	MRI	119	238	0	238	257	58.00
59.00	05900	CARDIAC CATHETERIZATION	95	1	0	1	1	59.00
60.00	06000	LABORATORY	1,069	1,783	0	1,783	1,932	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	51	0	51	56	63.00
65.00	06500	RESPIRATORY THERAPY	190	503	0	503	545	65.00
66.00	06600	PHYSICAL THERAPY	119	152	0	152	165	66.00
67.00	06700	OCCUPATIONAL THERAPY	119	83	0	83	90	67.00
68.00	06800	SPEECH PATHOLOGY	24	20	0	20	21	68.00
69.00	06900	ELECTROCARDIOLOGY	0	42	0	42	46	69.00
69.01	03140	CARDIOLOGY	261	288	0	288	312	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	359	0	359	389	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	380	0	380	412	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,720	0	1,720	1,863	73.00
74.00	07400	RENAL DIALYSIS	24	12	0	12	13	74.00
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
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	1,307	2,788	0	2,332	2,655	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	18,463	13,615	0	13,159	14,385	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	119	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	285	0	0	0	0	192.00
192.01	19201	APOTHECARY	214	0	0	0	0	192.01

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0093		Period: From 01/01/2017 To 01/31/2018		Worksheet B Part II Date/Time Prepared: 6/29/2018 5:54 am	
Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACC OUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
192.02	19202	REAL ESTATE	24	0	0	0	0	192.02
192.03	19203	FOUNDATION	238	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	24	0	0	0	0	192.04
192.05	19205	UNASSIGNED	0	0	0	0	0	192.05
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)	19,367	13,615	0	13,159	14,385	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0093		Period: From 01/01/2017 To 01/31/2018		Worksheet B Part II Date/Time Prepared: 6/29/2018 5:54 am	
Cost Center Description			OTHER ADMINI STRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	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	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINI STRATIVE AND GENERAL	1,885,237					5.06
6.00	00600	MAINTENANCE & REPAIRS	90,987	725,980				6.00
7.00	00700	OPERATION OF PLANT	31,032	0	31,032			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8,903	2,910	124	17,270		8.00
9.00	00900	HOUSEKEEPING	41,285	13,473	576	0	85,471	9.00
10.00	01000	DIETARY	14,470	13,217	565	0	170	10.00
11.00	01100	CAFETERIA	26,087	36,068	1,542	0	526	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	46,543	5,789	247	223	184	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	8,170	23,303	996	0	0	14.00
15.00	01500	PHARMACY	43,086	12,362	528	0	261	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	30,026	16,891	722	0	217	16.00
17.00	01700	SOCIAL SERVICE	22,473	1,996	85	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
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
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	234,762	177,471	7,587	5,143	19,057	30.00
31.00	03100	INTENSIVE CARE UNIT	71,007	18,190	778	740	2,704	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
43.00	04300	NURSERY	15,980	8,244	352	292	248	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	67,706	52,220	2,232	573	1,932	50.00
50.01	03330	ENDOSCOPY	37,506	32,545	1,391	168	1,930	50.01
51.00	05100	RECOVERY ROOM	10,964	4,808	206	297	199	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	37,193	22,280	952	986	2,204	52.00
53.00	05300	ANESTHESIOLOGY	6,878	8,153	348	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	40,615	46,760	1,999	761	1,182	54.00
54.01	03630	ULTRASOUND	11,464	3,607	154	249	3	54.01
54.02	03440	MAMMOGRAPHY	6,166	2,252	96	150	43,277	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	24,030	13,707	586	134	733	55.00
55.01	03480	ONCOLOGY	30,924	21,394	915	190	734	55.01
56.00	05600	RADIOISOTOPE	10,975	5,698	244	224	114	56.00
57.00	05700	CT SCAN	36,048	5,267	225	516	251	57.00
58.00	05800	MRI	8,930	9,564	409	148	211	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,117	2,087	89	0	0	59.00
60.00	06000	LABORATORY	153,005	34,786	1,487	0	682	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6,300	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	51,977	11,774	503	0	590	65.00
66.00	06600	PHYSICAL THERAPY	21,039	6,297	269	150	294	66.00
67.00	06700	OCCUPATIONAL THERAPY	11,484	5,975	255	81	86	67.00
68.00	06800	SPEECH PATHOLOGY	3,326	648	28	24	0	68.00
69.00	06900	ELECTROCARDIOLOGY	6,665	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	16,572	2,830	121	155	211	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	53,184	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	34,561	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	209,176	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	7,105	2,308	99	0	78	74.00
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
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	141,739	48,497	2,073	6,066	5,189	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,732,460	673,371	28,783	17,270	83,267	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,713	5,887	252	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	88,588	4,588	196	0	0	192.00
192.01	19201	APOTHECARY	36,899	4,899	209	0	183	192.01

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0093		Period: From 01/01/2017 To 01/31/2018		Worksheet B Part II Date/Time Prepared: 6/29/2018 5:54 am	
Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
192.02	19202	REAL ESTATE	6,932	31,232	1,335	0	2,007	192.02
192.03	19203	FOUNDATION	791	0	0	0	14	192.03
192.04	19204	OUTREACH PROGRAMS	16,825	6,003	257	0	0	192.04
192.05	19205	UNASSIGNED	29	0	0	0	0	192.05
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)	1,885,237	725,980	31,032	17,270	85,471	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0093		Period: From 01/01/2017 To 01/31/2018		Worksheet B Part II Date/Time Prepared: 6/29/2018 5:54 am	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	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	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	63,495					10.00
11.00	01100	CAFETERIA	0	130,681				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	6,494	0	199,372		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	263,609	14.00
15.00	01500	PHARMACY	0	4,548	0	7,786	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	890	0	1,523	0	16.00
17.00	01700	SOCIAL SERVICE	0	2,745	0	4,698	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
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
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	54,624	37,693	0	64,528	0	30.00
31.00	03100	INTENSIVE CARE UNIT	8,871	8,029	0	13,743	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
43.00	04300	NURSERY	0	1,922	0	3,290	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	6,083	0	10,412	0	50.00
50.01	03330	ENDOSCOPY	0	3,828	0	6,553	0	50.01
51.00	05100	RECOVERY ROOM	0	1,167	0	1,997	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,213	0	8,923	0	52.00
53.00	05300	ANESTHESIOLOGY	0	435	0	745	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,944	0	8,463	0	54.00
54.01	03630	ULTRASOUND	0	1,396	0	2,390	0	54.01
54.02	03440	MAMMOGRAPHY	0	633	0	1,083	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,523	0	2,606	0	55.00
55.01	03480	ONCOLOGY	0	3,334	0	5,707	0	55.01
56.00	05600	RADIOISOTOPE	0	550	0	941	0	56.00
57.00	05700	CT SCAN	0	2,844	0	4,868	0	57.00
58.00	05800	MRI	0	835	0	1,428	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	8	0	14	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	6,466	0	11,069	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,254	0	2,146	0	69.00
69.01	03140	CARDIOLOGY	0	1,645	0	2,816	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	162,529	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	101,080	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	534	0	914	0	74.00
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
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	0	17,952	0	30,729	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	63,495	122,965	0	199,372	263,609	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	399	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	3,967	0	0	0	192.00
192.01	19201	APOTHECARY	0	862	0	0	0	192.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0093

Period:  
From 01/01/2017  
To 01/31/2018

Worksheet B  
Part II  
Date/Time Prepared:  
6/29/2018 5:54 am

Cost Center Description		DI ETARY	CAFETERIA	MAI NTENANCE OF PERSONNEL	NURSI NG ADMI NI STRATION	CENTRAL SERVI CES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
192.02	19202 REAL ESTATE	0	0	0	0	0	192.02
192.03	19203 FOUNDATION	0	24	0	0	0	192.03
192.04	19204 OUTREACH PROGRAMS	0	2,464	0	0	0	192.04
192.05	19205 UNASSIGNED	0	0	0	0	0	192.05
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)	63,495	130,681	0	199,372	263,609	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0093		Period: From 01/01/2017 To 01/31/2018		Worksheet B Part II Date/Time Prepared: 6/29/2018 5:54 am	
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
<b>GENERAL SERVICE COST CENTERS</b>								
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	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	95,339					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	86,398				16.00
17.00	01700	SOCIAL SERVICE	0	0	36,528			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
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
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	734	8,571	27,925			30.00
31.00	03100	INTENSIVE CARE UNIT	342	2,939	4,537			31.00
32.00	03200	CORONARY CARE UNIT	0	0	0			32.00
43.00	04300	NURSERY	25	374	1,874			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	410	2,929	0			50.00
50.01	03330	ENDOSCOPY	443	718	0			50.01
51.00	05100	RECOVERY ROOM	22	256	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	323	1,002	0			52.00
53.00	05300	ANESTHESIOLOGY	38	779	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	43	2,411	0			54.00
54.01	03630	ULTRASOUND	82	847	0			54.01
54.02	03440	MAMMOGRAPHY	1	240	0			54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,806	0			55.00
55.01	03480	ONCOLOGY	1,544	1,256	0			55.01
56.00	05600	RADIOISOTOPE	10	620	0			56.00
57.00	05700	CT SCAN	563	8,805	0			57.00
58.00	05800	MRI	222	1,534	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	2	3	0			59.00
60.00	06000	LABORATORY	0	11,517	0			60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0			62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	332	0			63.00
65.00	06500	RESPIRATORY THERAPY	9	3,251	0			65.00
66.00	06600	PHYSICAL THERAPY	0	984	0			66.00
67.00	06700	OCCUPATIONAL THERAPY	0	534	0			67.00
68.00	06800	SPEECH PATHOLOGY	0	127	0			68.00
69.00	06900	ELECTROCARDIOLOGY	0	271	0			69.00
69.01	03140	CARDIOLOGY	588	1,860	0			69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	183	2,321	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,455	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	88,033	11,107	0			73.00
74.00	07400	RENAL DIALYSIS	10	77	0			74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0			76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0			76.98
76.99	07699	LI THOTRI PSY	0	0	0			76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	1,712	16,472	2,192			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	95,339	86,398	36,528	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
192.01	19201	APOTHECARY	0	0	0			192.01

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0093		Period: From 01/01/2017 To 01/31/2018		Worksheet B Part II Date/Time Prepared: 6/29/2018 5:54 am	
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
192.02	19202	REAL ESTATE	0	0	0			192.02
192.03	19203	FOUNDATION	0	0	0			192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0			192.04
192.05	19205	UNASSIGNED	0	0	0			192.05
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)	95,339	86,398	36,528	0		0 202.00

ALLOCATION OF CAPITAL RELATED COSTS	Provider CCN: 14-0093	Period: From 01/01/2017 To 01/31/2018	Worksheet B Part II Date/Time Prepared: 6/29/2018 5:54 am
-------------------------------------	-----------------------	---	--

Cost Center Description	INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
<b>GENERAL SERVICE COST CENTERS</b>						
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	ADMINISTRATIVE					5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL					20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		0			22.00
23.00 02300	PARAMEDICAL EDUCATION PROGRAM			0		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS			1,005,596	0	30.00
31.00 03100	INTENSIVE CARE UNIT			172,405	0	31.00
32.00 03200	CORONARY CARE UNIT			0	0	32.00
43.00 04300	NURSERY			55,133	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM			406,169	0	50.00
50.01 03330	ENDOSCOPY			175,032	0	50.01
51.00 05100	RECOVERY ROOM			34,011	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM			146,082	0	52.00
53.00 05300	ANESTHESIOLOGY			37,792	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC			305,901	0	54.00
54.01 03630	ULTRASOUND			47,813	0	54.01
54.02 03440	MAMMOGRAPHY			66,702	0	54.02
55.00 05500	RADIOLOGY-THERAPEUTIC			148,549	0	55.00
55.01 03480	ONCOLOGY			128,812	0	55.01
56.00 05600	RADIOISOTOPE			52,150	0	56.00
57.00 05700	CT SCAN			150,806	0	57.00
58.00 05800	MRI			41,705	0	58.00
59.00 05900	CARDIAC CATHETERIZATION			77,100	0	59.00
60.00 06000	LABORATORY			367,379	0	60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS			0	0	62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.			6,790	0	63.00
65.00 06500	RESPIRATORY THERAPY			140,720	0	65.00
66.00 06600	PHYSICAL THERAPY			41,740	0	66.00
67.00 06700	OCCUPATIONAL THERAPY			29,654	0	67.00
68.00 06800	SPEECH PATHOLOGY			5,416	0	68.00
69.00 06900	ELECTROCARDIOLOGY			10,718	0	69.00
69.01 03140	CARDIOLOGY			89,294	0	69.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT			219,324	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS			139,268	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS			313,619	0	73.00
74.00 07400	RENAL DIALYSIS			16,310	0	74.00
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
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100	EMERGENCY			401,675	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	4,833,665	0 118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0093

Period:  
From 01/01/2017  
To 01/31/2018

Worksheet B  
Part II  
Date/Time Prepared:  
6/29/2018 5:54 am

Cost Center Description	INTERNS & RESIDENTS			PARAMEDICAL EDUCATION PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00	23.00			
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			20,119	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES			109,492	0
192.01	19201	APOTHECARY			54,047	0
192.02	19202	REAL ESTATE			98,322	0
192.03	19203	FOUNDATION			9,238	0
192.04	19204	OUTREACH PROGRAMS			36,951	0
192.05	19205	UNASSIGNED			1,111	0
200.00		Cross Foot Adjustments	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	0	0	5,162,945	0

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0093	Period: From 01/01/2017 To 01/31/2018	Worksheet B Part II Date/Time Prepared: 6/29/2018 5:54 am
Cost Center Description		Total			
		26.00			
<b>GENERAL SERVICE COST CENTERS</b>					
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	ADMINISTRATIVE			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL			5.06
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
12.00	01200	MAINTENANCE OF PERSONNEL			12.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
20.00	02000	NURSING SCHOOL			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	1,005,596		30.00
31.00	03100	INTENSIVE CARE UNIT	172,405		31.00
32.00	03200	CORONARY CARE UNIT	0		32.00
43.00	04300	NURSERY	55,133		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	406,169		50.00
50.01	03330	ENDOSCOPY	175,032		50.01
51.00	05100	RECOVERY ROOM	34,011		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	146,082		52.00
53.00	05300	ANESTHESIOLOGY	37,792		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	305,901		54.00
54.01	03630	ULTRASOUND	47,813		54.01
54.02	03440	MAMMOGRAPHY	66,702		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	148,549		55.00
55.01	03480	ONCOLOGY	128,812		55.01
56.00	05600	RADIOISOTOPE	52,150		56.00
57.00	05700	CT SCAN	150,806		57.00
58.00	05800	MRI	41,705		58.00
59.00	05900	CARDIAC CATHETERIZATION	77,100		59.00
60.00	06000	LABORATORY	367,379		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6,790		63.00
65.00	06500	RESPIRATORY THERAPY	140,720		65.00
66.00	06600	PHYSICAL THERAPY	41,740		66.00
67.00	06700	OCCUPATIONAL THERAPY	29,654		67.00
68.00	06800	SPEECH PATHOLOGY	5,416		68.00
69.00	06900	ELECTROCARDIOLOGY	10,718		69.00
69.01	03140	CARDIOLOGY	89,294		69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	219,324		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	139,268		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	313,619		73.00
74.00	07400	RENAL DIALYSIS	16,310		74.00
76.97	07697	CARDIAC REHABILITATION	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		76.98
76.99	07699	LITHOTRIpsy	0		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100	EMERGENCY	401,675		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,833,665		118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	20,119		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	109,492		192.00
192.01	19201	APOTHECARY	54,047		192.01
192.02	19202	REAL ESTATE	98,322		192.02
192.03	19203	FOUNDATION	9,238		192.03

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0093	Period: From 01/01/2017 To 01/31/2018	Worksheet B Part II Date/Time Prepared: 6/29/2018 5:54 am
-------------------------------------	--	-----------------------	---	--

Cost Center Description		Total	
		26.00	
192.04	19204	OUTREACH PROGRAMS	36,951
192.05	19205	UNASSIGNED	1,111
200.00		Cross Foot Adjustments	0
201.00		Negative Cost Centers	0
202.00		TOTAL (sum lines 118 through 201)	5,162,945

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0093

Period:  
From 01/01/2017  
To 01/31/2018

Worksheet B-1

Date/Time Prepared:  
6/29/2018 5:54 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (# OF LINES)	DATA PROCESSING (GROSS REVENUE)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	281,192				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		2,665,105			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	5,221	0	30,958,333		4.00
5.01 00540	NONPATIENT TELEPHONES	968	10,199	277,488	815	5.01
5.02 00550	DATA PROCESSING	2,097	0	0	11	555,846,611
5.03 00560	PURCHASING RECEIVING AND STORES	0	0	0	0	0
5.04 00570	ADMINISTRATIVE	1,513	1,996	0	42	0
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	2,229	0	0	8	0
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	17,929	1,396,058	2,350,141	87	0
6.00 00600	MAINTENANCE & REPAIRS	43,937	278,973	873,801	53	0
7.00 00700	OPERATION OF PLANT	0	0	0	0	0
8.00 00800	LAUNDRY & LINEN SERVICE	831	0	38,150	0	0
9.00 00900	HOUSEKEEPING	3,847	3,439	998,682	9	0
10.00 01000	DIETARY	3,774	8,470	188,570	5	0
11.00 01100	CAFETERIA	10,299	0	456,863	16	0
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	1,653	100,594	1,229,330	32	0
14.00 01400	CENTRAL SERVICES & SUPPLY	6,654	148,976	0	11	0
15.00 01500	PHARMACY	3,530	1,697	1,152,705	38	0
16.00 01600	MEDICAL RECORDS & LIBRARY	4,823	3,345	104,796	45	0
17.00 01700	SOCIAL SERVICE	570	0	617,166	10	0
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00 02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	50,675	26,197	5,921,072	50	55,299,217
31.00 03100	INTENSIVE CARE UNIT	5,194	3,202	1,567,600	13	18,964,283
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0
43.00 04300	NURSERY	2,354	5,464	394,746	1	2,410,133
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	14,911	128,450	1,131,795	66	18,899,263
50.01 03330	ENDOSCOPY	9,293	22,823	866,412	26	4,630,792
51.00 05100	RECOVERY ROOM	1,373	3,841	320,699	1	1,650,903
52.00 05200	DELIVERY ROOM & LABOR ROOM	6,362	19,481	1,069,755	9	6,463,482
53.00 05300	ANESTHESIOLOGY	2,328	3,859	68,567	11	5,028,048
54.00 05400	RADIOLOGY-DIAGNOSTIC	13,352	87,751	874,955	24	15,554,422
54.01 03630	ULTRASOUND	1,030	15,943	275,095	8	5,461,894
54.02 03440	MAMMOGRAPHY	643	6,564	136,012	6	1,549,592
55.00 05500	RADIOLOGY-THERAPEUTIC	3,914	60,687	478,957	14	11,649,705
55.01 03480	ONCOLOGY	6,109	17,618	682,525	12	8,102,312
56.00 05600	RADIOISOTOPE	1,627	17,160	154,865	10	3,997,834
57.00 05700	CT SCAN	1,504	60,544	538,584	19	56,807,718
58.00 05800	MRI	2,731	0	167,328	5	9,898,508
59.00 05900	CARDIAC CATHETERIZATION	596	54,440	2,083	4	21,408
60.00 06000	LABORATORY	9,933	75,932	0	45	74,300,555
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	2,141,359
65.00 06500	RESPIRATORY THERAPY	3,362	24,285	1,118,163	8	20,971,830
66.00 06600	PHYSICAL THERAPY	1,798	529	0	5	6,345,525
67.00 06700	OCCUPATIONAL THERAPY	1,706	0	0	5	3,443,478
68.00 06800	SPEECH PATHOLOGY	185	0	0	1	820,531
69.00 06900	ELECTROCARDIOLOGY	0	0	234,374	0	1,751,486
69.01 03140	CARDIOLOGY	808	44,141	324,166	11	11,997,616
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	14,976,751
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	15,839,921
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	71,658,630
74.00 07400	RENAL DIALYSIS	659	625	126,777	1	494,161
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	0
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99 07699	LITHOTRIPSY	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100	EMERGENCY	13,848	22,470	3,120,604	55	104,715,254
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	266,170	2,655,753	27,862,826	777	555,846,611

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0093

Period:  
From 01/01/2017  
To 01/31/2018

Worksheet B-1

Date/Time Prepared:  
6/29/2018 5:54 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (# OF LINES)	DATA PROCESSING (GROSS REVENUE)			
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)						
	1.00	2.00					4.00	5.01
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,681	0	40,871	5	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,310	753	2,395,855	12	0	192.00
192.01	19201	APOTHECARY	1,399	1,289	224,852	9	0	192.01
192.02	19202	REAL ESTATE	8,918	0	0	1	0	192.02
192.03	19203	FOUNDATION	0	6,455	2,970	10	0	192.03
192.04	19204	OUTREACH PROGRAMS	1,714	0	430,959	1	0	192.04
192.05	19205	UNASSIGNED	0	855	0	0	0	192.05
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)	1,790,709	3,372,236	353,056	588,814	2,399,918	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	6.368279	1.265330	0.011404	722.471166	0.004318	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			33,249	19,367	13,615	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001074	23.763190	0.000024	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: 14-0093		Period: From 01/01/2017 To 01/31/2018		Worksheet B-1	
Cost Center Description			PURCHASING RECEIVING AND STORES (SUPPLY COST)	ADMINITTING (GROSS REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
<b>GENERAL SERVICE COST CENTERS</b>								
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	0					5.03
5.04	00570	ADMINITTING	0	555,846,611				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	555,846,611			5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	-21,322,204	71,321,575	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	3,442,175	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	1,173,993	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	336,806	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	1,561,881	9.00
10.00	01000	DIETARY	0	0	0	0	547,426	10.00
11.00	01100	CAFETERIA	0	0	0	0	986,928	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	1,760,781	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	309,079	14.00
15.00	01500	PHARMACY	0	0	0	0	1,630,026	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	1,135,911	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	850,182	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
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
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	55,299,217	55,299,217	0	8,881,631	30.00
31.00	03100	INTENSIVE CARE UNIT	0	18,964,283	18,964,283	0	2,686,289	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
43.00	04300	NURSERY	0	2,410,133	2,410,133	0	604,546	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	18,899,263	18,899,263	0	2,561,430	50.00
50.01	03330	ENDOSCOPY	0	4,630,792	4,630,792	0	1,418,907	50.01
51.00	05100	RECOVERY ROOM	0	1,650,903	1,650,903	0	414,803	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	6,463,482	6,463,482	0	1,407,058	52.00
53.00	05300	ANESTHESIOLOGY	0	5,028,048	5,028,048	0	260,206	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	15,554,422	15,554,422	0	1,536,536	54.00
54.01	03630	ULTRASOUND	0	5,461,894	5,461,894	0	433,685	54.01
54.02	03440	MAMMOGRAPHY	0	1,549,592	1,549,592	0	233,277	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	11,649,705	11,649,705	0	909,097	55.00
55.01	03480	ONCOLOGY	0	8,102,312	8,102,312	0	1,169,904	55.01
56.00	05600	RADIOISOTOPE	0	3,997,834	3,997,834	0	415,202	56.00
57.00	05700	CT SCAN	0	56,807,718	56,807,718	0	1,363,738	57.00
58.00	05800	MRI	0	9,898,508	9,898,508	0	337,851	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	21,408	21,408	0	80,074	59.00
60.00	06000	LABORATORY	0	74,300,555	74,300,555	0	5,788,422	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,141,359	2,141,359	0	238,336	63.00
65.00	06500	RESPIRATORY THERAPY	0	20,971,830	20,971,830	0	1,966,366	65.00
66.00	06600	PHYSICAL THERAPY	0	6,345,525	6,345,525	0	795,924	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,443,478	3,443,478	0	434,473	67.00
68.00	06800	SPEECH PATHOLOGY	0	820,531	820,531	0	125,834	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,751,486	1,751,486	0	252,134	69.00
69.01	03140	CARDIOLOGY	0	11,997,616	11,997,616	0	626,957	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	14,976,751	14,976,751	0	2,012,026	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	15,839,921	15,839,921	0	1,307,513	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	71,658,630	71,658,630	0	7,913,424	73.00
74.00	07400	RENAL DIALYSIS	0	494,161	494,161	0	268,779	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRI PSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	0	104,715,254	104,715,254	0	5,362,207	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	555,846,611	555,846,611	-21,322,204	65,541,817	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	102,638	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0093

Period:  
From 01/01/2017  
To 01/31/2018

Worksheet B-1

Date/Time Prepared:  
6/29/2018 5:54 am

Cost Center Description			PURCHASING RECEIVING AND STORES (SUPPLY COST)	ADMINISTRATIVE (GROSS REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	3,351,418	192.00
192.01	19201	APOTHECARY	0	0	0	0	1,395,949	192.01
192.02	19202	REAL ESTATE	0	0	0	0	262,237	192.02
192.03	19203	FOUNDATION	0	0	0	0	29,934	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	636,500	192.04
192.05	19205	UNASSIGNED	0	0	0	0	1,082	192.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	909,459	1,478,809		21,322,204	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.001636	0.002660		0.298959	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	13,159	14,385		1,885,237	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000024	0.000026		0.026433	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: 14-0093		Period: From 01/01/2017 To 01/31/2018		Worksheet B-1	
Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600	207,298					6.00
7.00	00700	0	207,298				7.00
8.00	00800	831	831	435,828			8.00
9.00	00900	3,847	3,847	0	125,771		9.00
10.00	01000	3,774	3,774	0	250	66,034	10.00
11.00	01100	10,299	10,299	0	774	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	1,653	1,653	5,635	271	0	13.00
14.00	01400	6,654	6,654	0	0	0	14.00
15.00	01500	3,530	3,530	0	384	0	15.00
16.00	01600	4,823	4,823	0	320	0	16.00
17.00	01700	570	570	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	50,675	50,675	129,789	28,043	56,808	30.00
31.00	03100	5,194	5,194	18,679	3,979	9,226	31.00
32.00	03200	0	0	0	0	0	32.00
43.00	04300	2,354	2,354	7,381	365	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	14,911	14,911	14,448	2,843	0	50.00
50.01	03330	9,293	9,293	4,240	2,840	0	50.01
51.00	05100	1,373	1,373	7,499	293	0	51.00
52.00	05200	6,362	6,362	24,884	3,243	0	52.00
53.00	05300	2,328	2,328	0	0	0	53.00
54.00	05400	13,352	13,352	19,197	1,740	0	54.00
54.01	03630	1,030	1,030	6,293	4	0	54.01
54.02	03440	643	643	3,788	63,681	0	54.02
55.00	05500	3,914	3,914	3,384	1,079	0	55.00
55.01	03480	6,109	6,109	4,793	1,080	0	55.01
56.00	05600	1,627	1,627	5,660	168	0	56.00
57.00	05700	1,504	1,504	13,033	370	0	57.00
58.00	05800	2,731	2,731	3,743	311	0	58.00
59.00	05900	596	596	0	0	0	59.00
60.00	06000	9,933	9,933	0	1,003	0	60.00
62.30	06250	0	0	0	0	0	62.30
63.00	06300	0	0	0	0	0	63.00
65.00	06500	3,362	3,362	0	868	0	65.00
66.00	06600	1,798	1,798	3,798	432	0	66.00
67.00	06700	1,706	1,706	2,041	126	0	67.00
68.00	06800	185	185	611	0	0	68.00
69.00	06900	0	0	0	0	0	69.00
69.01	03140	808	808	3,900	310	0	69.01
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	659	659	0	115	0	74.00
76.97	07697	0	0	0	0	0	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	13,848	13,848	153,032	7,636	0	91.00
92.00	09200						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
118.00		192,276	192,276	435,828	122,528	66,034	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	1,681	1,681	0	0	0	190.00
192.00	19200	1,310	1,310	0	0	0	192.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0093

Period:  
From 01/01/2017  
To 01/31/2018

Worksheet B-1

Date/Time Prepared:  
6/29/2018 5:54 am

Cost Center Description			MAINTENANCE & REPAIRS (SQ. FEET)	OPERATION OF PLANT (SQ. FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
192.01	19201	APOTHECARY	1,399	1,399	0	269	0	192.01
192.02	19202	REAL ESTATE	8,918	8,918	0	2,954	0	192.02
192.03	19203	FOUNDATION	0	0	0	20	0	192.03
192.04	19204	OUTREACH PROGRAMS	1,714	1,714	0	0	0	192.04
192.05	19205	UNASSIGNED	0	0	0	0	0	192.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,471,244	1,524,969	461,534	2,140,096	824,503	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	21.569161	7.356410	1.058982	17.015814	12.486037	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	725,980	31,032	17,270	85,471	63,495	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	3.502108	0.149698	0.039626	0.679576	0.961550	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: 14-0093

Period:  
From 01/01/2017  
To 01/31/2018

Worksheet B-1

Date/Time Prepared:  
6/29/2018 5:54 am

Cost Center Description		CAFETERIA (MEALS SERVED)	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	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	33,042					11.00
12.00	01200	0	0				12.00
13.00	01300	1,642	0	29,449			13.00
14.00	01400	0	0	0	3,054,084		14.00
15.00	01500	1,150	0	1,150	0	7,821,903	15.00
16.00	01600	225	0	225	0	0	16.00
17.00	01700	694	0	694	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	9,531	0	9,531	0	60,252	30.00
31.00	03100	2,030	0	2,030	0	28,022	31.00
32.00	03200	0	0	0	0	0	32.00
43.00	04300	486	0	486	0	2,011	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	1,538	0	1,538	0	33,671	50.00
50.01	03330	968	0	968	0	36,373	50.01
51.00	05100	295	0	295	0	1,823	51.00
52.00	05200	1,318	0	1,318	0	26,532	52.00
53.00	05300	110	0	110	0	3,097	53.00
54.00	05400	1,250	0	1,250	0	3,499	54.00
54.01	03630	353	0	353	0	6,740	54.01
54.02	03440	160	0	160	0	121	54.02
55.00	05500	385	0	385	0	0	55.00
55.01	03480	843	0	843	0	126,659	55.01
56.00	05600	139	0	139	0	810	56.00
57.00	05700	719	0	719	0	46,213	57.00
58.00	05800	211	0	211	0	18,180	58.00
59.00	05900	2	0	2	0	178	59.00
60.00	06000	0	0	0	0	0	60.00
62.30	06250	0	0	0	0	0	62.30
63.00	06300	0	0	0	0	0	63.00
65.00	06500	1,635	0	1,635	0	778	65.00
66.00	06600	0	0	0	0	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	317	0	317	0	0	69.00
69.01	03140	416	0	416	0	48,250	69.01
71.00	07100	0	0	0	1,883,016	15,000	71.00
72.00	07200	0	0	0	1,171,068	0	72.00
73.00	07300	0	0	0	0	7,222,372	73.00
74.00	07400	135	0	135	0	852	74.00
76.97	07697	0	0	0	0	0	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	4,539	0	4,539	0	140,470	91.00
92.00	09200						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
118.00		31,091	0	29,449	3,054,084	7,821,903	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	101	0	0	0	0	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0093

Period:  
From 01/01/2017  
To 01/31/2018

Worksheet B-1

Date/Time Prepared:  
6/29/2018 5:54 am

Cost Center Description			CAFETERIA (MEALS SERVED)	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	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,003	0	0	0	0	192.00
192.01	19201	APOTHECARY	218	0	0	0	0	192.01
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	6	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	623	0	0	0	0	192.04
192.05	19205	UNASSIGNED	0	0	0	0	0	192.05
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)	1,593,054	0	2,424,740	593,952	2,376,110	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	48.213002	0.000000	82.336921	0.194478	0.303776	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	130,681	0	199,372	263,609	95,339	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	3.954997	0.000000	6.770077	0.086314	0.012189	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: 14-0093

Period:  
From 01/01/2017  
To 01/31/2018

Worksheet B-1  
Date/Time Prepared:  
6/29/2018 5:54 am

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
	16.00	17.00	19.00	20.00	21.00	
<b>GENERAL SERVICE COST CENTERS</b>						
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 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	555,846,611					16.00
17.00 01700 SOCIAL SERVICE	0	10,000				17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00 02000 NURSING SCHOOL	0	0		0		20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0			0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0				22.00
23.00 02300 PARAMEDICAL EDUCATION PROGRAM	0	0				23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	55,299,217	7,645	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	18,964,283	1,242	0	0	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
43.00 04300 NURSERY	2,410,133	513	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	18,899,263	0	0	0	0	50.00
50.01 03330 ENDOSCOPY	4,630,792	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	1,650,903	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	6,463,482	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	5,028,048	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	15,554,422	0	0	0	0	54.00
54.01 03630 ULTRASOUND	5,461,894	0	0	0	0	54.01
54.02 03440 MAMMOGRAPHY	1,549,592	0	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	11,649,705	0	0	0	0	55.00
55.01 03480 ONCOLOGY	8,102,312	0	0	0	0	55.01
56.00 05600 RADIOISOTOPE	3,997,834	0	0	0	0	56.00
57.00 05700 CT SCAN	56,807,718	0	0	0	0	57.00
58.00 05800 MRI	9,898,508	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	21,408	0	0	0	0	59.00
60.00 06000 LABORATORY	74,300,555	0	0	0	0	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	2,141,359	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	20,971,830	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	6,345,525	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	3,443,478	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	820,531	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	1,751,486	0	0	0	0	69.00
69.01 03140 RADIOLOGY	11,997,616	0	0	0	0	69.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	14,976,751	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	15,839,921	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	71,658,630	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	494,161	0	0	0	0	74.00
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 LI THOTRIPSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100 EMERGENCY	104,715,254	600	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	555,846,611	10,000	0	0	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0093

Period:  
From 01/01/2017  
To 01/31/2018

Worksheet B-1

Date/Time Prepared:  
6/29/2018 5:54 am

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)		
	16.00	17.00	19.00	20.00	21.00		
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	APOTHECARY	0	0	0	0	192.01
192.02	19202	REAL ESTATE	0	0	0	0	192.02
192.03	19203	FOUNDATION	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	192.04
192.05	19205	UNASSIGNED	0	0	0	0	192.05
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)	1,649,829	1,211,441	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.002968	121.144100	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	86,398	36,528	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000155	3.652800	0.000000	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)				0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)				0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0093

Period:  
From 01/01/2017  
To 01/31/2018

Worksheet B-1  
Date/Time Prepared:  
6/29/2018 5:54 am

Cost Center Description	INTERNS & RESIDENTS	PARAMEDICAL EDUCATION PROGRAM (ASSIGNED TIME)		
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
	22.00			
<b>GENERAL SERVICE COST CENTERS</b>				
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 ADMIN TTING			5.04	
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE			5.05	
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL			5.06	
6.00 00600 MAINTENANCE & REPAIRS			6.00	
7.00 00700 OPERATION OF PLANT			7.00	
8.00 00800 LAUNDRY & LINEN SERVICE			8.00	
9.00 00900 HOUSEKEEPING			9.00	
10.00 01000 DIETARY			10.00	
11.00 01100 CAFETERIA			11.00	
12.00 01200 MAINTENANCE OF PERSONNEL			12.00	
13.00 01300 NURSING ADMINISTRATION			13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY			14.00	
15.00 01500 PHARMACY			15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY			16.00	
17.00 01700 SOCIAL SERVICE			17.00	
19.00 01900 NONPHYSICIAN ANESTHETISTS			19.00	
20.00 02000 NURSING SCHOOL			20.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0		21.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0		22.00	
23.00 02300 PARAMEDICAL EDUCATION PROGRAM		0	23.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00 03000 ADULTS & PEDIATRICS	0	0	30.00	
31.00 03100 INTENSIVE CARE UNIT	0	0	31.00	
32.00 03200 CORONARY CARE UNIT	0	0	32.00	
43.00 04300 NURSERY	0	0	43.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0	50.00	
50.01 03330 ENDOSCOPY	0	0	50.01	
51.00 05100 RECOVERY ROOM	0	0	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00	
53.00 05300 ANESTHESIOLOGY	0	0	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00	
54.01 03630 ULTRASOUND	0	0	54.01	
54.02 03440 MAMMOGRAPHY	0	0	54.02	
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00	
55.01 03480 ONCOLOGY	0	0	55.01	
56.00 05600 RADIOISOTOPE	0	0	56.00	
57.00 05700 CT SCAN	0	0	57.00	
58.00 05800 MRI	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00	
60.00 06000 LABORATORY	0	0	60.00	
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00	
65.00 06500 RESPIRATORY THERAPY	0	0	65.00	
66.00 06600 PHYSICAL THERAPY	0	0	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00	
68.00 06800 SPEECH PATHOLOGY	0	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00	
69.01 03140 RADIOLOGY	0	0	69.01	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00	
74.00 07400 RENAL DIALYSIS	0	0	74.00	
76.97 07697 CARDIAC REHABILITATION	0	0	76.97	
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98	
76.99 07699 LI THOTRI PSY	0	0	76.99	
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00 09100 EMERGENCY	0	0	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART			92.00	
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00 11300 INTEREST EXPENSE			113.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	0	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0093

Period:  
From 01/01/2017  
To 01/31/2018

Worksheet B-1  
Date/Time Prepared:  
6/29/2018 5:54 am

Cost Center Description	INTERNS & RESIDENTS	PARAMEDICAL EDUCATION PROGRAM (ASSIGNED TIME)		
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
	22.00			
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201 APOTHECARY	0	0	192.01
192.02	19202 REAL ESTATE	0	0	192.02
192.03	19203 FOUNDATION	0	0	192.03
192.04	19204 OUTREACH PROGRAMS	0	0	192.04
192.05	19205 UNASSIGNED	0	0	192.05
200.00	Cross Foot Adjustments			200.00
201.00	Negative Cost Centers			201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)		0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0093

Period:  
From 01/01/2017  
To 01/31/2018

Worksheet C  
Part I  
Date/Time Prepared:  
6/29/2018 5:54 am

		Title XVIII		Hospital		PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS	16,679,430	16,679,430	0	16,679,430	30.00
31.00	03100 INTENSIVE CARE UNIT	4,322,576	4,322,576	13,096	4,335,672	31.00
32.00	03200 CORONARY CARE UNIT	0	0	0	0	32.00
43.00	04300 NURSERY	1,000,757	1,000,757	0	1,000,757	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	4,089,285	4,089,285	0	4,089,285	50.00
50.01	03330 ENDOSCOPY	2,315,887	2,315,887	0	2,315,887	50.01
51.00	05100 RECOVERY ROOM	635,419	635,419	0	635,419	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,292,578	2,292,578	0	2,292,578	52.00
53.00	05300 ANESTHESIOLOGY	435,560	435,560	0	435,560	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,642,464	2,642,464	0	2,642,464	54.00
54.01	03630 ULTRASOUND	664,206	664,206	0	664,206	54.01
54.02	03440 MAMMOGRAPHY	1,434,734	1,434,734	0	1,434,734	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	1,400,877	1,400,877	0	1,400,877	55.00
55.01	03480 ONCOLOGY	1,892,394	1,892,394	5,596	1,897,990	55.01
56.00	05600 RADIOISOTOPE	625,504	625,504	0	625,504	56.00
57.00	05700 CT SCAN	2,111,550	2,111,550	0	2,111,550	57.00
58.00	05800 MRI	589,554	589,554	0	589,554	58.00
59.00	05900 CARDIAC CATHETERIZATION	121,631	121,631	0	121,631	59.00
60.00	06000 LABORATORY	8,043,831	8,043,831	8,252	8,052,083	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	315,945	315,945	0	315,945	63.00
65.00	06500 RESPIRATORY THERAPY	2,942,176	2,942,176	3,257	2,945,433	65.00
66.00	06600 PHYSICAL THERAPY	1,116,088	1,116,088	0	1,116,088	66.00
67.00	06700 OCCUPATIONAL THERAPY	628,235	628,235	0	628,235	67.00
68.00	06800 SPEECH PATHOLOGY	171,886	171,886	0	171,886	68.00
69.00	06900 ELECTROCARDIOLOGY	374,095	374,095	0	374,095	69.00
69.01	03140 RADIOLOGY	951,743	951,743	0	951,743	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	3,028,752	3,028,752	0	3,028,752	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1,973,166	1,973,166	0	1,973,166	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	12,685,884	12,685,884	0	12,685,884	73.00
74.00	07400 RENAL DIALYSIS	389,502	389,502	1,920	391,422	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00	09100 EMERGENCY	8,676,634	8,676,634	0	8,676,634	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	3,501,238	3,501,238	0	3,501,238	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)	88,053,581	88,053,581	32,121	88,085,702	200.00
201.00	Less Observation Beds	3,501,238	3,501,238		3,501,238	201.00
202.00	Total (see instructions)	84,552,343	84,552,343	32,121	84,584,464	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0093		Period: From 01/01/2017 To 01/31/2018		Worksheet C Part I Date/Time Prepared: 6/29/2018 5:54 am		
			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	45,670,711		45,670,711				30.00
31.00	03100	INTENSIVE CARE UNIT	18,964,283		18,964,283				31.00
32.00	03200	CORONARY CARE UNIT	0		0				32.00
43.00	04300	NURSERY	2,410,133		2,410,133				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	7,636,099	11,263,164	18,899,263	0.216373	0.000000		50.00
50.01	03330	ENDOSCOPY	1,611,032	3,019,760	4,630,792	0.500106	0.000000		50.01
51.00	05100	RECOVERY ROOM	700,171	950,732	1,650,903	0.384892	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,661,420	1,802,062	6,463,482	0.354697	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	2,699,884	2,328,164	5,028,048	0.086626	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,914,388	12,640,034	15,554,422	0.169885	0.000000		54.00
54.01	03630	ULTRASOUND	777,093	4,684,801	5,461,894	0.121607	0.000000		54.01
54.02	03440	MAMMOGRAPHY	1,275	1,548,317	1,549,592	0.925879	0.000000		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	51,630	11,598,075	11,649,705	0.120250	0.000000		55.00
55.01	03480	ONCOLOGY	69,455	8,032,857	8,102,312	0.233562	0.000000		55.01
56.00	05600	RADIOISOTOPE	779,472	3,218,362	3,997,834	0.156461	0.000000		56.00
57.00	05700	CT SCAN	11,175,421	45,632,297	56,807,718	0.037170	0.000000		57.00
58.00	05800	MRI	1,345,422	8,553,086	9,898,508	0.059560	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	21,105	303	21,408	5.681568	0.000000		59.00
60.00	06000	LABORATORY	29,756,983	44,543,572	74,300,555	0.108261	0.000000		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,288,305	853,054	2,141,359	0.147544	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	13,734,014	7,237,816	20,971,830	0.140292	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	1,952,941	4,392,584	6,345,525	0.175886	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	1,448,499	1,994,979	3,443,478	0.182442	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	233,924	586,607	820,531	0.209481	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	923,620	827,866	1,751,486	0.213587	0.000000		69.00
69.01	03140	CARDIOLOGY	5,083,340	6,914,276	11,997,616	0.079328	0.000000		69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,156,035	6,820,716	14,976,751	0.202230	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,579,307	9,260,614	15,839,921	0.124569	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,458,397	49,200,233	71,658,630	0.177032	0.000000		73.00
74.00	07400	RENAL DIALYSIS	425,285	68,876	494,161	0.788209	0.000000		74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000		76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	18,250,871	86,464,383	104,715,254	0.082859	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,924,280	6,704,226	9,628,506	0.363633	0.000000		92.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	214,704,795	341,141,816	555,846,611				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	214,704,795	341,141,816	555,846,611				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0093	Period: From 01/01/2017 To 01/31/2018	Worksheet C Part I Date/Time Prepared: 6/29/2018 5:54 am
Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital
			11.00		PPS
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.216373		50.00
50.01	03330	ENDOSCOPY	0.500106		50.01
51.00	05100	RECOVERY ROOM	0.384892		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.354697		52.00
53.00	05300	ANESTHESIOLOGY	0.086626		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.169885		54.00
54.01	03630	ULTRASOUND	0.121607		54.01
54.02	03440	MAMMOGRAPHY	0.925879		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.120250		55.00
55.01	03480	ONCOLOGY	0.234253		55.01
56.00	05600	RADIOISOTOPE	0.156461		56.00
57.00	05700	CT SCAN	0.037170		57.00
58.00	05800	MRI	0.059560		58.00
59.00	05900	CARDIAC CATHETERIZATION	5.681568		59.00
60.00	06000	LABORATORY	0.108372		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.147544		63.00
65.00	06500	RESPIRATORY THERAPY	0.140447		65.00
66.00	06600	PHYSICAL THERAPY	0.175886		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.182442		67.00
68.00	06800	SPEECH PATHOLOGY	0.209481		68.00
69.00	06900	ELECTROCARDIOLOGY	0.213587		69.00
69.01	03140	CARDIOLOGY	0.079328		69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.202230		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.124569		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.177032		73.00
74.00	07400	RENAL DIALYSIS	0.792094		74.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100	EMERGENCY	0.082859		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.363633		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
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: 14-0093	Period: From 01/01/2017 To 01/31/2018	Worksheet C Part I Date/Time Prepared: 6/29/2018 5:54 am	
			Title XIX	Hospital	Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS	16,679,430	16,679,430	0	0	30.00
31.00	03100 INTENSIVE CARE UNIT	4,322,576	4,322,576	0	0	31.00
32.00	03200 CORONARY CARE UNIT	0	0	0	0	32.00
43.00	04300 NURSERY	1,000,757	1,000,757	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	4,089,285	4,089,285	0	0	50.00
50.01	03330 ENDOSCOPY	2,315,887	2,315,887	0	0	50.01
51.00	05100 RECOVERY ROOM	635,419	635,419	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,292,578	2,292,578	0	0	52.00
53.00	05300 ANESTHESIOLOGY	435,560	435,560	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,642,464	2,642,464	0	0	54.00
54.01	03630 ULTRASOUND	664,206	664,206	0	0	54.01
54.02	03440 MAMMOGRAPHY	1,434,734	1,434,734	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	1,400,877	1,400,877	0	0	55.00
55.01	03480 ONCOLOGY	1,892,394	1,892,394	0	0	55.01
56.00	05600 RADIOISOTOPE	625,504	625,504	0	0	56.00
57.00	05700 CT SCAN	2,111,550	2,111,550	0	0	57.00
58.00	05800 MRI	589,554	589,554	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	121,631	121,631	0	0	59.00
60.00	06000 LABORATORY	8,043,831	8,043,831	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	315,945	315,945	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	2,942,176	2,942,176	0	0	65.00
66.00	06600 PHYSICAL THERAPY	1,116,088	1,116,088	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	628,235	628,235	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	171,886	171,886	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	374,095	374,095	0	0	69.00
69.01	03140 RADIOLOGY	951,743	951,743	0	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	3,028,752	3,028,752	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1,973,166	1,973,166	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	12,685,884	12,685,884	0	0	73.00
74.00	07400 RENAL DIALYSIS	389,502	389,502	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00	09100 EMERGENCY	8,676,634	8,676,634	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	3,501,238	3,501,238	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)	88,053,581	88,053,581	0	0	200.00
201.00	Less Observation Beds	3,501,238	3,501,238	0	0	201.00
202.00	Total (see instructions)	84,552,343	84,552,343	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0093		Period: From 01/01/2017 To 01/31/2018		Worksheet C Part I Date/Time Prepared: 6/29/2018 5:54 am		
			Title XIX			Hospital		Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	35,479,947		35,479,947				30.00
31.00	03100	INTENSIVE CARE UNIT	9,940,461		9,940,461				31.00
32.00	03200	CORONARY CARE UNIT	0		0				32.00
43.00	04300	NURSERY	1,702,281		1,702,281				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	6,652,955	10,680,014	17,332,969	0.235925	0.000000		50.00
50.01	03330	ENDOSCOPY	1,785,930	1,952,253	3,738,183	0.619522	0.000000		50.01
51.00	05100	RECOVERY ROOM	966,737	1,710,628	2,677,365	0.237330	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,094,992	1,038,392	5,133,384	0.446602	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	2,581,180	2,717,957	5,299,137	0.082195	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,056,519	9,982,524	13,039,043	0.202658	0.000000		54.00
54.01	03630	ULTRASOUND	743,055	3,712,285	4,455,340	0.149081	0.000000		54.01
54.02	03440	MAMMOGRAPHY	41,923	1,383,599	1,425,522	1.006462	0.000000		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	76,510	11,648,121	11,724,631	0.119482	0.000000		55.00
55.01	03480	ONCOLOGY	52,666	5,910,146	5,962,812	0.317366	0.000000		55.01
56.00	05600	RADIOISOTOPE	997,386	2,782,609	3,779,995	0.165477	0.000000		56.00
57.00	05700	CT SCAN	9,734,861	33,333,450	43,068,311	0.049028	0.000000		57.00
58.00	05800	MRI	2,315,562	9,895,003	12,210,565	0.048282	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	267,922	713,537	981,459	0.123929	0.000000		59.00
60.00	06000	LABORATORY	30,818,642	41,045,451	71,864,093	0.111931	0.000000		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,593,847	1,003,499	2,597,346	0.121641	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	9,016,041	4,631,846	13,647,887	0.215577	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	925,294	1,582,889	2,508,183	0.444979	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	690,028	778,349	1,468,377	0.427843	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	168,110	329,632	497,742	0.345332	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	1,443,671	2,159,048	3,602,719	0.103837	0.000000		69.00
69.01	03140	CARDIOLOGY	5,149,421	7,203,677	12,353,098	0.077045	0.000000		69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,465,216	8,596,754	19,061,970	0.158890	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,001,404	1,556,062	5,557,466	0.355048	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	53,126,005	49,269,095	102,395,100	0.123892	0.000000		73.00
74.00	07400	RENAL DIALYSIS	592,584	47,869	640,453	0.608166	0.000000		74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000		76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0.000000	0.000000		76.98
76.99	07699	LI THOTRI PSY	0	0	0	0.000000	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	14,727,380	60,464,353	75,191,733	0.115393	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,178,275	7,189,172	8,367,447	0.418436	0.000000		92.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	214,386,805	283,318,214	497,705,019				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	214,386,805	283,318,214	497,705,019				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0093	Period: From 01/01/2017 To 01/31/2018	Worksheet C Part I Date/Time Prepared: 6/29/2018 5:54 am	
Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
		INPATIENT ROUTINE SERVICE COST CENTERS	11.00			
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.00	03200	CORONARY CARE UNIT				32.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.000000			50.00
50.01	03330	ENDOSCOPY	0.000000			50.01
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	03630	ULTRASOUND	0.000000			54.01
54.02	03440	MAMMOGRAPHY	0.000000			54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
55.01	03480	ONCOLOGY	0.000000			55.01
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
69.01	03140	CARDIOLOGY	0.000000			69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0.000000			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0.000000			91.00
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: 14-0093	Period: From 01/01/2017 To 01/31/2018	Worksheet C Part I Date/Time Prepared: 6/29/2018 5:54 am	
			Title V	Hospital	Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS		16,679,430	16,679,430	0	30.00
31.00	03100 INTENSIVE CARE UNIT		4,322,576	4,322,576	0	31.00
32.00	03200 CORONARY CARE UNIT		0	0	0	32.00
43.00	04300 NURSERY		1,000,757	1,000,757	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM		4,089,285	4,089,285	0	50.00
50.01	03330 ENDOSCOPY		2,315,887	2,315,887	0	50.01
51.00	05100 RECOVERY ROOM		635,419	635,419	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		2,292,578	2,292,578	0	52.00
53.00	05300 ANESTHESIOLOGY		435,560	435,560	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		2,642,464	2,642,464	0	54.00
54.01	03630 ULTRASOUND		664,206	664,206	0	54.01
54.02	03440 MAMMOGRAPHY		1,434,734	1,434,734	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC		1,400,877	1,400,877	0	55.00
55.01	03480 ONCOLOGY		1,892,394	1,892,394	0	55.01
56.00	05600 RADIOISOTOPE		625,504	625,504	0	56.00
57.00	05700 CT SCAN		2,111,550	2,111,550	0	57.00
58.00	05800 MRI		589,554	589,554	0	58.00
59.00	05900 CARDIAC CATHETERIZATION		121,631	121,631	0	59.00
60.00	06000 LABORATORY		8,043,831	8,043,831	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		315,945	315,945	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	2,942,176	2,942,176	0	65.00
66.00	06600 PHYSICAL THERAPY	0	1,116,088	1,116,088	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	628,235	628,235	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	171,886	171,886	0	68.00
69.00	06900 ELECTROCARDIOLOGY		374,095	374,095	0	69.00
69.01	03140 RADIOLOGY		951,743	951,743	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		3,028,752	3,028,752	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		1,973,166	1,973,166	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		12,685,884	12,685,884	0	73.00
74.00	07400 RENAL DIALYSIS		389,502	389,502	0	74.00
76.97	07697 CARDIAC REHABILITATION		0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY		0	0	0	76.98
76.99	07699 LI THOTRI PSY		0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00	09100 EMERGENCY		8,676,634	8,676,634	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		3,501,238	3,501,238	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)		88,053,581	88,053,581	0	200.00
201.00	Less Observation Beds		3,501,238	3,501,238	0	201.00
202.00	Total (see instructions)		84,552,343	84,552,343	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0093		Period: From 01/01/2017 To 01/31/2018		Worksheet C Part I Date/Time Prepared: 6/29/2018 5:54 am		
			Title V			Hospital		Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	35,479,947		35,479,947			30.00	
31.00	03100	INTENSIVE CARE UNIT	9,940,461		9,940,461			31.00	
32.00	03200	CORONARY CARE UNIT	0		0			32.00	
43.00	04300	NURSERY	1,702,281		1,702,281			43.00	
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	6,652,955	10,680,014	17,332,969	0.235925	0.000000	50.00	
50.01	03330	ENDOSCOPY	1,785,930	1,952,253	3,738,183	0.619522	0.000000	50.01	
51.00	05100	RECOVERY ROOM	966,737	1,710,628	2,677,365	0.237330	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,094,992	1,038,392	5,133,384	0.446602	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	2,581,180	2,717,957	5,299,137	0.082195	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,056,519	9,982,524	13,039,043	0.202658	0.000000	54.00	
54.01	03630	ULTRASOUND	743,055	3,712,285	4,455,340	0.149081	0.000000	54.01	
54.02	03440	MAMMOGRAPHY	41,923	1,383,599	1,425,522	1.006462	0.000000	54.02	
55.00	05500	RADIOLOGY-THERAPEUTIC	76,510	11,648,121	11,724,631	0.119482	0.000000	55.00	
55.01	03480	ONCOLOGY	52,666	5,910,146	5,962,812	0.317366	0.000000	55.01	
56.00	05600	RADIOISOTOPE	997,386	2,782,609	3,779,995	0.165477	0.000000	56.00	
57.00	05700	CT SCAN	9,734,861	33,333,450	43,068,311	0.049028	0.000000	57.00	
58.00	05800	MRI	2,315,562	9,895,003	12,210,565	0.048282	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	267,922	713,537	981,459	0.123929	0.000000	59.00	
60.00	06000	LABORATORY	30,818,642	41,045,451	71,864,093	0.111931	0.000000	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,593,847	1,003,499	2,597,346	0.121641	0.000000	63.00	
65.00	06500	RESPIRATORY THERAPY	9,016,041	4,631,846	13,647,887	0.215577	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	925,294	1,582,889	2,508,183	0.444979	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	690,028	778,349	1,468,377	0.427843	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	168,110	329,632	497,742	0.345332	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	1,443,671	2,159,048	3,602,719	0.103837	0.000000	69.00	
69.01	03140	CARDIOLOGY	5,149,421	7,203,677	12,353,098	0.077045	0.000000	69.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,465,216	8,596,754	19,061,970	0.158890	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,001,404	1,556,062	5,557,466	0.355048	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	53,126,005	49,269,095	102,395,100	0.123892	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	592,584	47,869	640,453	0.608166	0.000000	74.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98	
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99	
<b>OUTPATIENT SERVICE COST CENTERS</b>									
91.00	09100	EMERGENCY	14,727,380	60,464,353	75,191,733	0.115393	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,178,275	7,189,172	8,367,447	0.418436	0.000000	92.00	
<b>SPECIAL PURPOSE COST CENTERS</b>									
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	214,386,805	283,318,214	497,705,019			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	214,386,805	283,318,214	497,705,019			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0093	Period: From 01/01/2017 To 01/31/2018	Worksheet C Part I Date/Time Prepared: 6/29/2018 5:54 am
Cost Center Description			PPS Inpatient Ratio	Title V	Hospital Cost
INPATIENT ROUTINE SERVICE COST CENTERS			11.00		
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
50.01	03330	ENDOSCOPY	0.000000		50.01
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	03630	ULTRASOUND	0.000000		54.01
54.02	03440	MAMMOGRAPHY	0.000000		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
55.01	03480	ONCOLOGY	0.000000		55.01
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
69.01	03140	CARDIOLOGY	0.000000		69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.000000		91.00
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

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 14-0093		Period: From 01/01/2017 To 01/31/2018		Worksheet D Part I Date/Time Prepared: 6/29/2018 5:54 am	
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	
Title XVIII Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,005,596	0	1,005,596	19,851	50.66	30.00
31.00	INTENSIVE CARE UNIT	172,405		172,405	2,599	66.34	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
43.00	NURSERY	55,133		55,133	1,074	51.33	43.00
200.00	Total (lines 30 through 199)	1,233,134		1,233,134	23,524		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	6,836	346,312				
31.00	INTENSIVE CARE UNIT	1,157	76,755				
32.00	CORONARY CARE UNIT	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	7,993	423,067				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0093	Period: From 01/01/2017 To 01/31/2018	Worksheet D Part II Date/Time Prepared: 6/29/2018 5:54 am
--	--	-----------------------	---	--

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital		Capital Costs (column 3 x column 4)	
					Inpatient Program Charges	PPS		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	406,169	18,899,263	0.021491	2,626,349	56,443	50.00
50.01	03330	ENDOSCOPY	175,032	4,630,792	0.037797	993,692	37,559	50.01
51.00	05100	RECOVERY ROOM	34,011	1,650,903	0.020601	271,788	5,599	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	146,082	6,463,482	0.022601	74,718	1,689	52.00
53.00	05300	ANESTHESIOLOGY	37,792	5,028,048	0.007516	610,908	4,592	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	305,901	15,554,422	0.019666	2,232,782	43,910	54.00
54.01	03630	ULTRASOUND	47,813	5,461,894	0.008754	170,312	1,491	54.01
54.02	03440	MAMMOGRAPHY	66,702	1,549,592	0.043045	323	14	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	148,549	11,649,705	0.012751	44,532	568	55.00
55.01	03480	ONCOLOGY	128,812	8,102,312	0.015898	69,001	1,097	55.01
56.00	05600	RADIOISOTOPE	52,150	3,997,834	0.013045	480,478	6,268	56.00
57.00	05700	CT SCAN	150,806	56,807,718	0.002655	5,433,093	14,425	57.00
58.00	05800	MRI	41,705	9,898,508	0.004213	612,779	2,582	58.00
59.00	05900	CARDIAC CATHETERIZATION	77,100	21,408	3.601457	14,886	53,611	59.00
60.00	06000	LABORATORY	367,379	74,300,555	0.004944	13,541,120	66,947	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6,790	2,141,359	0.003171	492,869	1,563	63.00
65.00	06500	RESPIRATORY THERAPY	140,720	20,971,830	0.006710	6,490,258	43,550	65.00
66.00	06600	PHYSICAL THERAPY	41,740	6,345,525	0.006578	962,239	6,330	66.00
67.00	06700	OCCUPATIONAL THERAPY	29,654	3,443,478	0.008612	731,337	6,298	67.00
68.00	06800	SPEECH PATHOLOGY	5,416	820,531	0.006601	130,148	859	68.00
69.00	06900	ELECTROCARDIOLOGY	10,718	1,751,486	0.006119	865,789	5,298	69.00
69.01	03140	CARDIOLOGY	89,294	11,997,616	0.007443	2,805,004	20,878	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	219,324	14,976,751	0.014644	3,467,225	50,774	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	139,268	15,839,921	0.008792	2,753,661	24,210	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	313,619	71,658,630	0.004377	10,411,936	45,573	73.00
74.00	07400	RENAL DIALYSIS	16,310	494,161	0.033005	209,533	6,916	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	401,675	104,715,254	0.003836	7,616,509	29,217	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	211,090	9,628,506	0.021923	826,672	18,123	92.00
200.00		Total (lines 50 through 199)	3,811,621	488,801,484		64,939,941	556,384	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0093	Period: From 01/01/2017 To 01/31/2018	Worksheet D Part III Date/Time Prepared: 6/29/2018 5:54 am
---	-----------------------	---	---

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
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
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	19,851	0.00	6,836	30.00
31.00	03100	INTENSIVE CARE UNIT		0	2,599	0.00	1,157	31.00
32.00	03200	CORONARY CARE UNIT		0	0	0.00	0	32.00
43.00	04300	NURSERY		0	1,074	0.00	0	43.00
200.00		Total (lines 30 through 199)		0	23,524		7,993	200.00
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)					
			9.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0					30.00
31.00	03100	INTENSIVE CARE UNIT	0					31.00
32.00	03200	CORONARY CARE UNIT	0					32.00
43.00	04300	NURSERY	0					43.00
200.00		Total (lines 30 through 199)	0					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0093	Period: From 01/01/2017 To 01/31/2018	Worksheet D Part IV Date/Time Prepared: 6/29/2018 5:54 am
--	-----------------------	---	--

Cost Center Description	Title XVIII			Hospital		PPS
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
	1.00	2A	2.00	3A	3.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01 03330 ENDOSCOPY	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 03630 ULTRASOUND	0	0	0	0	0	54.01
54.02 03440 MAMMOGRAPHY	0	0	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 03480 ONCOLOGY	0	0	0	0	0	55.01
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01 03140 RADIOLOGY	0	0	0	0	0	69.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00 Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0093	Period: From 01/01/2017 To 01/31/2018	Worksheet D Part IV Date/Time Prepared: 6/29/2018 5:54 am
--	-----------------------	---	--

Cost Center Description		Title XVIII		Hospital		PPS		
		All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
		4.00	5.00	6.00	7.00	8.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	18,899,263	0.000000	50.00
50.01	03330	ENDOSCOPY	0	0	0	4,630,792	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	1,650,903	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	6,463,482	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	5,028,048	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	15,554,422	0.000000	54.00
54.01	03630	ULTRASOUND	0	0	0	5,461,894	0.000000	54.01
54.02	03440	MAMMOGRAPHY	0	0	0	1,549,592	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	11,649,705	0.000000	55.00
55.01	03480	ONCOLOGY	0	0	0	8,102,312	0.000000	55.01
56.00	05600	RADIOISOTOPE	0	0	0	3,997,834	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	56,807,718	0.000000	57.00
58.00	05800	MRI	0	0	0	9,898,508	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	21,408	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	74,300,555	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	2,141,359	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	20,971,830	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	6,345,525	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,443,478	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	820,531	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	1,751,486	0.000000	69.00
69.01	03140	CARDIOLOGY	0	0	0	11,997,616	0.000000	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	14,976,751	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	15,839,921	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	71,658,630	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	494,161	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0.000000	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	0	0	0	104,715,254	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	9,628,506	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	488,801,484		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0093	Period: From 01/01/2017 To 01/31/2018	Worksheet D Part IV Date/Time Prepared: 6/29/2018 5:54 am
--	-----------------------	---	--

Cost Center Description		Title XVIII					
		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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.000000	2,626,349	0	3,859,684	0	50.00
50.01	03330 ENDOSCOPY	0.000000	993,692	0	1,167,308	0	50.01
51.00	05100 RECOVERY ROOM	0.000000	271,788	0	184,120	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	74,718	0	11,646	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	610,908	0	548,282	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	2,232,782	0	2,535,076	0	54.00
54.01	03630 ULTRASOUND	0.000000	170,312	0	383,356	0	54.01
54.02	03440 MAMMOGRAPHY	0.000000	323	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	44,532	0	5,243,438	0	55.00
55.01	03480 ONCOLOGY	0.000000	69,001	0	3,523,705	0	55.01
56.00	05600 RADIOISOTOPE	0.000000	480,478	0	1,063,842	0	56.00
57.00	05700 CT SCAN	0.000000	5,433,093	0	10,065,963	0	57.00
58.00	05800 MRI	0.000000	612,779	0	2,230,796	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	14,886	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	13,541,120	0	8,654,605	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	492,869	0	317,692	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.000000	6,490,258	0	1,909,958	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	962,239	0	132,152	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	731,337	0	94,269	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	130,148	0	6,439	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	865,789	0	827,866	0	69.00
69.01	03140 RADIOLOGY	0.000000	2,805,004	0	1,981,736	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	3,467,225	0	1,271,638	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	2,753,661	0	751,722	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	10,411,936	0	20,248,895	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	209,533	0	30,621	0	74.00
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 LI THOTRI PSY	0.000000	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100 EMERGENCY	0.000000	7,616,509	0	13,795,542	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	826,672	0	4,570,754	0	92.00
200.00	Total (lines 50 through 199)		64,939,941	0	85,411,105	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0093	Period: From 01/01/2017 To 01/31/2018	Worksheet D Part V Date/Time Prepared: 6/29/2018 5:54 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0.216373	3,859,684	0	15	835,131
50.01 03330 ENDOSCOPY	0.500106	1,167,308	0	0	583,778
51.00 05100 RECOVERY ROOM	0.384892	184,120	0	0	70,866
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.354697	11,646	0	0	4,131
53.00 05300 ANESTHESIOLOGY	0.086626	548,282	0	0	47,495
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.169885	2,535,076	0	47	430,671
54.01 03630 ULTRASOUND	0.121607	383,356	0	0	46,619
54.02 03440 MAMMOGRAPHY	0.925879	0	0	0	0
55.00 05500 RADIOLOGY-THERAPEUTIC	0.120250	5,243,438	0	0	630,523
55.01 03480 ONCOLOGY	0.233562	3,523,705	0	0	823,004
56.00 05600 RADIOLOGY-SOFT TISSUE	0.156461	1,063,842	0	0	166,450
57.00 05700 CT SCAN	0.037170	10,065,963	0	0	374,152
58.00 05800 MRI	0.059560	2,230,796	0	162	132,866
59.00 05900 CARDIAC CATHETERIZATION	5.681568	0	0	0	0
60.00 06000 LABORATORY	0.108261	8,654,605	0	0	936,956
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.147544	317,692	0	0	46,874
65.00 06500 RESPIRATORY THERAPY	0.140292	1,909,958	0	0	267,952
66.00 06600 PHYSICAL THERAPY	0.175886	132,152	0	0	23,244
67.00 06700 OCCUPATIONAL THERAPY	0.182442	94,269	0	0	17,199
68.00 06800 SPEECH PATHOLOGY	0.209481	6,439	0	0	1,349
69.00 06900 ELECTROCARDIOLOGY	0.213587	827,866	0	0	176,821
69.01 03140 RADIOLOGY	0.079328	1,981,736	0	636	157,207
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.202230	1,271,638	0	0	257,163
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.124569	751,722	0	0	93,641
73.00 07300 DRUGS CHARGED TO PATIENTS	0.177032	20,248,895	0	107,293	3,584,702
74.00 07400 RENAL DIALYSIS	0.788209	30,621	0	0	24,136
76.97 07697 CARDIAC REHABILITATION	0.000000	0	0	0	0
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0
76.99 07699 LI THOTRI PSY	0.000000	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00 09100 EMERGENCY	0.082859	13,795,542	0	0	1,143,085
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.363633	4,570,754	0	252	1,662,077
200.00 Subtotal (see instructions)		85,411,105	0	108,405	12,538,092
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	
202.00 Net Charges (line 200 - line 201)		85,411,105	0	108,405	12,538,092

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0093	Period: From 01/01/2017 To 01/31/2018	Worksheet D Part V Date/Time Prepared: 6/29/2018 5:54 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0	3	50.00
50.01	03330 ENDOSCOPY	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	8	54.00
54.01	03630 ULTRASOUND	0	0	54.01
54.02	03440 MAMMOGRAPHY	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
55.01	03480 ONCOLOGY	0	0	55.01
56.00	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MRI	0	10	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
69.01	03140 RADIOLOGY	0	50	69.01
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	18,994	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	92	92.00
200.00	Subtotal (see instructions)	0	19,157	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	0	19,157	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 14-0093		Period: From 01/01/2017 To 01/31/2018		Worksheet D Part I Date/Time Prepared: 6/29/2018 5:54 am	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	1,005,596	0	1,005,596	19,851	50.66	30.00
31.00	INTENSIVE CARE UNIT	172,405		172,405	2,599	66.34	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
43.00	NURSERY	55,133		55,133	1,074	51.33	43.00
200.00	Total (lines 30 through 199)	1,233,134		1,233,134	23,524		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	2,628	133,134				
31.00	INTENSIVE CARE UNIT	250	16,585				
32.00	CORONARY CARE UNIT	0	0				
43.00	NURSERY	843	43,271				
200.00	Total (lines 30 through 199)	3,721	192,990				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0093	Period: From 01/01/2017 To 01/31/2018	Worksheet D Part II Date/Time Prepared: 6/29/2018 5:54 am
--	--	-----------------------	---	--

Cost Center Description		Title XIX			Hospital	Cost
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)
		1.00	2.00	3.00	4.00	5.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	406,169	17,332,969	0.023433	0	0 50.00
50.01	03330 ENDOSCOPY	175,032	3,738,183	0.046823	0	0 50.01
51.00	05100 RECOVERY ROOM	34,011	2,677,365	0.012703	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	146,082	5,133,384	0.028457	0	0 52.00
53.00	05300 ANESTHESIOLOGY	37,792	5,299,137	0.007132	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	305,901	13,039,043	0.023460	0	0 54.00
54.01	03630 ULTRASOUND	47,813	4,455,340	0.010732	0	0 54.01
54.02	03440 MAMMOGRAPHY	66,702	1,425,522	0.046791	0	0 54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	148,549	11,724,631	0.012670	0	0 55.00
55.01	03480 ONCOLOGY	128,812	5,962,812	0.021603	0	0 55.01
56.00	05600 RADIOISOTOPE	52,150	3,779,995	0.013796	0	0 56.00
57.00	05700 CT SCAN	150,806	43,068,311	0.003502	0	0 57.00
58.00	05800 MRI	41,705	12,210,565	0.003415	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	77,100	981,459	0.078557	0	0 59.00
60.00	06000 LABORATORY	367,379	71,864,093	0.005112	0	0 60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0 62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	6,790	2,597,346	0.002614	0	0 63.00
65.00	06500 RESPIRATORY THERAPY	140,720	13,647,887	0.010311	0	0 65.00
66.00	06600 PHYSICAL THERAPY	41,740	2,508,183	0.016642	0	0 66.00
67.00	06700 OCCUPATIONAL THERAPY	29,654	1,468,377	0.020195	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	5,416	497,742	0.010881	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	10,718	3,602,719	0.002975	0	0 69.00
69.01	03140 RADIOLOGY	89,294	12,353,098	0.007228	0	0 69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	219,324	19,061,970	0.011506	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	139,268	5,557,466	0.025060	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	313,619	102,395,100	0.003063	0	0 73.00
74.00	07400 RENAL DIALYSIS	16,310	640,453	0.025466	0	0 74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0	0 76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0 76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0 76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00	09100 EMERGENCY	401,675	75,191,733	0.005342	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	211,090	8,367,447	0.025228	0	0 92.00
200.00	Total (lines 50 through 199)	3,811,621	450,582,330		0	0,200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0093	Period: From 01/01/2017 To 01/31/2018	Worksheet D Part III Date/Time Prepared: 6/29/2018 5:54 am
---	-----------------------	---	---

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	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
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	19,851	0.00	2,628	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	2,599	0.00	250	31.00	
32.00	03200	CORONARY CARE UNIT		0	0	0.00	0	32.00	
43.00	04300	NURSERY		0	1,074	0.00	843	43.00	
200.00		Total (lines 30 through 199)		0	23,524		3,721	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
32.00	03200	CORONARY CARE UNIT	0						32.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0093	Period: From 01/01/2017 To 01/31/2018	Worksheet D Part IV Date/Time Prepared: 6/29/2018 5:54 am
--	-----------------------	---	--

Cost Center Description	Title XIX			Hospital		Allied Health Cost
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
	1.00	2A	2.00	3A	3.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01 03330 ENDOSCOPY	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 03630 ULTRASOUND	0	0	0	0	0	54.01
54.02 03440 MAMMOGRAPHY	0	0	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 03480 ONCOLOGY	0	0	0	0	0	55.01
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01 03140 RADIOLOGY	0	0	0	0	0	69.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00 Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0093	Period: From 01/01/2017 To 01/31/2018	Worksheet D Part IV Date/Time Prepared: 6/29/2018 5:54 am
--	-----------------------	---	--

Cost Center Description		Title XIX			Hospital	Cost		
		All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
		4.00	5.00	6.00	7.00	8.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	17,332,969	0.000000	50.00
50.01	03330	ENDOSCOPY	0	0	0	3,738,183	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	2,677,365	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	5,133,384	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	5,299,137	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	13,039,043	0.000000	54.00
54.01	03630	ULTRASOUND	0	0	0	4,455,340	0.000000	54.01
54.02	03440	MAMMOGRAPHY	0	0	0	1,425,522	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	11,724,631	0.000000	55.00
55.01	03480	ONCOLOGY	0	0	0	5,962,812	0.000000	55.01
56.00	05600	RADIOISOTOPE	0	0	0	3,779,995	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	43,068,311	0.000000	57.00
58.00	05800	MRI	0	0	0	12,210,565	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	981,459	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	71,864,093	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	2,597,346	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	13,647,887	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	2,508,183	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,468,377	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	497,742	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	3,602,719	0.000000	69.00
69.01	03140	CARDIOLOGY	0	0	0	12,353,098	0.000000	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	19,061,970	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	5,557,466	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	102,395,100	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	640,453	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	0	0	0	75,191,733	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	8,367,447	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	450,582,330		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0093	Period: From 01/01/2017 To 01/31/2018	Worksheet D Part IV Date/Time Prepared: 6/29/2018 5:54 am
--	-----------------------	---	--

Cost Center Description		Title XIX			Hospital		Cost
		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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.000000	0	0	0	0	50.00
50.01	03330 ENDOSCOPY	0.000000	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00
54.01	03630 ULTRASOUND	0.000000	0	0	0	0	54.01
54.02	03440 MAMMOGRAPHY	0.000000	0	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
55.01	03480 ONCOLOGY	0.000000	0	0	0	0	55.01
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800 MRI	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	0	0	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
69.01	03140 RADIOLOGY	0.000000	0	0	0	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
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 LI THOTRI PSY	0.000000	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100 EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
200.00	Total (lines 50 through 199)		0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 14-0093		Period: From 01/01/2017 To 01/31/2018		Worksheet D Part I Date/Time Prepared: 6/29/2018 5:54 am	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	1,005,596	0	1,005,596	19,851	50.66	30.00
31.00	INTENSIVE CARE UNIT	172,405		172,405	2,599	66.34	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
43.00	NURSERY	55,133		55,133	1,074	51.33	43.00
200.00	Total (lines 30 through 199)	1,233,134		1,233,134	23,524		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	0	0				
31.00	INTENSIVE CARE UNIT	0	0				
32.00	CORONARY CARE UNIT	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	0	0				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0093	Period: From 01/01/2017 To 01/31/2018	Worksheet D Part II Date/Time Prepared: 6/29/2018 5:54 am
--	--	-----------------------	---	--

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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	406,169	17,332,969	0.023433	0	0	50.00
50.01	03330 ENDOSCOPY	175,032	3,738,183	0.046823	0	0	50.01
51.00	05100 RECOVERY ROOM	34,011	2,677,365	0.012703	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	146,082	5,133,384	0.028457	0	0	52.00
53.00	05300 ANESTHESIOLOGY	37,792	5,299,137	0.007132	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	305,901	13,039,043	0.023460	0	0	54.00
54.01	03630 ULTRASOUND	47,813	4,455,340	0.010732	0	0	54.01
54.02	03440 MAMMOGRAPHY	66,702	1,425,522	0.046791	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	148,549	11,724,631	0.012670	0	0	55.00
55.01	03480 ONCOLOGY	128,812	5,962,812	0.021603	0	0	55.01
56.00	05600 RADIOISOTOPE	52,150	3,779,995	0.013796	0	0	56.00
57.00	05700 CT SCAN	150,806	43,068,311	0.003502	0	0	57.00
58.00	05800 MRI	41,705	12,210,565	0.003415	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	77,100	981,459	0.078557	0	0	59.00
60.00	06000 LABORATORY	367,379	71,864,093	0.005112	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	6,790	2,597,346	0.002614	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	140,720	13,647,887	0.010311	0	0	65.00
66.00	06600 PHYSICAL THERAPY	41,740	2,508,183	0.016642	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	29,654	1,468,377	0.020195	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	5,416	497,742	0.010881	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	10,718	3,602,719	0.002975	0	0	69.00
69.01	03140 RADIOLOGY	89,294	12,353,098	0.007228	0	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	219,324	19,061,970	0.011506	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	139,268	5,557,466	0.025060	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	313,619	102,395,100	0.003063	0	0	73.00
74.00	07400 RENAL DIALYSIS	16,310	640,453	0.025466	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100 EMERGENCY	401,675	75,191,733	0.005342	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	211,090	8,367,447	0.025228	0	0	92.00
200.00	Total (lines 50 through 199)	3,811,621	450,582,330		0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0093	Period: From 01/01/2017 To 01/31/2018	Worksheet D Part III Date/Time Prepared: 6/29/2018 5:54 am
---	-----------------------	---	---

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
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
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	19,851	0.00	0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	2,599	0.00	0	31.00
32.00	03200	CORONARY CARE UNIT		0	0	0.00	0	32.00
43.00	04300	NURSERY		0	1,074	0.00	0	43.00
200.00		Total (lines 30 through 199)		0	23,524		0	200.00
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)					
			9.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0					30.00
31.00	03100	INTENSIVE CARE UNIT	0					31.00
32.00	03200	CORONARY CARE UNIT	0					32.00
43.00	04300	NURSERY	0					43.00
200.00		Total (lines 30 through 199)	0					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0093	Period: From 01/01/2017 To 01/31/2018	Worksheet D Part IV Date/Time Prepared: 6/29/2018 5:54 am
--	-----------------------	---	--

Cost Center Description	Title V				Hospital		Allied Health Cost
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00
50.01 03330 ENDOSCOPY	0	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01 03630 ULTRASOUND	0	0	0	0	0	0	54.01
54.02 03440 MAMMOGRAPHY	0	0	0	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
55.01 03480 ONCOLOGY	0	0	0	0	0	0	55.01
56.00 05600 RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
69.01 03140 RADIOLOGY	0	0	0	0	0	0	69.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00 09100 EMERGENCY	0	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
200.00 Total (lines 50 through 199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0093	Period: From 01/01/2017 To 01/31/2018	Worksheet D Part IV Date/Time Prepared: 6/29/2018 5:54 am
--	-----------------------	---	--

Cost Center Description		Title V			Hospital	Cost		
		All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
		4.00	5.00	6.00	7.00	8.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	17,332,969	0.000000	50.00
50.01	03330	ENDOSCOPY	0	0	0	3,738,183	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	2,677,365	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	5,133,384	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	5,299,137	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	13,039,043	0.000000	54.00
54.01	03630	ULTRASOUND	0	0	0	4,455,340	0.000000	54.01
54.02	03440	MAMMOGRAPHY	0	0	0	1,425,522	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	11,724,631	0.000000	55.00
55.01	03480	ONCOLOGY	0	0	0	5,962,812	0.000000	55.01
56.00	05600	RADIOISOTOPE	0	0	0	3,779,995	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	43,068,311	0.000000	57.00
58.00	05800	MRI	0	0	0	12,210,565	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	981,459	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	71,864,093	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	2,597,346	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	13,647,887	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	2,508,183	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,468,377	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	497,742	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	3,602,719	0.000000	69.00
69.01	03140	CARDIOLOGY	0	0	0	12,353,098	0.000000	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	19,061,970	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	5,557,466	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	102,395,100	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	640,453	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	0	0	0	75,191,733	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	8,367,447	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	450,582,330		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0093	Period: From 01/01/2017 To 01/31/2018	Worksheet D Part IV Date/Time Prepared: 6/29/2018 5:54 am
--	-----------------------	---	--

Cost Center Description	Title V			Hospital		Cost
	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	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0.000000	0	0	0	0	50.00
50.01 03330 ENDOSCOPY	0.000000	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00
54.01 03630 ULTRASOUND	0.000000	0	0	0	0	54.01
54.02 03440 MAMMOGRAPHY	0.000000	0	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
55.01 03480 ONCOLOGY	0.000000	0	0	0	0	55.01
56.00 05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00 05700 CT SCAN	0.000000	0	0	0	0	57.00
58.00 05800 MRI	0.000000	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00 06000 LABORATORY	0.000000	0	0	0	0	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
69.01 03140 RADIOLOGY	0.000000	0	0	0	0	69.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
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 LI THOTRI PSY	0.000000	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100 EMERGENCY	0.000000	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
200.00 Total (lines 50 through 199)		0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0093	Period: From 01/01/2017 To 01/31/2018	Worksheet D-1 Date/Time Prepared: 6/29/2018 5:54 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		19,851	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		19,851	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)		15,684	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)		6,836	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		16,679,430	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)		16,679,430	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		16,679,430	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		840.23	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,743,812	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)		5,743,812	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0093	Period: From 01/01/2017 To 01/31/2018	Worksheet D-1 Date/Time Prepared: 6/29/2018 5:54 am		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	4,335,672	2,599	1,668.21	1,157	1,930,119	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	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)					9,243,517	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					16,917,448	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)					423,067	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					556,384	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					979,451	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					15,937,997	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)					4,167	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					840.23	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,501,238	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0093		Period: From 01/01/2017 To 01/31/2018		Worksheet D-1 Date/Time Prepared: 6/29/2018 5:54 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,005,596	16,679,430	0.060290	3,501,238	211,090	90.00
91.00	Nursing School cost	0	16,679,430	0.000000	3,501,238	0	91.00
92.00	Allied health cost	0	16,679,430	0.000000	3,501,238	0	92.00
93.00	All other Medical Education	0	16,679,430	0.000000	3,501,238	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0093	Period: From 01/01/2017 To 01/31/2018	Worksheet D-1 Date/Time Prepared: 6/29/2018 5:54 am
Cost Center Description		Title XIX	Hospital	Cost
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		19,851	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		19,851	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)		15,684	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)		2,628	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)		1,074	15.00
16.00	Nursery days (title V or XIX only)		843	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		16,679,430	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)		16,679,430	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		16,679,430	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		840.23	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,208,124	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,208,124	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0093	Period: From 01/01/2017 To 01/31/2018	Worksheet D-1 Date/Time Prepared: 6/29/2018 5:54 am		
Cost Center Description			Title XIX		Hospital	Cost	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00	NURSERY (title V & XIX only)	1,000,757	1,074	931.80	843	785,507	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	4,322,576	2,599	1,663.17	250	415,793	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	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)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,409,424	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					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)					4,167	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					840.23	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,501,238	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0093		Period: From 01/01/2017 To 01/31/2018		Worksheet D-1 Date/Time Prepared: 6/29/2018 5:54 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,005,596	16,679,430	0.060290	3,501,238	211,090	90.00
91.00	Nursing School cost	0	16,679,430	0.000000	3,501,238	0	91.00
92.00	Allied health cost	0	16,679,430	0.000000	3,501,238	0	92.00
93.00	All other Medical Education	0	16,679,430	0.000000	3,501,238	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0093	Period: From 01/01/2017 To 01/31/2018	Worksheet D-1 Date/Time Prepared: 6/29/2018 5:54 am
Cost Center Description		Title V	Hospital	Cost
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		19,851	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		19,851	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)		15,684	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)		0	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)		1,074	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		16,679,430	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)		16,679,430	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		16,679,430	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		840.23	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		0	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)		0	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0093	Period: From 01/01/2017 To 01/31/2018	Worksheet D-1 Date/Time Prepared: 6/29/2018 5:54 am
Cost Center Description			Title V	Hospital	Cost
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
42.00	1.00	2.00	3.00	4.00	5.00
NURSERY (title V & XIX only)					
Intensive Care Type Inpatient Hospital Units					
43.00	1,000,757	1,074	931.80	0	0
43.00	4,322,576	2,599	1,663.17	0	0
44.00	0	0	0.00	0	0
44.00					
45.00					
46.00					
47.00					
Cost Center Description					
48.00					1.00
48.00					0
49.00					0
PASS THROUGH COST ADJUSTMENTS					
50.00					0
51.00					0
52.00					0
53.00					0
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00					0
55.00					0.00
56.00					0
57.00					0
58.00					0
59.00					0.00
60.00					0.00
61.00					0
62.00					0
63.00					0
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00					0
65.00					0
66.00					0
67.00					0
68.00					0
69.00					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00					70.00
71.00					71.00
72.00					72.00
73.00					73.00
74.00					74.00
75.00					75.00
76.00					76.00
77.00					77.00
78.00					78.00
79.00					79.00
80.00					80.00
81.00					81.00
82.00					82.00
83.00					83.00
84.00					84.00
85.00					85.00
86.00					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00					4,167
88.00					840.23
89.00					3,501,238

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0093

Period:  
From 01/01/2017  
To 01/31/2018

Worksheet D-1

Date/Time Prepared:  
6/29/2018 5:54 am

Cost Center Description	Cost	Title V		Hospital	Cost	
		Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	1,005,596	16,679,430	0.060290	3,501,238	211,090	90.00
91.00 Nursing School cost	0	16,679,430	0.000000	3,501,238	0	91.00
92.00 Allied health cost	0	16,679,430	0.000000	3,501,238	0	92.00
93.00 All other Medical Education	0	16,679,430	0.000000	3,501,238	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0093	Period: From 01/01/2017 To 01/31/2018	Worksheet D-3 Date/Time Prepared: 6/29/2018 5:54 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		20,475,691	30.00
31.00	03100	INTENSIVE CARE UNIT		7,795,898	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.216373	2,626,349	50.00
50.01	03330	ENDOSCOPY	0.500106	993,692	50.01
51.00	05100	RECOVERY ROOM	0.384892	271,788	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.354697	74,718	52.00
53.00	05300	ANESTHESIOLOGY	0.086626	610,908	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.169885	2,232,782	54.00
54.01	03630	ULTRASOUND	0.121607	170,312	54.01
54.02	03440	MAMMOGRAPHY	0.925879	323	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.120250	44,532	55.00
55.01	03480	ONCOLOGY	0.234253	69,001	55.01
56.00	05600	RADIOISOTOPE	0.156461	480,478	56.00
57.00	05700	CT SCAN	0.037170	5,433,093	57.00
58.00	05800	MRI	0.059560	612,779	58.00
59.00	05900	CARDIAC CATHETERIZATION	5.681568	14,886	59.00
60.00	06000	LABORATORY	0.108372	13,541,120	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.147544	492,869	63.00
65.00	06500	RESPIRATORY THERAPY	0.140447	6,490,258	65.00
66.00	06600	PHYSICAL THERAPY	0.175886	962,239	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.182442	731,337	67.00
68.00	06800	SPEECH PATHOLOGY	0.209481	130,148	68.00
69.00	06900	ELECTROCARDIOLOGY	0.213587	865,789	69.00
69.01	03140	CARDIOLOGY	0.079328	2,805,004	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.202230	3,467,225	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.124569	2,753,661	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.177032	10,411,936	73.00
74.00	07400	RENAL DIALYSIS	0.792094	209,533	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LI THOTRI PSY	0.000000	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100	EMERGENCY	0.082859	7,616,509	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.363633	826,672	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		64,939,941	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)		64,939,941	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0093	Period: From 01/01/2017 To 01/31/2018	Worksheet E Part A Date/Time Prepared: 6/29/2018 5:54 am
		Title XVIII	Hospital	PPS
				1.00
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
1.00	DRG Amounts Other than Outlier Payments			0 1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)			0 1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		13,961,832	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)			0 1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)			0 1.04
2.00	Outlier payments for discharges. (see instructions)		107,152	2.00
2.01	Outlier reconciliation amount			0 2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)			0 2.02
3.00	Managed Care Simulated Payments			0 3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		147.88	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)			0.00 5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)			0.00 6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			0.00 7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.			0.00 7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).			0.00 8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.			0.00 8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)			0.00 8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)			0.00 9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			0.00 10.00
11.00	FTE count for residents in dental and podiatric programs.			0.00 11.00
12.00	Current year allowable FTE (see instructions)			0.00 12.00
13.00	Total allowable FTE count for the prior year.			0.00 13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.			0.00 14.00
15.00	Sum of lines 12 through 14 divided by 3.			0.00 15.00
16.00	Adjustment for residents in initial years of the program			0.00 16.00
17.00	Adjustment for residents displaced by program or hospital closure			0.00 17.00
18.00	Adjusted rolling average FTE count			0.00 18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)			0 22.00
22.01	IME payment adjustment - Managed Care (see instructions)			0 22.01
<b>Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).			0.00 23.00
24.00	IME FTE Resident Count Over Cap (see instructions)			0.00 24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)			0.00 25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)			0 28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)			0 28.01
29.00	Total IME payment ( sum of lines 22 and 28)			0 29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			0 29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		6.39	30.00
31.00	Percentage of Medicaid patient days (see instructions)		23.54	31.00
32.00	Sum of lines 30 and 31		29.93	32.00
33.00	Allowable disproportionate share percentage (see instructions)		13.91	33.00
34.00	Disproportionate share adjustment (see instructions)		485,523	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0093	Period: From 01/01/2017 To 01/31/2018	Worksheet E Part A Date/Time Prepared: 6/29/2018 5:54 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
<b>Uncompensated Care Adjustment</b>				
35.00	Total uncompensated care amount (see instructions)		0	0 35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	852,400	1,023,890	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	637,548	345,037	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	982,585		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
		Before 1/1	On/After 1/1	
		1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	46.00
47.00	Subtotal (see instructions)	15,537,092		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
			<b>Amount</b>	
			1.00	
49.00	Total payment for inpatient operating costs (see instructions)		15,537,092	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,199,795	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		16,736,887	59.00
60.00	Primary payer payments		2,445	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		16,734,442	61.00
62.00	Deductibles billed to program beneficiaries		1,859,164	62.00
63.00	Coinurance billed to program beneficiaries		49,050	63.00
64.00	Allowable bad debts (see instructions)		686,694	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		446,351	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		567,618	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		15,272,579	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)			70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		26,540	70.93
70.94	HRR adjustment amount (see instructions)		-315,235	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0093	Period: From 01/01/2017 To 01/31/2018	Worksheet E Part A Date/Time Prepared: 6/29/2018 5:54 am	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			14,983,884	71.00
71.01	Sequestration adjustment (see instructions)			299,678	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
72.00	Interim payments			14,327,499	72.00
73.00	Tentative settlement (for contractor use only)			0	73.00
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)			356,707	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			92,088	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)			0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)			0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the \$410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0093

Period:  
From 01/01/2017  
To 01/31/2018

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
6/29/2018 5:54 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0	0	0	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	13,961,832	0	0	13,961,832	13,961,832	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	107,152	0	0	107,152	107,152	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
<b>Indirect Medical Education Adjustment</b>								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000	0.000000	5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	0.000000	7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
<b>Disproportionate Share Adjustment</b>								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1391	0.1391	0.1391	0.1391	0.1391	10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	485,523	0	0	485,523	485,523	11.00
11.01	Uncompensated care payments	36.00	982,585	0	1,031,371	346,619	1,377,990	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	15,537,092	0	1,031,371	14,505,721	15,537,092	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	15,537,092	0	1,031,371	14,505,721	15,537,092	15.00
16.00	Payment for inpatient program capital (From Wkst. L, Pt. I, if applicable)	50.00	1,199,795	0	0	1,199,795	1,199,795	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0093

Period:  
From 01/01/2017  
To 01/31/2018

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
6/29/2018 5:54 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01 3.00	Period On/After 10/01 4.00	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	1,031,371	15,705,516	16,736,887	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	1,126,343	0	0	1,126,343	1,126,343	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	3,056	0	0	3,056	3,056	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0625	0.0625	0.0625	0.0625		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	70,396	0	0	70,396	70,396	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,199,795	0	0	1,199,795	1,199,795	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		N					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 14-0093		Period: From 01/01/2017 To 01/31/2018		Worksheet E Part A Exhibit 5 Date/Time Prepared: 6/29/2018 5:54 am	
		Title XVIII		Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0	0	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	13,961,832		13,961,832	13,961,832	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	107,152	0	107,152	107,152	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
<b>Indirect Medical Education Adjustment</b>							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
<b>Disproportionate Share Adjustment</b>							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1391	0.1391	0.1391		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	485,523	0	485,523	485,523	11.00
11.01	Uncompensated care payments	36.00	982,585	637,548	345,037	982,585	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	15,537,092	637,548	14,899,544	15,537,092	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	15,537,092	637,548	14,899,544	15,537,092	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,199,795	0	1,199,795	1,199,795	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			637,548	16,099,339	16,736,887	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 14-0093	Period: From 01/01/2017 To 01/31/2018	Worksheet E Part A Exhibit 5 Date/Time Prepared: 6/29/2018 5:54 am	
Title XVIII			Hospital		PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	1,126,343	0	1,126,343	1,126,343	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	3,056	0	3,056	3,056	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0625	0.0625	0.0625		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	70,396	0	70,396	70,396	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,199,795	0	1,199,795	1,199,795	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	26,540	0	26,540	26,540	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-315,235	0	-315,235	-315,235	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0		32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0093	Period: From 01/01/2017 To 01/31/2018	Worksheet E Part B Date/Time Prepared: 6/29/2018 5:54 am
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		19,157	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		12,538,092	2.00
3.00	OPPS payments		11,392,269	3.00
4.00	Outlier payment (see instructions)		20,876	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)		19,157	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		108,405	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)		108,405	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		108,405	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		89,248	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)		19,157	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)		11,413,145	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		2,254,281	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		9,178,021	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		9,178,021	30.00
31.00	Primary payer payments		754	31.00
32.00	Subtotal (line 30 minus line 31)		9,177,267	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		673,497	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		437,773	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		524,464	36.00
37.00	Subtotal (see instructions)		9,615,040	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-175	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		9,615,215	40.00
40.01	Sequestration adjustment (see instructions)		192,304	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		9,215,481	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		207,430	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		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: 14-0093

Period:  
From 01/01/2017  
To 01/31/2018

Worksheet E-1  
Part I  
Date/Time Prepared:  
6/29/2018 5:54 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		14,099,581		8,984,557	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		253,044		244,148	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	08/03/2017	25,126	08/03/2017	13,224	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)		-25,126		-13,224	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)		14,327,499		9,215,481	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		356,707		207,430	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		14,684,206		9,422,911	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: 14-0093	Period: From 01/01/2017 To 01/31/2018	Worksheet E-1 Part II Date/Time Prepared: 6/29/2018 5:54 am
		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
<b>INPATIENT HOSPITAL SERVICES UNDER THE IPPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0093	Period: From 01/01/2017 To 01/31/2018	Worksheet E-3 Part VII Date/Time Prepared: 6/29/2018 5:54 am	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>					
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>					
1.00	Inpatient hospital/SNF/NF services		3,409,424		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)		3,409,424	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)		3,409,424	0	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>					
<b>Reasonable Charges</b>					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		0	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)		0	0	12.00
<b>CUSTOMARY CHARGES</b>					
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)		0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		3,409,424	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
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>					
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
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>					
30.00	Excess of reasonable cost (from line 18)		3,409,424	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	Coinurance		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

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

Provider CCN: 14-0093

Period:  
From 01/01/2017  
To 01/31/2018

Worksheet G

Date/Time Prepared:  
6/29/2018 5:54 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	-3,800,475	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	51,841,173	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-38,524,225	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	1,747,719	0	0	0	9.00
10.00	Due from other funds	50,422,501	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	61,686,693	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	0	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	0	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	5,936,595	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)	5,936,595	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	67,623,288	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	-1,137,670	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	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	-1,137,670	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
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)	-1,137,670	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	68,760,958				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)	68,760,958	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	67,623,288	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0093

Period:  
From 01/01/2017  
To 01/31/2018

Worksheet G-1

Date/Time Prepared:  
6/29/2018 5:54 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		53,038,399		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		38,267,209			2.00
3.00	Total (sum of line 1 and line 2)		91,305,608		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00	ROUNDING	0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		91,305,608		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00	NET ASSET TRANSFERS	22,544,650		0		13.00
14.00	OTHER RESTRICTED ASSETS	0		0		14.00
15.00	ROUNDING	0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		22,544,650		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		68,760,958		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00	ROUNDING		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	NET ASSET TRANSFERS		0			13.00
14.00	OTHER RESTRICTED ASSETS		0			14.00
15.00	ROUNDING		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: 14-0093

Period:  
From 01/01/2017  
To 01/31/2018

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
6/29/2018 5:54 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	48,080,844		48,080,844	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)	48,080,844		48,080,844	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	18,964,283		18,964,283	11.00
12.00	CORONARY CARE UNIT	0		0	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)	18,964,283		18,964,283	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	67,045,127		67,045,127	17.00
18.00	Ancillary services	126,484,515	247,973,207	374,457,722	18.00
19.00	Outpatient services	21,175,150	93,168,609	114,343,759	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	NRCC	0	6,643,698	6,643,698	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	214,704,792	347,785,514	562,490,306	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		96,207,341		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	GAIN ON SALE OF HOSPITAL	30,414,319			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)		30,414,319		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		65,793,022		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0093

Period:  
From 01/01/2017  
To 01/31/2018

Worksheet G-3

Date/Time Prepared:  
6/29/2018 5:54 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	562,490,306	1.00
2.00	Less contractual allowances and discounts on patients' accounts	462,242,753	2.00
3.00	Net patient revenues (line 1 minus line 2)	100,247,553	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	65,793,022	4.00
5.00	Net income from service to patients (line 3 minus line 4)	34,454,531	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	775,651	6.00
7.00	Income from investments	360,655	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	0	24.00
24.01	OTHER OPERATING INCOME	2,471,174	24.01
24.02	UNREALIZED GAINS	171,072	24.02
24.03	CENTRALIZED SERVICE	34,127	24.03
25.00	Total other income (sum of lines 6-24)	3,812,679	25.00
26.00	Total (line 5 plus line 25)	38,267,210	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
27.01	NON OPERATING LOSSES	0	27.01
27.02	ROUNDING	1	27.02
28.00	Total other expenses (sum of line 27 and subscripts)	1	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	38,267,209	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0093	Period: From 01/01/2017 To 01/31/2018	Worksheet L Parts I-III Date/Time Prepared: 6/29/2018 5:54 am
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		1,126,343	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		3,056	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		46.97	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		6.39	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		23.54	8.00
9.00	Sum of lines 7 and 8		29.93	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.25	10.00
11.00	Disproportionate share adjustment (see instructions)		70,396	11.00
12.00	Total prospective capital payments (see instructions)		1,199,795	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00