

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: 14-0113	Period: From 01/01/2017 To 01/31/2018	Worksheet S Parts I-III Date/Time Prepared: 6/29/2018 1:07 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 6/29/2018 Time: 1:07 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended 6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY 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 COVENANT MEDICAL CENTER (14-0113) 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 01:07:34 PM
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	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	311,320	32,651	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	87,129	304		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	398,449	32,955	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: 14-0113		Period: From 01/01/2017 To 01/31/2018		Worksheet S-2 Part I Date/Time Prepared: 6/29/2018 6:30 am		
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00 Street: 1400 WEST PARK STREET		PO Box:		Zip Code: 61801		County: CHAMPAIGN					
2.00 City: URBANA		State: IL									
		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 COVENANT MEDICAL CENTER		140113	16580	1	07/01/1966	0	P	0	
4.00 Subprovider - IPF										4.00	
5.00 Subprovider - IRF		COVENANT REHABILITATION UNIT		14T113	16580	5	10/01/1983	0	P	0	
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.				3,067	2,387	0	0	448	119		
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.				583	197	0	0	0			

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		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.		1				26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.		1				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.		0				35.00
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.						36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.		0				37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)						37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.						38.00
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)		N	N			39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)		N	N			40.00
		V	XVIII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)		N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.		N	N			46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.		N	N			47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.		N	N			48.00
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.		Y				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.		N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.		N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.		N				59.00
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)		N				60.00
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)		N	0.00		0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03

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	Y/N	IME	Direct GME	IME	Direct GME			
	1.00	2.00	3.00	4.00	5.00			
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04	
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05	
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06	
	Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count			
	1.00		2.00	3.00	4.00			
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.						61.10	0.00 0.00
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.						61.20	0.00 0.00
							1.00	
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>								
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)						62.00	0.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)						62.01	0.00
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>								
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)						63.00	N
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))			
			1.00	2.00	3.00			
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)						64.00	0.00 0.00 0.000000
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
			1.00	2.00	3.00		
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.			Y			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)			N	N	0	76.00

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			1.00	
Long Term Care Hospital PPS				
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N	81.00
TEFRA Providers				
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00
87.00	Is this hospital 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 1.00	XIX 2.00
Title V and XIX Services				
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	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
Rural Providers				
105.00	Does this hospital qualify as a CAH?	N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00
			Physical 1.00	Occupational 2.00
			Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	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: 14-0113	Period: From 01/01/2017 To 01/31/2018	Worksheet S-2 Part I Date/Time Prepared: 6/29/2018 6:30 am	
		1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N			111.00
		1.00	2.00	3.00	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	0	0	2,745,178	118.01
		1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y		5.06	122.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		14H082	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0113	Period: From 01/01/2017 To 01/31/2018	Worksheet S-2 Part I Date/Time Prepared: 6/29/2018 6:30 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: NGS		Contractor's Number: 0131	
142.00	Street: 200 S WACKER DRIVE	PO Box:			
143.00	City: CHI CAGO	State: IL		Zip Code: 60606	
144.00 Are provider based physicians' costs included in Worksheet A?					
				1.00	2.00
				Y	
145.00 If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.					
				1.00	2.00
				Y	
146.00 Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.					
				1.00	2.00
				N	
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.					
				1.00	2.00
				N	
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.					
				1.00	2.00
				N	
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.					
				1.00	2.00
				N	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N
Multi campus					
165.00 Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					
				1.00	2.00
				N	
Name County State Zip Code 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)				
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act					
167.00 Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.					
				1.00	2.00
				Y	
168.00 If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					
				1.00	2.00
				0	
168.01 If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					
				1.00	2.00
169.00 If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					
				1.00	2.00
				9.99	
Beginning Ending					
1.00 2.00					
170.00 Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)					
				1.00	2.00
				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. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)					
				1.00	2.00
				N	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0113		Period: From 01/01/2017 To 01/31/2018		Worksheet S-2 Part II Date/Time Prepared: 6/29/2018 6:30 am	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				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.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
				Y/N			
				1.00			
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				N		15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/30/2016	Y	04/30/2016		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0113

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

Worksheet S-2
Part II
Date/Time Prepared:
6/29/2018 6:30 am

		Description		Y/N	Y/N	
		0		1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	20.00
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			N	N	21.00
					1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)						
Capital Related Cost						
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions					22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.					23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions					24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.					25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.					26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.					27.00
Interest Expense						
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.					28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions					29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.					30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.					31.00
Purchased Services						
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.					32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.					33.00
Provider-Based Physicians						
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.					34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.					35.00
				Y/N	Date	
				1.00	2.00	
Home Office Costs						
36.00	Were home office costs claimed on the cost report?					36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.					37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.					38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.					39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.					40.00
				1.00	2.00	
Cost Report Preparer Contact Information						
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	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: 14-0113

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

Worksheet S-2
Part II
Date/Time Prepared:
6/29/2018 6:30 am

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DI RECTOR, REIMB	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: 14-0113

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

Worksheet S-3
Part I
Date/Time Prepared:
6/29/2018 6:30 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	156	61,776	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)		156	61,776	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	13	5,148	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		169	66,924	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	25	9,900		0	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)		194				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)		6	2,376			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: 14-0113

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

Worksheet S-3
Part I
Date/Time Prepared:
6/29/2018 6:30 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)	6,872	3,927	19,551			1.00
2.00 HMO and other (see instructions)	3,339	1,177				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	696	247				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	6,872	3,927	19,551			7.00
8.00 INTENSIVE CARE UNIT	1,486	183	3,461			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		621	1,570			13.00
14.00 Total (see instructions)	8,358	4,731	24,582	7.01	590.61	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	2,784	533	5,000	0.00	21.90	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	200			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)				7.01	612.51	27.00
28.00 Observation Bed Days		406	3,711			28.00
29.00 Ambulance Trips	4,564					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)	1	113	370			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			53			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: 14-0113

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

Worksheet S-3
Part I
Date/Time Prepared:
6/29/2018 6:30 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,160	646	7,042	1.00
2.00	HMO and other (see instructions)			869	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	2,160	646	7,042	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	0.00	0	250	0	368	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: 14-0113	Period: From 01/01/2017 To 01/31/2018	Worksheet S-3 Part II Date/Time Prepared: 6/29/2018 6:30 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		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	38,899,748	-1,874	38,897,874	1,380,199.00	28.18	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)		764,233	0	764,233	20,994.00	36.40	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)		5,406,976	0	5,406,976	241,721.00	22.37	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract Labor: Direct Patient Care		5,857,278	0	5,857,278	147,826.00	39.62	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		255,142	0	255,142	1,892.00	134.85	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		8,600,089	0	8,600,089	208,777.00	41.19	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		24,000	0	24,000	240.00	100.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		7,824,891	0	7,824,891			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		1,688,943	0	1,688,943			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)		2,312,193	0	2,312,193			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
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	-189,984	189,984	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	2,732,465	-190,023	2,542,442	114,521.00	22.20	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0113

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

Worksheet S-3
Part II
Date/Time Prepared:
6/29/2018 6:30 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.)		3,277,390	0	3,277,390	17,677.00	185.40	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	886,894	0	886,894	29,742.00	29.82	30.00
31.00	Laundry & Linen Service	8.00	79,933	0	79,933	4,905.00	16.30	31.00
32.00	Housekeeping	9.00	981,328	0	981,328	63,764.00	15.39	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	662,708	-484,908	177,800	12,854.00	13.83	34.00
35.00	Dietary under contract (see instructions)		481,829	0	481,829	10,400.00	46.33	35.00
36.00	Cafeteria	11.00	0	484,908	484,908	35,057.00	13.83	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,378,175	0	1,378,175	41,413.00	33.28	38.00
39.00	Central Services and Supply	14.00	-39	39	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	1,562,748	0	1,562,748	33,462.00	46.70	40.00
41.00	Medical Records & Medical Records Library	16.00	54,476	0	54,476	3,106.00	17.54	41.00
42.00	Social Service	17.00	771,810	0	771,810	19,849.00	38.88	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0113

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

Worksheet S-3
Part III
Date/Time Prepared:
6/29/2018 6:30 am

	Worksheet A	Amount	Recl assi fi cation	Adjusted	Paid Hours	Average Hourly	
	Line Number	Reported	on of Salaries	Salaries	Related to	Wage (col. 4 ÷	
	1.00	2.00	(from	(col. 2 ± col.	Salaries in	col. 5)	
			Worksheet A-6)	3)	col. 4		
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	41,894,734	-1,874	41,892,860	1,387,282.00	30.20	1.00
2.00	Excluded area salaries (see instructions)	5,406,976	0	5,406,976	241,721.00	22.37	2.00
3.00	Subtotal salaries (line 1 minus line 2)	36,487,758	-1,874	36,485,884	1,145,561.00	31.85	3.00
4.00	Subtotal other wages & related costs (see inst.)	14,712,509	0	14,712,509	358,495.00	41.04	4.00
5.00	Subtotal wage-related costs (see inst.)	10,137,084	0	10,137,084	0.00	27.78	5.00
6.00	Total (sum of lines 3 thru 5)	61,337,351	-1,874	61,335,477	1,504,056.00	40.78	6.00
7.00	Total overhead cost (see instructions)	12,679,733	0	12,679,733	386,750.00	32.79	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0113	Period: From 01/01/2017 To 01/31/2018	Worksheet S-3 Part IV Date/Time Prepared: 6/29/2018 6:30 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			1,750,931 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			0 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
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
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			4,018,181 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			114,683 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			25,076 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)			129,907 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			543,006 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
TAXES				
17.00	FICA-Employers Portion Only			2,782,245 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			58,582 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			0 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			91,223 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			9,513,834 24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COST			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 14-0113	Period: From 01/01/2017 To 01/31/2018	Worksheet S-3 Part V Date/Time Prepared: 6/29/2018 6:30 am
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	5,857,278	9,513,834	1.00
2.00	Hospital	5,857,278	9,513,834	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-0113	Period: From 01/01/2017 To 01/31/2018	Worksheet S-10 Date/Time Prepared: 6/29/2018 6:30 am
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.176635	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		16,783,954	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		95,907,122	6.00	
7.00	Medicaid cost (line 1 times line 6)		16,940,554	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)		156,600	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)		156,600	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)	9,299,908	1,574,630	10,874,538	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,642,689	1,574,630	3,217,319	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)	1,642,689	1,574,630	3,217,319	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)			18,835,361	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			676,656	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			1,041,009	27.01
28.00	Non-Medicare bad debt expense (see instructions)			17,794,352	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			3,507,458	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			6,724,777	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			6,881,377	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0113

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

Worksheet A
Date/Time Prepared:
6/29/2018 6:30 am

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	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	534,254	534,254	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	5,703,602	5,703,602	2.00
3.00	00300	OTHER CAP REL COSTS		64,117	-64,117	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-189,984	-335,567	-525,551	525,551	4.00
5.01	00540	NONPATIENT TELEPHONE	257,390	448,171	705,561	-9,532	5.01
5.02	00550	DATA PROCESSING	0	45,729	45,729	-45,729	5.02
5.03	00560	PURCH, RCVING, STORING	0	136,387	136,387	-136,387	5.03
5.04	00570	ADMINISTRATIVE	-25,031	-2,468	-27,499	24,057	5.04
5.05	00580	CASHIERING, A/R	0	0	0	0	5.05
5.06	00590	OTHER ADMIN & GEN	2,500,106	33,038,845	35,538,951	-202,400	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	886,894	6,422,009	7,308,903	-1,632,971	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	79,933	453,683	533,616	-219	8.00
9.00	00900	HOUSEKEEPING	981,328	691,142	1,672,470	-4,068	9.00
10.00	01000	DIETARY	662,708	1,406,542	2,069,250	-1,518,936	10.00
11.00	01100	CAFETERIA	0	0	0	1,514,085	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,378,175	667,019	2,045,194	-144,414	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-39	294,575	294,536	-199,269	14.00
15.00	01500	PHARMACY	1,562,748	3,884,755	5,447,503	-3,455,203	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	54,476	29,140	83,616	-258	16.00
17.00	01700	SOCIAL SERVICE	771,810	218,769	990,579	0	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	764,233	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	1,251,260	1,251,260	-616,956	22.00
23.00	02300	PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	9,325,368	3,273,622	12,598,990	-1,650,950	30.00
31.00	03100	INTENSIVE CARE UNIT	2,191,401	1,186,076	3,377,477	-38,355	31.00
41.00	04100	SUBPROVIDER - I&R	1,500,982	2,260,067	3,761,049	-1,151,376	41.00
43.00	04300	NURSERY	327,338	1,019,591	1,346,929	-2,724	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,626,313	12,145,707	15,772,020	-9,639,465	50.00
50.01	03330	ENDOSCOPY	857,233	865,083	1,722,316	-342,353	50.01
51.00	05100	RECOVERY ROOM	519,856	155,859	675,715	-30,525	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	276,021	276,021	1,373,603	52.00
53.00	05300	ANESTHESIOLOGY	34,399	2,415,428	2,449,827	-134,020	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,015,134	372,208	1,387,342	-316,862	54.00
54.01	03630	ULTRASOUND	238,887	78,709	317,596	46,585	54.01
54.02	03440	MAMMOGRAPHY	45,487	80,163	125,650	-15,607	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01	03480	ONCOLOGY	0	0	0	0	55.01
56.00	05600	RADIOISOTOPE	93,195	243,481	336,676	34,353	56.00
57.00	05700	CT SCAN	329,605	217,102	546,707	64,428	57.00
58.00	05800	MRI	121,678	110,725	232,403	-13,792	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,257,406	4,988,935	6,246,341	-4,486,861	59.00
60.00	06000	LABORATORY	0	5,543,244	5,543,244	-93,294	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	473,555	473,555	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,015,913	542,754	1,558,667	-206,734	65.00
66.00	06600	PHYSICAL THERAPY	0	502,902	502,902	433,786	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	431,943	431,943	479,409	67.00
68.00	06800	SPEECH PATHOLOGY	0	108,831	108,831	227,140	68.00
69.01	03140	CARDIOLOGY	439,580	243,272	682,852	-28,901	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	10,690,855	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	3,545,038	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	3,426,539	73.00
74.00	07400	RENAL DIALYSIS	168,972	294,815	463,787	-213	74.00
76.97	07697	CARDIAC REHABILITATION	394,876	116,162	511,038	-6,865	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	2,569,617	1,727,298	4,296,915	-194,987	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	2,837,514	3,003,416	5,840,930	-48,462	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE		2,132,255	2,132,255	-2,132,255	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	37,831,268	93,523,332	131,354,600	822,458	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 14-0113		Period: From 01/01/2017 To 01/31/2018		Worksheet A Date/Time Prepared: 6/29/2018 6:30 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	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	43,662	84,513	128,175	-1,646	126,529	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	755,100	1,979,612	2,734,712	-5,690	2,729,022	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	208,628	631,460	840,088	-2,845	837,243	192.01
192.02	19202	REAL ESTATE	0	1,373,004	1,373,004	-791,904	581,100	192.02
192.03	19203	FOUNDATION	1,879	17,356	19,235	-19,793	-558	192.03
192.04	19204	OUTREACH PROGRAMS	59,211	39,182	98,393	-580	97,813	192.04
192.05	19205	UNASSIGNED	0	17	17	0	17	192.05
200.00		TOTAL (SUM OF LINES 118 through 199)	38,899,748	97,648,476	136,548,224	0	136,548,224	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0113

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

Worksheet A
Date/Time Prepared:
6/29/2018 6:30 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	2,082,114	2,616,368	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	108,693	5,812,295	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	375,959	375,959	4.00
5.01	00540	NONPATIENT TELEPHONE	-53,039	642,990	5.01
5.02	00550	DATA PROCESSING	0	0	5.02
5.03	00560	PURCH, RCVI NG, STORI NG	0	0	5.03
5.04	00570	ADMI TTI NG	1,200,390	1,196,948	5.04
5.05	00580	CASHI ERI NG, A/R	1,727,120	1,727,120	5.05
5.06	00590	OTHER ADMIN & GEN	-8,771,014	26,565,537	5.06
6.00	00600	MAI NTENANCE & REPAI RS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-11,884	5,664,048	7.00
8.00	00800	LAUNDRY & LI NEN SERVICE	0	533,397	8.00
9.00	00900	HOUSEKEEPI NG	-1,915	1,666,487	9.00
10.00	01000	DI ETARY	0	550,314	10.00
11.00	01100	CAFETERIA	-298,117	1,215,968	11.00
12.00	01200	MAI NTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSI NG ADMI NI STRATI ON	-440	1,900,340	13.00
14.00	01400	CENTRAL SERVI CES & SUPPLY	492,430	587,697	14.00
15.00	01500	PHARMACY	-2,139	1,990,161	15.00
16.00	01600	MEDI CAL RECORDS & LI BRARY	1,134,561	1,217,919	16.00
17.00	01700	SOCI AL SERVI CE	-5,418	985,161	17.00
19.00	01900	NONPHYSI CI AN ANESTHETI STS	0	0	19.00
20.00	02000	NURSI NG SCHOOL	0	0	20.00
21.00	02100	I & R SERVI CES-SALARY & FRI NGES APPRV	0	764,233	21.00
22.00	02200	I & R SERVI CES-OTHER PRGM COSTS APPRV	0	634,304	22.00
23.00	02300	PARAMED ED PRGM-(SPECI FY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDI ATRI CS	-57,194	10,890,846	30.00
31.00	03100	I NTENSI VE CARE UNI T	-60,597	3,278,525	31.00
41.00	04100	SUBPROVI DER - I RF	-63,300	2,546,373	41.00
43.00	04300	NURSERY	-866,065	478,140	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATI NG ROOM	0	6,132,555	50.00
50.01	03330	ENDOSCOPY	0	1,379,963	50.01
51.00	05100	RECOVERY ROOM	0	645,190	51.00
52.00	05200	DELI VERY ROOM & LABOR ROOM	0	1,649,624	52.00
53.00	05300	ANESTHESI OLOGY	-2,205,644	110,163	53.00
54.00	05400	RADI OLOGY-DI AGNOSTI C	0	1,070,480	54.00
54.01	03630	ULTRASOUND	0	364,181	54.01
54.02	03440	MAMMOGRAPHY	0	110,043	54.02
55.00	05500	RADI OLOGY-THERAPEUTI C	0	0	55.00
55.01	03480	ONCOLOGY	0	0	55.01
56.00	05600	RADI OI SOTOPE	0	371,029	56.00
57.00	05700	CT SCAN	-430	610,705	57.00
58.00	05800	MRI	0	218,611	58.00
59.00	05900	CARDI AC CATHETERI ZATI ON	-1,903	1,757,577	59.00
60.00	06000	LABORATORY	-1,013	5,448,937	60.00
62.30	06250	BLOOD CLOTTI NG FOR HEMOPHI LI ACS	0	0	62.30
63.00	06300	BLOOD STORI NG, PROCESSI NG & TRANS.	0	473,555	63.00
65.00	06500	RESPI RATORY THERAPY	-4,626	1,347,307	65.00
66.00	06600	PHYSI CAL THERAPY	0	936,688	66.00
67.00	06700	OCCUPATI ONAL THERAPY	0	911,352	67.00
68.00	06800	SPEECH PATHOLOGY	0	335,971	68.00
69.01	03140	CARDI OLOGY	-53,678	600,273	69.01
71.00	07100	MEDI CAL SUPPLI ES CHARGED TO PATI ENT	0	10,690,855	71.00
72.00	07200	I MPL. DEV. CHARGED TO PATI ENTS	0	3,545,038	72.00
73.00	07300	DRUGS CHARGED TO PATI ENTS	0	3,426,539	73.00
74.00	07400	RENAL DI ALYSI S	-2,876	460,698	74.00
76.97	07697	CARDI AC REHABI LI TATI ON	-3,290	500,883	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	-619,397	3,482,531	91.00
92.00	09200	OBSERVATI ON BEDS (NON-DI STI NCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVI CES	-7,517	5,784,951	95.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	I NTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LI NES 1 through 117)	-5,970,229	126,206,829	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	0	126,529	190.00
192.00	19200	PHYSI CI ANS' PRI VATE OFFI CES	0	2,729,022	192.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 14-0113	Period: From 01/01/2017 To 01/31/2018	Worksheet A Date/Time Prepared: 6/29/2018 6:30 am
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Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
192.01	19201	COVENANT OUTPATIENT PHARMACY	0	837,243	192.01
192.02	19202	REAL ESTATE	0	581,100	192.02
192.03	19203	FOUNDATION	0	-558	192.03
192.04	19204	OUTREACH PROGRAMS	0	97,813	192.04
192.05	19205	UNASSIGNED	0	17	192.05
200.00		TOTAL (SUM OF LINES 118 through 199)	-5,970,229	130,577,995	200.00

RECLASSIFICATIONS

Provider CCN: 14-0113

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

Worksheet A-6
Date/Time Prepared:
6/29/2018 6:30 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - PHARMACY					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	3,447,294	1.00
	TOTALS		0	3,447,294	
B - REHAB SERVICES					
1.00	PHYSICAL THERAPY	66.00	0	435,708	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0	479,409	2.00
3.00	SPEECH PATHOLOGY	68.00	0	227,140	3.00
	TOTALS		0	1,142,257	
C - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	640,749	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,491,506	2.00
	TOTALS		0	2,132,255	
D - DEPRECIATION EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,728,288	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,865,830	2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,313,196	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
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
	TOTALS		0	5,907,314	
E - OTHER RECLASSIFICATION					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	189,984	335,567	1.00
2.00	ADMINISTRATIVE	5.04	25,031	2,468	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	39	0	3.00
4.00	ADULTS & PEDIATRICS	30.00	0	1,021	4.00
5.00	CARDIAC CATHETERIZATION	59.00	0	853	5.00
6.00	OTHER ADMIN & GEN	5.06	0	45,729	6.00
7.00	OTHER ADMIN & GEN	5.06	0	136,387	7.00
	TOTALS		215,054	522,025	
F - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	10,690,855	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00

RECLASSIFICATIONS

Provider CCN: 14-0113

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

Worksheet A-6

Date/Time Prepared:
6/29/2018 6:30 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	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
	TOTALS		0	10,690,855	
G - LABOR & DELIVERY					
1.00	DELIVERY ROOM & LABOR ROOM	52.00	1,316,037	281,411	1.00
	TOTALS		1,316,037	281,411	
I - INTERNS & RESIDENTS					
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	764,233	1.00
	TOTALS		0	764,233	
J - RADIOLOGY SHARED SERVICES					
1.00	MAMMOGRAPHY	54.02	11,868	4,701	1.00
2.00	MRI	58.00	31,746	8,695	2.00
3.00	RADIOISOTOPE	56.00	24,314	12,597	3.00
4.00	CT SCAN	57.00	85,994	20,455	4.00
5.00	ULTRASOUND	54.01	62,325	11,883	5.00
	TOTALS		216,247	58,331	
M - RECLASSIFICATION OF MOB EXPENSE					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	147,277	1.00
2.00	OTHER ADMIN & GEN	5.06	0	294,554	2.00
	TOTALS		0	441,831	
N - DIETARY RECLASSIFICATION					
1.00	CAFETERIA	11.00	484,908	1,029,177	1.00
	TOTALS		484,908	1,029,177	
P - IMPLANT SUPPLIES					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	3,545,038	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
	TOTALS		0	3,545,038	
500.00	Grand Total: Increases		2,232,246	29,962,021	500.00

RECLASSIFICATIONS

Provider CCN: 14-0113

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

Worksheet A-6
Date/Time Prepared:
6/29/2018 6:30 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - PHARMACY							
1.00	PHARMACY	15.00	0	3,447,294	0	1.00	
	TOTALS		0	3,447,294			
B - REHAB SERVICES							
1.00	SUBPROVIDER - IRF	41.00	0	435,708	0	1.00	
2.00	SUBPROVIDER - IRF	41.00	0	479,409	0	2.00	
3.00	SUBPROVIDER - IRF	41.00	0	227,140	0	3.00	
	TOTALS		0	1,142,257			
C - INTEREST EXPENSE							
1.00	INTEREST EXPENSE	113.00	0	640,749	11	1.00	
2.00	INTEREST EXPENSE	113.00	0	1,491,506	11	2.00	
	TOTALS		0	2,132,255			
D - DEPRECIATION EXPENSE							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,865,830	9	1.00	
2.00	NONPATIENT TELEPHONE	5.01	0	9,532	9	2.00	
3.00	OTHER ADMIN & GEN	5.06	0	33,818	9	3.00	
4.00	OTHER ADMIN & GEN	5.06	0	27,751	9	4.00	
5.00	ADMINISTRATIVE	5.04	0	3,442	9	5.00	
6.00	OTHER ADMIN & GEN	5.06	0	64,412	9	6.00	
7.00	OPERATION OF PLANT	7.00	0	1,632,971	9	7.00	
8.00	LAUNDRY & LINEN SERVICE	8.00	0	219	9	8.00	
9.00	HOUSEKEEPING	9.00	0	4,068	9	9.00	
10.00	DIETARY	10.00	0	4,851	9	10.00	
11.00	NURSING ADMINISTRATION	13.00	0	144,414	9	11.00	
12.00	CENTRAL SERVICES & SUPPLY	14.00	0	53,036	9	12.00	
13.00	PHARMACY	15.00	0	7,909	9	13.00	
14.00	MEDICAL RECORDS & LIBRARY	16.00	0	258	9	14.00	
15.00	ADULTS & PEDIATRICS	30.00	0	53,502	9	15.00	
16.00	INTENSIVE CARE UNIT	31.00	0	38,355	9	16.00	
17.00	SUBPROVIDER - IRF	41.00	0	9,119	9	17.00	
18.00	NURSERY	43.00	0	2,724	9	18.00	
19.00	OPERATING ROOM	50.00	0	499,045	9	19.00	
20.00	ENDOSCOPY	50.01	0	14,554	9	20.00	
21.00	RECOVERY ROOM	51.00	0	30,525	9	21.00	
22.00	DELIVERY ROOM & LABOR ROOM	52.00	0	80,429	9	22.00	
23.00	ANESTHESIOLOGY	53.00	0	6,190	9	23.00	
24.00	RADIOLOGY-DIAGNOSTIC	54.00	0	42,284	9	24.00	
25.00	ULTRASOUND	54.01	0	4,706	9	25.00	
26.00	MAMMOGRAPHY	54.02	0	7,819	9	26.00	
27.00	RADIOISOTOPE	56.00	0	2,558	9	27.00	
28.00	CT SCAN	57.00	0	42,021	9	28.00	
29.00	MRI	58.00	0	54,233	9	29.00	
30.00	CARDIAC CATHETERIZATION	59.00	0	535,803	9	30.00	
31.00	LABORATORY	60.00	0	93,294	9	31.00	
32.00	RESPIRATORY THERAPY	65.00	0	16,331	9	32.00	
33.00	PHYSICAL THERAPY	66.00	0	1,922	9	33.00	
34.00	CARDIOLOGY	69.01	0	28,901	9	34.00	
35.00	RENAL DIALYSIS	74.00	0	213	9	35.00	
36.00	CARDIAC REHABILITATION	76.97	0	6,865	9	36.00	
37.00	EMERGENCY	91.00	0	54,321	9	37.00	
38.00	AMBULANCE SERVICES	95.00	0	48,462	9	38.00	
39.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	1,646	9	39.00	
40.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	5,690	9	40.00	
41.00	COVENANT OUTPATIENT PHARMACY	192.01	0	2,845	9	41.00	
42.00	REAL ESTATE	192.02	0	350,073	9	42.00	
43.00	FOUNDATION	192.03	0	19,793	9	43.00	
44.00	OUTREACH PROGRAMS	192.04	0	580	0	44.00	
	TOTALS		0	5,907,314			
E - OTHER RECLASSIFICATION							
1.00	OTHER ADMIN & GEN	5.06	189,984	335,567	0	1.00	
2.00	OTHER ADMIN & GEN	5.06	25,031	2,468	0	2.00	
3.00	OTHER ADMIN & GEN	5.06	39	0	0	3.00	
4.00	ADULTS & PEDIATRICS	30.00	1,021	0	0	4.00	
5.00	CARDIAC CATHETERIZATION	59.00	853	0	0	5.00	
6.00	DATA PROCESSING	5.02	0	45,729	0	6.00	
7.00	PURCH, RCVING, STORING	5.03	0	136,387	0	7.00	
	TOTALS		216,928	520,151			
F - MEDICAL SUPPLIES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	103,951	0	1.00	
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	16,018	0	2.00	
3.00	OPERATING ROOM	50.00	0	6,577,335	0	3.00	
4.00	ENDOSCOPY	50.01	0	325,820	0	4.00	
5.00	DELIVERY ROOM & LABOR ROOM	52.00	0	141,614	0	5.00	

RECLASSIFICATIONS

Provider CCN: 14-0113

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

Worksheet A-6

Date/Time Prepared:
6/29/2018 6:30 am

Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
6.00	ANESTHESIOLOGY	53.00	0	127,830	0		6.00
7.00	ULTRASOUND	54.01	0	22,917	0		7.00
8.00	MAMMOGRAPHY	54.02	0	24,357	0		8.00
9.00	CARDIAC CATHETERIZATION	59.00	0	3,019,944	0		9.00
10.00	RESPIRATORY THERAPY	65.00	0	190,403	0		10.00
11.00	EMERGENCY	91.00	0	140,666	0		11.00
	TOTALS		0	10,690,855			
G - LABOR & DELIVERY							
1.00	ADULTS & PEDIATRICS	30.00	1,316,037	281,411	0		1.00
	TOTALS		1,316,037	281,411			
I - INTERNS & RESIDENTS							
1.00	I&R SERVICES-OTHER PRGM	22.00	0	764,233	0		1.00
	COSTS APPRV						
	TOTALS		0	764,233			
J - RADIOLOGY SHARED SERVICES							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	11,868	4,701	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	31,746	8,695	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	24,314	12,597	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	85,994	20,455	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	62,325	11,883	0		5.00
	TOTALS		216,247	58,331			
M - RECLASSIFICATION OF MOB EXPENSE							
1.00	REAL ESTATE	192.02	0	147,277	0		1.00
2.00	REAL ESTATE	192.02	0	294,554	0		2.00
	TOTALS		0	441,831			
N - DIETARY RECLASSIFICATION							
1.00	DIETARY	10.00	484,908	1,029,177	0		1.00
	TOTALS		484,908	1,029,177			
P - IMPLANT SUPPLIES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	42,321	0		1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	4,737	0		2.00
3.00	OPERATING ROOM	50.00	0	2,563,085	0		3.00
4.00	ENDOSCOPY	50.01	0	1,979	0		4.00
5.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,802	0		5.00
6.00	CARDIAC CATHETERIZATION	59.00	0	931,114	0		6.00
	TOTALS		0	3,545,038			
500.00	Grand Total: Decreases		2,234,120	29,960,147			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0113

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

Worksheet A-7
Part I
Date/Time Prepared:
6/29/2018 6:30 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	5,554,070	0	0	0	1.00
2.00	Land Improvements	4,970,446	0	0	0	2.00
3.00	Buildings and Fixtures	59,576,390	3,534,153	0	3,534,153	3.00
4.00	Building Improvements	1,460,938	0	438,816	438,816	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	68,685,333	3,170,136	0	3,170,136	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	140,247,177	6,704,289	438,816	7,143,105	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	140,247,177	6,704,289	438,816	7,143,105	10.00
	Ending Balance		Fully Depreciated Assets			
		6.00	7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	5,554,070	0			1.00
2.00	Land Improvements	4,970,446	0			2.00
3.00	Buildings and Fixtures	63,051,045	0			3.00
4.00	Building Improvements	600,372	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	71,855,469	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	146,031,402	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	146,031,402	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0113

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

Worksheet A-7
Part II
Date/Time Prepared:
6/29/2018 6:30 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: 14-0113

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

Worksheet A-7
Part III
Date/Time Prepared:
6/29/2018 6:30 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	68,021,492	0	68,021,492	0.484217	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	72,455,840	0	72,455,840	0.515783	0	2.00
3.00	Total (sum of lines 1-2)	140,477,332	0	140,477,332	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	31,047	31,047	1,451,208	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	33,070	33,070	4,289,401	0	2.00
3.00	Total (sum of lines 1-2)	0	64,117	64,117	5,740,609	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	1,134,113	0	0	31,047	2,616,368	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1,489,824	0	0	33,070	5,812,295	2.00
3.00	Total (sum of lines 1-2)	2,623,937	0	0	64,117	8,428,663	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0113

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

Worksheet A-8

Date/Time Prepared:
6/29/2018 6:30 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-727	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-1,682	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)	B	-1,012	ADULTS & PEDIATRICS	30.00	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	-53,039	NONPATIENT TELEPHONE	5.01	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-6,406,568			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	681,994			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-298,117	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	B	-37	MEDICAL RECORDS & LIBRARY	16.00	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	1,588,750	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 CLINICAL EDUCATION MIS INCOME	B	-440	NURSING ADMINISTRATION	13.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0113

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

Worksheet A-8

Date/Time Prepared:
6/29/2018 6:30 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center	Line #		
			1.00	2.00	3.00	
34.00 QUALITY ASSURANCE MISC INCOME	B	-16,550	OTHER ADMIN & GEN	5.06	0	34.00
35.00 RADIO PULM REHAB FITNESS	B	-3,290	CARDIAC REHABILITATION	76.97	0	35.00
36.00 ENVIRONMENTAL SERVICES MISC INCOME	B	-1,915	HOUSEKEEPING	9.00	0	36.00
37.00 PHARMACY MISC INCOME	B	-2,139	PHARMACY	15.00	0	37.00
38.00 EMS RESOURCE HOSP MISC INCOME	B	-127,521	EMERGENCY	91.00	0	38.00
39.00 ADMINISTRATION MISC INCOME	B	-1,091,201	OTHER ADMIN & GEN	5.06	0	39.00
40.00 ADMIN CORPORATE ALLOCATIONS	B	-131,402	OTHER ADMIN & GEN	5.06	0	40.00
41.00 PLANT OPERATIONS MISC INCOME	B	-11,884	OPERATION OF PLANT	7.00	0	41.00
42.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	42.00
43.00 ADMIN STRATEGIC INITIATIVE	B	-155,038	OTHER ADMIN & GEN	5.06	0	43.00
44.00 INTEREST INCOME	B	-4	OTHER ADMIN & GEN	5.06	0	44.00
45.00 ADMIN OTHER REVENUE ALLOWANCES	B	353,583	OTHER ADMIN & GEN	5.06	0	45.00
46.00 EMPLOYEE HEALTH MISC INCOME	B	-3,039	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	46.00
47.00 PATIENT ACCOUNTING INV INC	B	-63,299	CASHIERING, A/R	5.05	0	47.00
48.00 DEFINED BENEFIT PENSIONS	A	-22,762	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	48.00
49.02 UR/CARE MANAGEMENT COMMITTEE TO POOR	A	-5,418	SOCIAL SERVICE	17.00	0	49.02
49.03 AMBULANCE CABLE TV	A	-7,517	AMBULANCE SERVICES	95.00	0	49.03
49.04 CBISA PCMC	A	-26,200	OTHER ADMIN & GEN	5.06	0	49.04
49.05 INCOME TAX	A	-67,790	OTHER ADMIN & GEN	5.06	0	49.05
49.07 INVESTMENT INCOME	B	-9,585	OTHER ADMIN & GEN	5.06	0	49.07
49.09 MARKETING AND ADVERTISING	A	-37,510	OTHER ADMIN & GEN	5.06	0	49.09
49.10 EDUCATION REIMBURSEMENT-BC	A	-48,750	OTHER ADMIN & GEN	5.06	0	49.10
49.11 OB-GYN MISC REVENUE	B	-120	ADULTS & PEDIATRICS	30.00	0	49.11
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-5,970,229				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: 14-0113

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

Worksheet A-8-1

Date/Time Prepared:
6/29/2018 6:30 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.06	OTHER ADMIN & GEN	ADMINISTRATIVE FEE	9,942,150	18,015,655 1.00
2.00	1.00	CAP REL COSTS-BLDG & FIXT	INTEREST	494,091	0 2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	EMPLOYEE BENEFITS	401,760	0 3.00
3.01	5.05	CASHIERING, A/R	PATIENT ACCOUNTS	1,790,419	0 3.01
3.02	5.06	OTHER ADMIN & GEN	INFORMATION SYSTEMS	2,826,170	0 3.02
3.03	5.04	ADMITTING	ADMITTING	1,200,390	0 3.03
3.04	14.00	CENTRAL SERVICES & SUPPLY	CENTRAL SERVICE	492,430	0 3.04
3.05	2.00	CAP REL COSTS-MVBLE EQUIP	RENT EXPENSE	100,280	0 3.05
3.06	31.00	INTENSIVE CARE UNIT	EICU	298,027	0 3.06
3.07	2.00	CAP REL COSTS-MVBLE EQUIP	ME DEPRECIATION	10,095	0 3.07
3.08	16.00	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS	1,134,598	0 3.08
4.00	60.00	LABORATORY	ALVERNO LABS	5,346,926	5,339,687 4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			24,037,336	23,355,342 5.00

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

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

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

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

6.00	B		0.00	PRESENCE HEALTH	100.00	6.00
7.00	C		0.00	APHL LABS	66.70	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: 14-0113

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

Worksheet A-8-1

Date/Time Prepared:
6/29/2018 6:30 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-8,073,505	0		1.00
2.00	494,091	11		2.00
3.00	401,760	0		3.00
3.01	1,790,419	0		3.01
3.02	2,826,170	0		3.02
3.03	1,200,390	0		3.03
3.04	492,430	0		3.04
3.05	100,280	9		3.05
3.06	298,027	0		3.06
3.07	10,095	9		3.07
3.08	1,134,598	0		3.08
4.00	7,239	0		4.00
5.00	681,994			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 MANAGEMENT		6.00
7.00	LAB SERVICE		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: 14-0113

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

Worksheet A-8-2

Date/Time Prepared:
6/29/2018 6:30 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	5.06	OTHER ADMIN & GEN	2,324,957	2,265,374	59,583	211,500	312	1.00
2.00	74.00	RENAL DIALYSIS	15,688	0	15,688	211,500	126	2.00
3.00	30.00	ADULTS & PEDIATRICS	74,768	53,101	21,667	181,300	217	3.00
4.00	69.01	CARDIOLOGY	53,678	53,678	0	211,500	0	4.00
5.00	59.00	CARDIAC CATHETERIZATION	11,830	0	11,830	246,400	85	5.00
6.00	91.00	EMERGENCY	491,876	491,876	0	211,500	0	6.00
7.00	31.00	INTENSIVE CARE UNIT	374,487	354,987	19,500	211,500	156	7.00
8.00	60.00	LABORATORY	49,800	0	49,800	260,300	332	8.00
9.00	30.00	ADULTS & PEDIATRICS	1,021	0	1,021	211,500	8	9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	26,000	0	26,000	271,900	208	10.00
11.00	57.00	CT SCAN	430	430	0	271,900	0	11.00
12.00	59.00	CARDIAC CATHETERIZATION	853	0	853	246,400	6	12.00
13.00	65.00	RESPIRATORY THERAPY	21,200	0	21,200	211,500	163	13.00
14.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	28,000	0	28,000	211,500	280	14.00
15.00	41.00	SUBPROVIDER - IRF	63,300	63,300	0	211,500	0	15.00
16.00	43.00	NURSERY	866,065	866,065	0	169,700	0	16.00
17.00	53.00	ANESTHESIOLOGY	2,205,644	2,205,644	0	211,500	0	17.00
200.00			6,609,597	6,354,455	255,142		1,893	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	5.06	OTHER ADMIN & GEN	31,725	1,586	0	0	0	1.00
2.00	74.00	RENAL DIALYSIS	12,812	641	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	18,914	946	0	0	0	3.00
4.00	69.01	CARDIOLOGY	0	0	0	0	0	4.00
5.00	59.00	CARDIAC CATHETERIZATION	10,069	503	0	0	0	5.00
6.00	91.00	EMERGENCY	0	0	0	0	0	6.00
7.00	31.00	INTENSIVE CARE UNIT	15,863	793	0	0	0	7.00
8.00	60.00	LABORATORY	41,548	2,077	0	0	0	8.00
9.00	30.00	ADULTS & PEDIATRICS	813	41	0	0	0	9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	27,190	1,360	0	0	0	10.00
11.00	57.00	CT SCAN	0	0	0	0	0	11.00
12.00	59.00	CARDIAC CATHETERIZATION	711	36	0	0	0	12.00
13.00	65.00	RESPIRATORY THERAPY	16,574	829	0	0	0	13.00
14.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	28,471	1,424	0	0	0	14.00
15.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	15.00
16.00	43.00	NURSERY	0	0	0	0	0	16.00
17.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	17.00
200.00			204,690	10,236	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	5.06	OTHER ADMIN & GEN	0	31,725	27,858	2,293,232		1.00
2.00	74.00	RENAL DIALYSIS	0	12,812	2,876	2,876		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	18,914	2,753	55,854		3.00
4.00	69.01	CARDIOLOGY	0	0	0	53,678		4.00
5.00	59.00	CARDIAC CATHETERIZATION	0	10,069	1,761	1,761		5.00
6.00	91.00	EMERGENCY	0	0	0	491,876		6.00
7.00	31.00	INTENSIVE CARE UNIT	0	15,863	3,637	358,624		7.00
8.00	60.00	LABORATORY	0	41,548	8,252	8,252		8.00
9.00	30.00	ADULTS & PEDIATRICS	0	813	208	208		9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	0	27,190	0	0		10.00
11.00	57.00	CT SCAN	0	0	0	430		11.00
12.00	59.00	CARDIAC CATHETERIZATION	0	711	142	142		12.00
13.00	65.00	RESPIRATORY THERAPY	0	16,574	4,626	4,626		13.00
14.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	28,471	0	0		14.00
15.00	41.00	SUBPROVIDER - IRF	0	0	0	63,300		15.00
16.00	43.00	NURSERY	0	0	0	866,065		16.00
17.00	53.00	ANESTHESIOLOGY	0	0	0	2,205,644		17.00
200.00			0	204,690	52,113	6,406,568		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0113

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

Worksheet B
Part I
Date/Time Prepared:
6/29/2018 6:30 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONE	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	2,616,368	2,616,368			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	5,812,295		5,812,295		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	375,959	1,345	0	377,304	4.00
5.01 00540	NONPATIENT TELEPHONE	642,990	5,053	13,930	2,497	664,470 5.01
5.02 00550	DATA PROCESSING	0	0	0	0	0 5.02
5.03 00560	PURCH, RCVI NG, STORING	0	0	0	0	0 5.03
5.04 00570	ADMI TTING	1,196,948	14,882	3,974	0	15,952 5.04
5.05 00580	CASHI ERI NG, A/R	1,727,120	1,989	0	0	2,454 5.05
5.06 00590	OTHER ADMIN & GEN	26,565,537	148,257	2,644,208	22,165	138,048 5.06
6.00 00600	MAI NTENANCE & REPAI RS	0	0	0	0	0 6.00
7.00 00700	OPERATI ON OF PLANT	5,664,048	552,441	245,061	8,603	13,498 7.00
8.00 00800	LAUNDRY & LI NEN SERVI CE	533,397	6,744	0	775	1,227 8.00
9.00 00900	HOUSEKEEPING	1,666,487	30,672	5,945	9,519	4,908 9.00
10.00 01000	DI ETARY	550,314	79,698	923	1,725	8,590 10.00
11.00 01100	CAFETERIA	1,215,968	17,876	2,517	4,704	18,406 11.00
12.00 01200	MAI NTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSI NG ADMI NI STRATI ON	1,900,340	3,313	209,706	13,368	4,295 13.00
14.00 01400	CENTRAL SERVI CES & SUPPLY	587,697	91,599	113,798	0	10,430 14.00
15.00 01500	PHARMACY	1,990,161	23,664	5,837	15,159	15,952 15.00
16.00 01600	MEDI CAL RECORDS & LIBRARY	1,217,919	57,573	341	528	19,633 16.00
17.00 01700	SOCI AL SERVI CE	985,161	4,353	0	7,487	9,203 17.00
19.00 01900	NONPHYSI CI AN ANESTHETI STS	0	0	0	0	0 19.00
20.00 02000	NURSI NG SCHOOL	0	0	0	0	0 20.00
21.00 02100	I & R SERVI CES-SALARY & FRI NGES APPRV	764,233	0	0	0	614 21.00
22.00 02200	I & R SERVI CES-OTHER PRGM COSTS APPRV	634,304	0	0	0	0 22.00
23.00 02300	PARAMED ED PRGM-(SPECI FY)	0	0	0	0	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDI ATRI CS	10,890,846	437,057	70,007	77,674	97,554 30.00
31.00 03100	INTENSI VE CARE UNI T	3,278,525	70,410	55,690	21,257	11,657 31.00
41.00 04100	SUBPROVI DER - I RF	2,546,373	91,710	10,580	14,560	27,610 41.00
43.00 04300	NURSERY	478,140	26,582	4,029	3,175	7,363 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATI NG ROOM	6,132,555	190,948	811,077	35,175	36,199 50.00
50.01 03330	ENDOSCOPY	1,379,963	30,568	25,290	8,315	11,657 50.01
51.00 05100	RECOVERY ROOM	645,190	16,566	44,606	5,043	13,498 51.00
52.00 05200	DELI VERY ROOM & LABOR ROOM	1,649,624	66,757	111,245	12,766	12,271 52.00
53.00 05300	ANESTHESI OLOGY	110,163	2,800	696	334	1,841 53.00
54.00 05400	RADI OLOGY-DI AGNOSTI C	1,070,480	59,430	89,898	7,749	15,952 54.00
54.01 03630	ULTRASOUND	364,181	15,769	6,418	2,922	6,135 54.01
54.02 03440	MAMMOGRAPHY	110,043	22,396	11,427	556	2,454 54.02
55.00 05500	RADI OLOGY-THERAPEUTI C	0	0	0	0	0 55.00
55.01 03480	ONCOLOGY	0	0	0	0	0 55.01
56.00 05600	RADI OI SOTOPE	371,029	8,630	4,484	1,140	6,749 56.00
57.00 05700	CT SCAN	610,705	16,379	2,933	4,031	9,817 57.00
58.00 05800	MRI	218,611	10,959	81,102	1,488	4,295 58.00
59.00 05900	CARDI AC CATHETERI ZATI ON	1,757,577	57,989	766,164	12,189	11,044 59.00
60.00 06000	LABORATORY	5,448,937	80,793	138,086	0	31,904 60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHI LI ACS	0	0	0	0	0 62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	473,555	0	0	0	0 63.00
65.00 06500	RESPI RATORY THERAPY	1,347,307	42,511	23,323	9,854	19,020 65.00
66.00 06600	PHYSI CAL THERAPY	936,688	24,884	950	0	1,841 66.00
67.00 06700	OCCUPATI ONAL THERAPY	911,352	16,136	615	0	1,227 67.00
68.00 06800	SPEECH PATHOLOGY	335,971	1,317	50	0	614 68.00
69.01 03140	CARDI OLOGY	600,273	17,800	6,772	4,264	9,203 69.01
71.00 07100	MEDI CAL SUPPLI ES CHARGED TO PATI ENT	10,690,855	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATI ENTS	3,545,038	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATI ENTS	3,426,539	0	0	0	0 73.00
74.00 07400	RENAL DI ALYSI S	460,698	2,946	312	1,639	1,841 74.00
76.97 07697	CARDI AC REHABI LI TATI ON	500,883	21,467	9,409	3,830	2,454 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
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	3,482,531	76,828	72,954	24,925	34,359 91.00
92.00 09200	OBSERVATI ON BEDS (NON-DI STI NCT PART					
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVI CES	5,784,951	0	143,723	27,524	0 95.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0113

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

Worksheet B
Part I
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONE		
		BLDG & FIXT	MVBLE EQUIP				
	0	1.00	2.00	4.00	5.01		
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	126,206,829	2,449,091	5,738,080	366,940	641,769	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	126,529	11,638	2,406	424	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	2,729,022	16,157	8,193	7,324	12,884	192.00
192.01	19201 COVENANT OUTPATIENT PHARMACY	837,243	5,136	4,157	2,024	3,068	192.01
192.02	19202 REAL ESTATE	581,100	0	40,450	0	0	192.02
192.03	19203 FOUNDATION	-558	0	19,009	18	3,681	192.03
192.04	19204 OUTREACH PROGRAMS	97,813	57,219	0	574	3,068	192.04
192.05	19205 UNASSIGNED	17	77,127	0	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)	130,577,995	2,616,368	5,812,295	377,304	664,470	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0113		Period: From 01/01/2017 To 01/31/2018		Worksheet B Part I Date/Time Prepared: 6/29/2018 6:30 am	
Cost Center Description			DATA PROCESSING	PURCH, RCVI NG, S TORI NG	ADMI TTI NG	CASHI ERI NG, A/R	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONE						5.01
5.02	00550	DATA PROCESSING	0					5.02
5.03	00560	PURCH, RCVI NG, STORI NG	0	0				5.03
5.04	00570	ADMI TTI NG	0	0	1,231,756			5.04
5.05	00580	CASHI ERI NG, A/R	0	0	0	1,731,563		5.05
5.06	00590	OTHER ADMIN & GEN	0	0	0	0	29,518,215	5.06
6.00	00600	MAI NTENANCE & REPAI RS	0	0	0	0	0	6.00
7.00	00700	OPERATI ON OF PLANT	0	0	0	0	6,483,651	7.00
8.00	00800	LAUNDRY & LI NEN SERVI CE	0	0	0	0	542,143	8.00
9.00	00900	HOUSEKEEPI NG	0	0	0	0	1,717,531	9.00
10.00	01000	DI ETARY	0	0	0	0	641,250	10.00
11.00	01100	CAFETERI A	0	0	0	0	1,259,471	11.00
12.00	01200	MAI NTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSI NG ADMI NISTRATI ON	0	0	0	0	2,131,022	13.00
14.00	01400	CENTRAL SERVI CES & SUPPLY	0	0	0	0	803,524	14.00
15.00	01500	PHARMACY	0	0	0	0	2,050,773	15.00
16.00	01600	MEDI CAL RECORDS & LI BRARY	0	0	0	0	1,295,994	16.00
17.00	01700	SOCI AL SERVI CE	0	0	0	0	1,006,204	17.00
19.00	01900	NONPHYSI CI AN ANESTHETI STS	0	0	0	0	0	19.00
20.00	02000	NURSI NG SCHOOL	0	0	0	0	0	20.00
21.00	02100	I & R SERVI CES-SALARY & FRINGES APPRV	0	0	0	0	764,847	21.00
22.00	02200	I & R SERVI CES-OTHER PRGM COSTS APPRV	0	0	0	0	634,304	22.00
23.00	02300	PARAMED ED PRGM-(SPECI FY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDI ATRI CS	0	0	124,816	175,471	11,873,425	30.00
31.00	03100	INTENSI VE CARE UNI T	0	0	33,487	47,077	3,518,103	31.00
41.00	04100	SUBPROVI DER - I RF	0	0	17,450	24,532	2,732,815	41.00
43.00	04300	NURSERY	0	0	8,453	11,884	539,626	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATI NG ROOM	0	0	157,882	221,882	7,585,718	50.00
50.01	03330	ENDOSCOPY	0	0	41,024	57,672	1,554,489	50.01
51.00	05100	RECOVERY ROOM	0	0	15,321	21,539	761,763	51.00
52.00	05200	DELI VERY ROOM & LABOR ROOM	0	0	9,422	13,245	1,875,330	52.00
53.00	05300	ANESTHESI OLOGY	0	0	62,977	88,534	267,345	53.00
54.00	05400	RADI OLOGY-DI AGNOSTI C	0	0	18,050	25,375	1,286,934	54.00
54.01	03630	ULTRASOUND	0	0	9,043	12,712	417,180	54.01
54.02	03440	MAMMOGRAPHY	0	0	1,705	2,397	150,978	54.02
55.00	05500	RADI OLOGY-THERAPEUTI C	0	0	0	0	0	55.00
55.01	03480	ONCOLOGY	0	0	0	0	0	55.01
56.00	05600	RADI OI SOTOPE	0	0	6,360	8,941	407,333	56.00
57.00	05700	CT SCAN	0	0	65,562	92,169	801,596	57.00
58.00	05800	MRI	0	0	13,430	18,880	348,765	58.00
59.00	05900	CARDI AC CATHETERI ZATI ON	0	0	74,558	104,815	2,784,336	59.00
60.00	06000	LABORATORY	0	0	111,496	156,744	5,967,960	60.00
62.30	06250	BLOOD CLOTTI NG FOR HEMOPHI LI ACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORI NG, PROCESSI NG & TRANS.	0	0	3,299	4,638	481,492	63.00
65.00	06500	RESPI RATORY THERAPY	0	0	35,362	49,713	1,527,090	65.00
66.00	06600	PHYSI CAL THERAPY	0	0	14,062	19,768	998,193	66.00
67.00	06700	OCCUPATI ONAL THERAPY	0	0	11,461	16,112	956,903	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	2,348	3,301	343,601	68.00
69.01	03140	CARDI OLOGY	0	0	22,511	31,646	692,469	69.01
71.00	07100	MEDI CAL SUPPLI ES CHARGED TO PATI ENT	0	0	35,788	50,312	10,776,955	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATI ENTS	0	0	68,765	96,671	3,710,474	72.00
73.00	07300	DRUGS CHARGED TO PATI ENTS	0	0	123,982	174,298	3,724,819	73.00
74.00	07400	RENAL DI ALYSI S	0	0	1,575	2,215	471,226	74.00
76.97	07697	CARDI AC REHABI LI TATI ON	0	0	2,468	3,470	543,981	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
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	103,886	146,046	3,941,529	91.00
92.00	09200	OBSERVATI ON BEDS (NON-DI STI NCT PART					0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVI CES	0	0	35,213	49,504	6,040,915	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LI NES 1 through 117)	0	0	1,231,756	1,731,563	125,932,272	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	140,997	190.00
192.00	19200	PHYSI CI ANS' PRI VATE OFFI CES	0	0	0	0	2,773,580	192.00
192.01	19201	COVENANT OUTPATI ENT PHARMACY	0	0	0	0	851,628	192.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0113

Period:
From 01/01/2017
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Cost Center Description		DATA PROCESSING 5.02	PURCH, RCVING, S TORING 5.03	ADMINISTRATION 5.04	CASHIERING, A/R 5.05	Subtotal 5A.05	
192.02	19202 REAL ESTATE	0	0	0	0	621,550	192.02
192.03	19203 FOUNDATION	0	0	0	0	22,150	192.03
192.04	19204 OUTREACH PROGRAMS	0	0	0	0	158,674	192.04
192.05	19205 UNASSIGNED	0	0	0	0	77,144	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)	0	0	1,231,756	1,731,563	130,577,995	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0113

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

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Cost Center Description		OTHER ADMIN & GEN	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						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	29,518,215	0				6.00
7.00	00700	1,905,506	0	8,389,157			7.00
8.00	00800	159,333	0	29,898	731,374		8.00
9.00	00900	504,772	0	135,970	0	2,358,273	9.00
10.00	01000	188,460	0	353,307	0	101,321	10.00
11.00	01100	370,151	0	79,247	0	22,726	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	626,295	0	14,688	0	4,212	13.00
14.00	01400	236,151	0	406,067	0	116,452	14.00
15.00	01500	602,710	0	104,904	0	30,084	15.00
16.00	01600	380,885	0	255,224	0	73,193	16.00
17.00	01700	295,717	0	19,297	0	5,534	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	224,784	0	0	0	0	21.00
22.00	02200	186,418	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	3,489,548	0	1,937,507	201,783	555,640	30.00
31.00	03100	1,033,949	0	312,132	38,788	89,513	31.00
41.00	04100	803,158	0	406,558	53,189	116,593	41.00
43.00	04300	158,593	0	117,841	1,418	33,794	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	2,229,397	0	846,487	118,137	242,755	50.00
50.01	03330	456,855	0	135,509	39,019	38,861	50.01
51.00	05100	223,878	0	73,439	13,908	21,061	51.00
52.00	05200	551,148	0	295,939	41,197	84,869	52.00
53.00	05300	78,571	0	12,414	0	3,560	53.00
54.00	05400	378,222	0	263,459	11,444	75,555	54.00
54.01	03630	122,607	0	69,906	3,980	20,047	54.01
54.02	03440	44,372	0	99,281	1,574	28,472	54.02
55.00	05500	0	0	0	0	0	55.00
55.01	03480	0	0	0	0	0	55.01
56.00	05600	119,713	0	38,256	4,219	10,971	56.00
57.00	05700	235,584	0	72,610	6,851	20,823	57.00
58.00	05800	102,500	0	48,581	2,912	13,932	58.00
59.00	05900	818,300	0	257,068	33,926	73,722	59.00
60.00	06000	1,753,948	0	358,162	0	102,714	60.00
62.30	06250	0	0	0	0	0	62.30
63.00	06300	141,508	0	0	0	0	63.00
65.00	06500	448,803	0	188,453	0	54,045	65.00
66.00	06600	293,363	0	110,312	4,030	31,635	66.00
67.00	06700	281,228	0	71,534	2,614	20,515	67.00
68.00	06800	100,982	0	5,838	213	1,674	68.00
69.01	03140	203,512	0	78,909	5,409	22,629	69.01
71.00	07100	3,167,282	0	0	0	0	71.00
72.00	07200	1,090,486	0	0	0	0	72.00
73.00	07300	1,094,702	0	0	0	0	73.00
74.00	07400	138,490	0	13,059	1,945	3,745	74.00
76.97	07697	159,873	0	95,164	995	27,291	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	1,158,392	0	340,586	113,564	97,673	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	1,775,389	0	0	30,243	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00							118.00
SUBTOTALS (SUM OF LINES 1 through 117)		28,335,535	0	7,647,606	731,358	2,145,611	
NONREIMBURSABLE COST CENTERS							
190.00	19000	41,438	0	51,592	0	14,795	190.00
192.00	19200	815,139	0	71,626	0	20,541	192.00
192.01	19201	250,288	0	22,769	0	6,530	192.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0113

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

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Cost Center Description			OTHER ADMIN & GEN	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	6,510	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	46,633	0	253,657	16	72,744	192.04
192.05	19205	UNASSIGNED	22,672	0	341,907	0	98,052	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)	29,518,215	0	8,389,157	731,374	2,358,273	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0113	Period: From 01/01/2017 To 01/31/2018	Worksheet B Part I Date/Time Prepared: 6/29/2018 6:30 am			
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONE						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCH, RCVING, STORING						5.03
5.04	00570	ADMINISTRATIVE						5.04
5.05	00580	CASHIERING, A/R						5.05
5.06	00590	OTHER ADMIN & GEN						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	1,284,338					10.00
11.00	01100	CAFETERIA	0	1,731,595				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	64,069	0	2,840,286		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	1,562,194	14.00
15.00	01500	PHARMACY	0	51,764	0	107,321	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4,810	0	9,973	0	16.00
17.00	01700	SOCIAL SERVICE	0	30,710	0	63,670	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	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	901,455	422,055	0	875,047	0	30.00
31.00	03100	INTENSIVE CARE UNIT	156,620	99,101	0	205,464	0	31.00
41.00	04100	SUBPROVIDER - I&R	226,263	76,339	0	158,271	0	41.00
43.00	04300	NURSERY	0	13,629	0	28,258	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	190,916	0	395,823	0	50.00
50.01	03330	ENDOSCOPY	0	37,995	0	78,774	0	50.01
51.00	05100	RECOVERY ROOM	0	22,379	0	46,397	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	60,060	0	124,521	0	52.00
53.00	05300	ANESTHESIOLOGY	0	3,451	0	7,155	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	40,365	0	83,689	0	54.00
54.01	03630	ULTRASOUND	0	9,830	0	20,380	0	54.01
54.02	03440	MAMMOGRAPHY	0	2,405	0	4,987	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	4,462	0	9,251	0	56.00
57.00	05700	CT SCAN	0	19,381	0	40,182	0	57.00
58.00	05800	MRI	0	5,473	0	11,346	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	50,509	0	104,719	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	52,566	0	108,983	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
69.01	03140	CARDIOLOGY	0	20,915	0	43,362	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	1,213,066	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	349,128	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	7,181	0	14,888	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	16,592	0	34,401	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	0	127,057	0	263,424	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	250,523	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,284,338	1,684,537	0	2,840,286	1,562,194	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,695	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	32,348	0	0	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0113

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

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Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
192.01	19201 COVENANT OUTPATIENT PHARMACY	0	7,076	0	0	0	192.01
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	3,939	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)	1,284,338	1,731,595	0	2,840,286	1,562,194	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0113		Period: From 01/01/2017 To 01/31/2018		Worksheet B Part I Date/Time Prepared: 6/29/2018 6:30 am	
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
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 TELEPHONE						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCH, RCVING, STORING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING, A/R						5.05
5.06	00590	OTHER ADMIN & GEN						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	2,947,556					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,020,079				16.00
17.00	01700	SOCIAL SERVICE	0	0	1,421,132			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		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0		22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	84,678	204,716	888,491	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	34,876	54,923	154,335	0	0	31.00
41.00	04100	SUBPROVIDER - I RF	4,683	28,620	222,976	0	0	41.00
43.00	04300	NURSERY	2,279	13,864	70,062	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	109,187	258,785	0	0	0	50.00
50.01	03330	ENDOSCOPY	32,328	67,284	0	0	0	50.01
51.00	05100	RECOVERY ROOM	802	25,129	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	18,323	15,453	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	4,182	103,290	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,064	29,604	0	0	0	54.00
54.01	03630	ULTRASOUND	4,054	14,831	0	0	0	54.01
54.02	03440	MAMMOGRAPHY	5,752	2,797	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	388	10,431	0	0	0	56.00
57.00	05700	CT SCAN	12,704	107,530	0	0	0	57.00
58.00	05800	MRI	14,683	22,027	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,636	122,284	0	0	0	59.00
60.00	06000	LABORATORY	0	182,868	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	5,411	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	257	57,999	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	23,063	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	18,797	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	3,851	0	0	0	68.00
69.01	03140	CARDIOLOGY	46,713	36,920	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,673	58,698	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	112,783	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,483,886	203,347	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,835	2,584	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	4,048	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	66,401	170,387	85,268	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	57,755	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,942,384	2,020,079	1,421,132	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	5,172	0	0	0	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0113

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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
192.01	19201 COVENANT OUTPATIENT PHARMACY	0	0	0	0	0	0 192.01
192.02	19202 REAL ESTATE	0	0	0	0	0	0 192.02
192.03	19203 FOUNDATION	0	0	0	0	0	0 192.03
192.04	19204 OUTREACH PROGRAMS	0	0	0	0	0	0 192.04
192.05	19205 UNASSIGNED	0	0	0	0	0	0 192.05
200.00	Cross Foot Adjustments						0 200.00
201.00	Negative Cost Centers	0	0	0	0	0	0 201.00
202.00	TOTAL (sum lines 118 through 201)	2,947,556	2,020,079	1,421,132	0	0	0 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0113

Period:
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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONE						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 PURCH, RCVING, STORING						5.03
5.04 00570 ADMIN TTING						5.04
5.05 00580 CASHIERING, A/R						5.05
5.06 00590 OTHER ADMIN & GEN						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	989,631					21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV		820,722				22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)			0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	768,052	636,962	0	22,839,359	-1,405,014	30.00
31.00 03100 INTENSIVE CARE UNIT	81,744	67,792	0	5,847,340	-149,536	31.00
41.00 04100 SUBPROVIDER - I&R	0	0	0	4,829,465	0	41.00
43.00 04300 NURSERY	0	0	0	979,364	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	11,977,205	0	50.00
50.01 03330 ENDOSCOPY	70,561	58,517	0	2,570,192	-129,078	50.01
51.00 05100 RECOVERY ROOM	0	0	0	1,188,756	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	3,066,840	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	479,968	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	2,177,336	0	54.00
54.01 03630 ULTRASOUND	0	0	0	682,815	0	54.01
54.02 03440 MAMMOGRAPHY	0	0	0	340,618	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	605,024	0	56.00
57.00 05700 CT SCAN	0	0	0	1,317,261	0	57.00
58.00 05800 MRI	0	0	0	570,219	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	4,246,500	0	59.00
60.00 06000 LABORATORY	0	0	0	8,365,652	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	628,411	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	2,438,196	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	1,460,596	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	1,351,591	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	456,159	0	68.00
69.01 03140 RADIOLOGY	69,274	57,451	0	1,277,563	-126,725	69.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	15,220,674	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	5,262,871	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	7,506,754	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	654,953	0	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	882,345	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
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	0	0	0	6,364,281	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	8,154,825	0	95.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0113

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

Worksheet B
Part I
Date/Time Prepared:
6/29/2018 6:30 am

Cost Center Description	INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		0	123,743,133	-1,810,353	118.00
NONREIMBURSABLE COST CENTERS						
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	COVENANT OUTPATIENT PHARMACY	0	0	0	192.01
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	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	989,631	820,722	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0113	Period: From 01/01/2017 To 01/31/2018	Worksheet B Part I Date/Time Prepared: 6/29/2018 6:30 am
Cost Center Description		Total			
		26.00			
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	00540	NONPATIENT TELEPHONE			5.01
5.02	00550	DATA PROCESSING			5.02
5.03	00560	PURCH, RCVING, STORING			5.03
5.04	00570	ADMITTING			5.04
5.05	00580	CASHIERING, A/R			5.05
5.06	00590	OTHER ADMIN & GEN			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	PARAMED ED PRGM-(SPECIFY)			23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	21,434,345		30.00
31.00	03100	INTENSIVE CARE UNIT	5,697,804		31.00
41.00	04100	SUBPROVIDER - I RF	4,829,465		41.00
43.00	04300	NURSERY	979,364		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	11,977,205		50.00
50.01	03330	ENDOSCOPY	2,441,114		50.01
51.00	05100	RECOVERY ROOM	1,188,756		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,066,840		52.00
53.00	05300	ANESTHESIOLOGY	479,968		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,177,336		54.00
54.01	03630	ULTRASOUND	682,815		54.01
54.02	03440	MAMMOGRAPHY	340,618		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0		55.00
55.01	03480	ONCOLOGY	0		55.01
56.00	05600	RADIOISOTOPE	605,024		56.00
57.00	05700	CT SCAN	1,317,261		57.00
58.00	05800	MRI	570,219		58.00
59.00	05900	CARDIAC CATHETERIZATION	4,246,500		59.00
60.00	06000	LABORATORY	8,365,652		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	628,411		63.00
65.00	06500	RESPIRATORY THERAPY	2,438,196		65.00
66.00	06600	PHYSICAL THERAPY	1,460,596		66.00
67.00	06700	OCCUPATIONAL THERAPY	1,351,591		67.00
68.00	06800	SPEECH PATHOLOGY	456,159		68.00
69.01	03140	CARDIOLOGY	1,150,838		69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	15,220,674		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,262,871		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,506,754		73.00
74.00	07400	RENAL DIALYSIS	654,953		74.00
76.97	07697	CARDIAC REHABILITATION	882,345		76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0		76.98
76.99	07699	LITHOTRIPSY	0		76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	6,364,281		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	8,154,825		95.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	121,932,780		118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	252,517		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,718,406		192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	1,138,291		192.01
192.02	19202	REAL ESTATE	621,550		192.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0113

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

Worksheet B
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Cost Center Description			Total	
			26.00	
192.03	19203	FOUNDATION	28,660	192.03
192.04	19204	OUTREACH PROGRAMS	535,663	192.04
192.05	19205	UNASSIGNED	539,775	192.05
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	128,767,642	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0113		Period: From 01/01/2017 To 01/31/2018		Worksheet B Part II Date/Time Prepared: 6/29/2018 6:30 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			
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	1,345	0	1,345	1,345	4.00
5.01	00540	NONPATIENT TELEPHONE	0	5,053	13,930	18,983	9	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	0	5.02
5.03	00560	PURCH, RCVING, STORING	0	0	0	0	0	5.03
5.04	00570	ADMITTING	0	14,882	3,974	18,856	0	5.04
5.05	00580	CASHIERING, A/R	0	1,989	0	1,989	0	5.05
5.06	00590	OTHER ADMIN & GEN	0	148,257	2,644,208	2,792,465	80	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	552,441	245,061	797,502	31	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	6,744	0	6,744	3	8.00
9.00	00900	HOUSEKEEPING	0	30,672	5,945	36,617	34	9.00
10.00	01000	DIETARY	0	79,698	923	80,621	6	10.00
11.00	01100	CAFETERIA	0	17,876	2,517	20,393	17	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	3,313	209,706	213,019	48	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	91,599	113,798	205,397	0	14.00
15.00	01500	PHARMACY	0	23,664	5,837	29,501	55	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	57,573	341	57,914	2	16.00
17.00	01700	SOCIAL SERVICE	0	4,353	0	4,353	27	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	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	437,057	70,007	507,064	264	30.00
31.00	03100	INTENSIVE CARE UNIT	0	70,410	55,690	126,100	77	31.00
41.00	04100	SUBPROVIDER - IRF	0	91,710	10,580	102,290	53	41.00
43.00	04300	NURSERY	0	26,582	4,029	30,611	11	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	190,948	811,077	1,002,025	127	50.00
50.01	03330	ENDOSCOPY	0	30,568	25,290	55,858	30	50.01
51.00	05100	RECOVERY ROOM	0	16,566	44,606	61,172	18	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	66,757	111,245	178,002	46	52.00
53.00	05300	ANESTHESIOLOGY	0	2,800	696	3,496	1	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	59,430	89,898	149,328	28	54.00
54.01	03630	ULTRASOUND	0	15,769	6,418	22,187	11	54.01
54.02	03440	MAMMOGRAPHY	0	22,396	11,427	33,823	2	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	8,630	4,484	13,114	4	56.00
57.00	05700	CT SCAN	0	16,379	2,933	19,312	15	57.00
58.00	05800	MRI	0	10,959	81,102	92,061	5	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	57,989	766,164	824,153	44	59.00
60.00	06000	LABORATORY	0	80,793	138,086	218,879	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	42,511	23,323	65,834	36	65.00
66.00	06600	PHYSICAL THERAPY	0	24,884	950	25,834	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	16,136	615	16,751	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,317	50	1,367	0	68.00
69.01	03140	CARDIOLOGY	0	17,800	6,772	24,572	15	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	2,946	312	3,258	6	74.00
76.97	07697	CARDIAC REHABILITATION	0	21,467	9,409	30,876	14	76.97
76.98	07698	HYPERBARI C 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	0	76,828	72,954	149,782	90	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS)				0		92.00
95.00	09500	AMBULANCE SERVICES	0	0	143,723	143,723	99	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	2,449,091	5,738,080	8,187,171	1,308	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0113

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	11,638	2,406	14,044	2	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	16,157	8,193	24,350	26	192.00
192.01 19201 COVENANT OUTPATIENT PHARMACY	0	5,136	4,157	9,293	7	192.01
192.02 19202 REAL ESTATE	0	0	40,450	40,450	0	192.02
192.03 19203 FOUNDATION	0	0	19,009	19,009	0	192.03
192.04 19204 OUTREACH PROGRAMS	0	57,219	0	57,219	2	192.04
192.05 19205 UNASSIGNED	0	77,127	0	77,127	0	192.05
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0		201.00
202.00 TOTAL (sum lines 118 through 201)	0	2,616,368	5,812,295	8,428,663	1,345	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0113		Period: From 01/01/2017 To 01/31/2018		Worksheet B Part II Date/Time Prepared: 6/29/2018 6:30 am	
Cost Center Description			NONPATIENT TELEPHONE	DATA PROCESSING	PURCH, RCVING, STORING	ADMITTING	CASHIERING, A/R	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONE	18,992					5.01
5.02	00550	DATA PROCESSING	0	0				5.02
5.03	00560	PURCH, RCVING, STORING	0	0	0			5.03
5.04	00570	ADMITTING	456	0	0	19,312		5.04
5.05	00580	CASHIERING, A/R	70	0	0	0	2,059	5.05
5.06	00590	OTHER ADMIN & GEN	3,943	0	0	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	386	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	35	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	140	0	0	0	0	9.00
10.00	01000	DIETARY	246	0	0	0	0	10.00
11.00	01100	CAFETERIA	526	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	123	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	298	0	0	0	0	14.00
15.00	01500	PHARMACY	456	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	561	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	263	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	18	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	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,788	0	0	1,959	210	30.00
31.00	03100	INTENSIVE CARE UNIT	333	0	0	526	56	31.00
41.00	04100	SUBPROVIDER - I&R	789	0	0	274	29	41.00
43.00	04300	NURSERY	210	0	0	133	14	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,035	0	0	2,456	254	50.00
50.01	03330	ENDOSCOPY	333	0	0	644	69	50.01
51.00	05100	RECOVERY ROOM	386	0	0	240	26	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	351	0	0	148	16	52.00
53.00	05300	ANESTHESIOLOGY	53	0	0	988	106	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	456	0	0	283	30	54.00
54.01	03630	ULTRASOUND	175	0	0	142	15	54.01
54.02	03440	MAMMOGRAPHY	70	0	0	27	3	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	193	0	0	100	11	56.00
57.00	05700	CT SCAN	281	0	0	1,029	110	57.00
58.00	05800	MRI	123	0	0	211	23	58.00
59.00	05900	CARDIAC CATHETERIZATION	316	0	0	1,170	125	59.00
60.00	06000	LABORATORY	912	0	0	1,750	187	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	52	6	63.00
65.00	06500	RESPIRATORY THERAPY	544	0	0	555	59	65.00
66.00	06600	PHYSICAL THERAPY	53	0	0	221	24	66.00
67.00	06700	OCCUPATIONAL THERAPY	35	0	0	180	19	67.00
68.00	06800	SPEECH PATHOLOGY	18	0	0	37	4	68.00
69.01	03140	CARDIOLOGY	263	0	0	353	38	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	562	60	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,079	116	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,946	208	73.00
74.00	07400	RENAL DIALYSIS	53	0	0	25	3	74.00
76.97	07697	CARDIAC REHABILITATION	70	0	0	39	4	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	982	0	0	1,630	175	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	553	59	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	18,343	0	0	19,312	2,059	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	368	0	0	0	0	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	88	0	0	0	0	192.01

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0113			Period: From 01/01/2017 To 01/31/2018		Worksheet B Part II Date/Time Prepared: 6/29/2018 6:30 am	
Cost Center Description			NONPATIENT TELEPHONE	DATA PROCESSING	PURCH, RCVING, STORING	ADMIN	CASHIERING, A/R		
			5.01	5.02	5.03	5.04	5.05		
192.02	19202	REAL ESTATE	0	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	105	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	88	0	0	0	0	0	192.04
192.05	19205	UNASSIGNED	0	0	0	0	0	0	192.05
200.00		Cross Foot Adjustments							200.00
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	18,992	0	0	19,312	2,059	202.00	

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0113	Period: From 01/01/2017 To 01/31/2018	Worksheet B Part II Date/Time Prepared: 6/29/2018 6:30 am		
Cost Center Description			OTHER ADMIN & GEN	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
			5.06	6.00	7.00	8.00	9.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONE					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCH, RCVING, STORING					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING, A/R					5.05
5.06	00590	OTHER ADMIN & GEN	2,796,488				5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00
7.00	00700	OPERATION OF PLANT	180,524	0	978,443		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	15,095	0	3,487	25,364	8.00
9.00	00900	HOUSEKEEPING	47,821	0	15,858	0	100,470
10.00	01000	DIETARY	17,854	0	41,207	0	4,317
11.00	01100	CAFETERIA	35,067	0	9,243	0	968
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	59,334	0	1,713	0	179
14.00	01400	CENTRAL SERVICES & SUPPLY	22,373	0	47,360	0	4,961
15.00	01500	PHARMACY	57,100	0	12,235	0	1,282
16.00	01600	MEDICAL RECORDS & LIBRARY	36,084	0	29,767	0	3,118
17.00	01700	SOCIAL SERVICE	28,016	0	2,251	0	236
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	21,296	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	17,661	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	330,575	0	225,975	6,997	23,672
31.00	03100	INTENSIVE CARE UNIT	97,955	0	36,405	1,345	3,814
41.00	04100	SUBPROVIDER - I&R	76,090	0	47,418	1,845	4,967
43.00	04300	NURSERY	15,025	0	13,744	49	1,440
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	211,209	0	98,727	4,097	10,342
50.01	03330	ENDOSCOPY	43,282	0	15,805	1,353	1,656
51.00	05100	RECOVERY ROOM	21,210	0	8,565	482	897
52.00	05200	DELIVERY ROOM & LABOR ROOM	52,215	0	34,516	1,429	3,616
53.00	05300	ANESTHESIOLOGY	7,444	0	1,448	0	152
54.00	05400	RADIOLOGY-DIAGNOSTIC	35,832	0	30,728	397	3,219
54.01	03630	ULTRASOUND	11,616	0	8,153	138	854
54.02	03440	MAMMOGRAPHY	4,204	0	11,579	55	1,213
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
55.01	03480	ONCOLOGY	0	0	0	0	0
56.00	05600	RADIOISOTOPE	11,341	0	4,462	146	467
57.00	05700	CT SCAN	22,319	0	8,469	238	887
58.00	05800	MRI	9,711	0	5,666	101	594
59.00	05900	CARDIAC CATHETERIZATION	77,524	0	29,982	1,177	3,141
60.00	06000	LABORATORY	166,166	0	41,773	0	4,376
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	13,406	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	42,519	0	21,980	0	2,302
66.00	06600	PHYSICAL THERAPY	27,793	0	12,866	140	1,348
67.00	06700	OCCUPATIONAL THERAPY	26,643	0	8,343	91	874
68.00	06800	SPEECH PATHOLOGY	9,567	0	681	7	71
69.01	03140	CARDIOLOGY	19,280	0	9,203	188	964
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	300,063	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	103,311	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	103,710	0	0	0	0
74.00	07400	RENAL DIALYSIS	13,120	0	1,523	67	160
76.97	07697	CARDIAC REHABILITATION	15,146	0	11,099	34	1,163
76.98	07698	HYPERBARIIC OXYGEN THERAPY	0	0	0	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	109,744	0	39,723	3,938	4,161
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	168,197	0	0	1,049	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,684,442	0	891,954	25,363	91,411
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,926	0	6,017	0	630
192.00	19200	PHYSICIANS' PRIVATE OFFICES	77,225	0	8,354	0	875
192.01	19201	COVENANT OUTPATIENT PHARMACY	23,712	0	2,656	0	278

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0113

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

Worksheet B
Part II
Date/Time Prepared:
6/29/2018 6:30 am

Cost Center Description			OTHER ADMIN & GEN	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	617	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	4,418	0	29,585	1	3,099	192.04
192.05	19205	UNASSIGNED	2,148	0	39,877	0	4,177	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)	2,796,488	0	978,443	25,364	100,470	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0113	Period: From 01/01/2017 To 01/31/2018	Worksheet B Part II Date/Time Prepared: 6/29/2018 6:30 am			
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONE						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCH, RCVING, STORING						5.03
5.04	00570	ADMINISTRATION						5.04
5.05	00580	CASHIERING, A/R						5.05
5.06	00590	OTHER ADMIN & GEN						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	144,251					10.00
11.00	01100	CAFETERIA	0	66,214				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	2,450	0	276,866		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	280,389	14.00
15.00	01500	PHARMACY	0	1,979	0	10,461	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	184	0	972	0	16.00
17.00	01700	SOCIAL SERVICE	0	1,174	0	6,206	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	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	101,247	16,139	0	85,300	0	30.00
31.00	03100	INTENSIVE CARE UNIT	17,591	3,789	0	20,028	0	31.00
41.00	04100	SUBPROVIDER - I&R	25,413	2,919	0	15,428	0	41.00
43.00	04300	NURSERY	0	521	0	2,754	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	7,300	0	38,584	0	50.00
50.01	03330	ENDOSCOPY	0	1,453	0	7,679	0	50.01
51.00	05100	RECOVERY ROOM	0	856	0	4,523	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,297	0	12,138	0	52.00
53.00	05300	ANESTHESIOLOGY	0	132	0	697	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,544	0	8,158	0	54.00
54.01	03630	ULTRASOUND	0	376	0	1,987	0	54.01
54.02	03440	MAMMOGRAPHY	0	92	0	486	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	171	0	902	0	56.00
57.00	05700	CT SCAN	0	741	0	3,917	0	57.00
58.00	05800	MRI	0	209	0	1,106	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,931	0	10,208	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	2,010	0	10,623	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
69.01	03140	CARDIOLOGY	0	800	0	4,227	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	217,727	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	62,662	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	275	0	1,451	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	634	0	3,353	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	0	4,858	0	25,678	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	9,580	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	144,251	64,414	0	276,866	280,389	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	141	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,237	0	0	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0113	Period: From 01/01/2017 To 01/31/2018	Worksheet B Part II Date/Time Prepared: 6/29/2018 6:30 am		
Cost Center Description		DI ETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
		10.00	11.00	12.00	13.00	14.00
192.01	19201 COVENANT OUTPATIENT PHARMACY	0	271	0	0	0
192.02	19202 REAL ESTATE	0	0	0	0	0
192.03	19203 FOUNDATION	0	0	0	0	0
192.04	19204 OUTREACH PROGRAMS	0	151	0	0	0
192.05	19205 UNASSIGNED	0	0	0	0	0
200.00	Cross Foot Adjustments					
201.00	Negative Cost Centers	0	0	0	0	0
202.00	TOTAL (sum lines 118 through 201)	144,251	66,214	0	276,866	280,389

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0113	Period: From 01/01/2017 To 01/31/2018	Worksheet B Part II Date/Time Prepared: 6/29/2018 6:30 am		
Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL
		15.00	16.00	17.00	19.00	20.00
GENERAL SERVICE COST CENTERS						
1.00	00100					1.00
2.00	00200					2.00
4.00	00400					4.00
5.01	00540					5.01
5.02	00550					5.02
5.03	00560					5.03
5.04	00570					5.04
5.05	00580					5.05
5.06	00590					5.06
6.00	00600					6.00
7.00	00700					7.00
8.00	00800					8.00
9.00	00900					9.00
10.00	01000					10.00
11.00	01100					11.00
12.00	01200					12.00
13.00	01300					13.00
14.00	01400					14.00
15.00	01500					15.00
16.00	01600	113,069	128,602			16.00
17.00	01700	0	0	42,526		17.00
19.00	01900	0	0	0	0	19.00
20.00	02000	0	0	0	0	20.00
21.00	02100	0	0	0	0	21.00
22.00	02200	0	0	0	0	22.00
23.00	02300	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	3,248	13,013	26,587		30.00
31.00	03100	1,338	3,491	4,618		31.00
41.00	04100	180	1,819	6,672		41.00
43.00	04300	87	881	2,097		43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	4,188	16,644	0		50.00
50.01	03330	1,240	4,277	0		50.01
51.00	05100	31	1,597	0		51.00
52.00	05200	703	982	0		52.00
53.00	05300	160	6,566	0		53.00
54.00	05400	309	1,882	0		54.00
54.01	03630	156	943	0		54.01
54.02	03440	221	178	0		54.02
55.00	05500	0	0	0		55.00
55.01	03480	0	0	0		55.01
56.00	05600	15	663	0		56.00
57.00	05700	487	6,835	0		57.00
58.00	05800	563	1,400	0		58.00
59.00	05900	63	7,773	0		59.00
60.00	06000	0	11,625	0		60.00
62.30	06250	0	0	0		62.30
63.00	06300	0	344	0		63.00
65.00	06500	10	3,687	0		65.00
66.00	06600	0	1,466	0		66.00
67.00	06700	0	1,195	0		67.00
68.00	06800	0	245	0		68.00
69.01	03140	1,792	2,347	0		69.01
71.00	07100	179	3,731	0		71.00
72.00	07200	0	7,169	0		72.00
73.00	07300	95,284	12,926	0		73.00
74.00	07400	70	164	0		74.00
76.97	07697	0	257	0		76.97
76.98	07698	0	0	0		76.98
76.99	07699	0	0	0		76.99
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	2,547	10,831	2,552		91.00
92.00	09200					92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	0	3,671	0		95.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300					113.00
118.00						118.00
		112,871	128,602	42,526	0	0
NONREIMBURSABLE COST CENTERS						
190.00	19000	0	0	0		190.00
192.00	19200	198	0	0		192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0113

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

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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
192.01	19201 COVENANT OUTPATIENT PHARMACY	0	0	0			192.01
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		0200.00
201.00	Negative Cost Centers	0	0	0	0		0201.00
202.00	TOTAL (sum lines 118 through 201)	113,069	128,602	42,526	0		0202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0113

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To 01/31/2018

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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	NONPATIENT TELEPHONE					5.01
5.02 00550	DATA PROCESSING					5.02
5.03 00560	PURCH, RCVING, STORING					5.03
5.04 00570	ADMINING					5.04
5.05 00580	CASHIERING, A/R					5.05
5.06 00590	OTHER ADMIN & GEN					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	21,314				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		17,661			22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)			0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS			1,345,038	0	30.00
31.00 03100	INTENSIVE CARE UNIT			317,466	0	31.00
41.00 04100	SUBPROVIDER - I&R			286,186	0	41.00
43.00 04300	NURSERY			67,577	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM			1,396,988	0	50.00
50.01 03330	ENDOSCOPY			133,679	0	50.01
51.00 05100	RECOVERY ROOM			100,003	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM			286,459	0	52.00
53.00 05300	ANESTHESIOLOGY			21,243	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC			232,194	0	54.00
54.01 03630	ULTRASOUND			46,753	0	54.01
54.02 03440	MAMMOGRAPHY			51,953	0	54.02
55.00 05500	RADIOLOGY-THERAPEUTIC			0	0	55.00
55.01 03480	ONCOLOGY			0	0	55.01
56.00 05600	RADIOISOTOPE			31,589	0	56.00
57.00 05700	CT SCAN			64,640	0	57.00
58.00 05800	MRI			111,773	0	58.00
59.00 05900	CARDIAC CATHETERIZATION			957,607	0	59.00
60.00 06000	LABORATORY			445,668	0	60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS			0	0	62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.			13,808	0	63.00
65.00 06500	RESPIRATORY THERAPY			150,159	0	65.00
66.00 06600	PHYSICAL THERAPY			69,745	0	66.00
67.00 06700	OCCUPATIONAL THERAPY			54,131	0	67.00
68.00 06800	SPEECH PATHOLOGY			11,997	0	68.00
69.01 03140	CARDIOLOGY			64,042	0	69.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT			522,322	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS			174,337	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS			214,074	0	73.00
74.00 07400	RENAL DIALYSIS			20,175	0	74.00
76.97 07697	CARDIAC REHABILITATION			62,689	0	76.97
76.98 07698	HYPERBARI C OXYGEN THERAPY			0	0	76.98
76.99 07699	LI THOTRI PSY			0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY			356,691	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES			326,931	0	95.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0113

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

Worksheet B
Part II
Date/Time Prepared:
6/29/2018 6:30 am

Cost Center Description	INTERNS & RESIDENTS			PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00	23.00			
118.00	SUBTOTALS (SUM OF LINES 1 through 117)			0	7,937,917	0
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			24,760	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES			112,633	0
192.01	19201	COVENANT OUTPATIENT PHARMACY			36,305	0
192.02	19202	REAL ESTATE			40,450	0
192.03	19203	FOUNDATION			19,731	0
192.04	19204	OUTREACH PROGRAMS			94,563	0
192.05	19205	UNASSIGNED			123,329	0
200.00		Cross Foot Adjustments	21,314	17,661	0	38,975
201.00		Negative Cost Centers	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	21,314	17,661	0	8,428,663

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0113	Period: From 01/01/2017 To 01/31/2018	Worksheet B Part II Date/Time Prepared: 6/29/2018 6:30 am
Cost Center Description		Total		
		26.00		
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	NONPATIENT TELEPHONE		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00560	PURCH, RCVING, STORING		5.03
5.04	00570	ADMINISTRATIVE		5.04
5.05	00580	CASHIERING, A/R		5.05
5.06	00590	OTHER ADMIN & GEN		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 PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	1,345,038	30.00
31.00	03100	INTENSIVE CARE UNIT	317,466	31.00
41.00	04100	SUBPROVIDER - I&R	286,186	41.00
43.00	04300	NURSERY	67,577	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	1,396,988	50.00
50.01	03330	ENDOSCOPY	133,679	50.01
51.00	05100	RECOVERY ROOM	100,003	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	286,459	52.00
53.00	05300	ANESTHESIOLOGY	21,243	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	232,194	54.00
54.01	03630	ULTRASOUND	46,753	54.01
54.02	03440	MAMMOGRAPHY	51,953	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
55.01	03480	ONCOLOGY	0	55.01
56.00	05600	RADIOISOTOPE	31,589	56.00
57.00	05700	CT SCAN	64,640	57.00
58.00	05800	MRI	111,773	58.00
59.00	05900	CARDIAC CATHETERIZATION	957,607	59.00
60.00	06000	LABORATORY	445,668	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	13,808	63.00
65.00	06500	RESPIRATORY THERAPY	150,159	65.00
66.00	06600	PHYSICAL THERAPY	69,745	66.00
67.00	06700	OCCUPATIONAL THERAPY	54,131	67.00
68.00	06800	SPEECH PATHOLOGY	11,997	68.00
69.01	03140	CARDIOLOGY	64,042	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	522,322	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	174,337	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	214,074	73.00
74.00	07400	RENAL DIALYSIS	20,175	74.00
76.97	07697	CARDIAC REHABILITATION	62,689	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	76.98
76.99	07699	LITHOTRIPSY	0	76.99
OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	356,691	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	326,931	95.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,937,917	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	24,760	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	112,633	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	36,305	192.01
192.02	19202	REAL ESTATE	40,450	192.02

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0113	Period: From 01/01/2017 To 01/31/2018	Worksheet B Part II Date/Time Prepared: 6/29/2018 6:30 am
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Cost Center Description			Total	
			26.00	
192.03	19203	FOUNDATION	19,731	192.03
192.04	19204	OUTREACH PROGRAMS	94,563	192.04
192.05	19205	UNASSIGNED	123,329	192.05
200.00		Cross Foot Adjustments	38,975	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	8,428,663	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0113

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

Worksheet B-1
Date/Time Prepared:
6/29/2018 6:30 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONE (N LINES)	DATA PROCESSING (N DEVICES)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	377,462				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		4,308,828			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	194	0	38,897,874		4.00
5.01 00540	NONPATIENT TELEPHONE	729	10,327	257,390	1,083	5.01
5.02 00550	DATA PROCESSING	0	0	0	0	5.02
5.03 00560	PURCH, RCVI NG, STORING	0	0	0	0	5.03
5.04 00570	ADMI TTING	2,147	2,946	0	26	5.04
5.05 00580	CASHI ERI NG, A/R	287	0	0	4	5.05
5.06 00590	OTHER ADMIN & GEN	21,389	1,960,232	2,285,052	225	5.06
6.00 00600	MAI NTENANCE & REPAI RS	0	0	0	0	6.00
7.00 00700	OPERATI ON OF PLANT	79,700	181,671	886,894	22	7.00
8.00 00800	LAUNDRY & LI NEN SERVI CE	973	0	79,933	2	8.00
9.00 00900	HOUSEKEEPI NG	4,425	4,407	981,328	8	9.00
10.00 01000	DI ETARY	11,498	684	177,800	14	10.00
11.00 01100	CAFETERIA	2,579	1,866	484,908	30	11.00
12.00 01200	MAI NTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSI NG ADMI NI STRATI ON	478	155,461	1,378,175	7	13.00
14.00 01400	CENTRAL SERVI CES & SUPPLY	13,215	84,362	0	17	14.00
15.00 01500	PHARMACY	3,414	4,327	1,562,748	26	15.00
16.00 01600	MEDI CAL RECORDS & LIBRARY	8,306	253	54,476	32	16.00
17.00 01700	SOCI AL SERVI CE	628	0	771,810	15	17.00
19.00 01900	NONPHYSI CI AN ANESTHETI STS	0	0	0	0	19.00
20.00 02000	NURSI NG SCHOOL	0	0	0	0	20.00
21.00 02100	I & R SERVI CES-SALARY & FRINGES APPRV	0	0	0	1	21.00
22.00 02200	I & R SERVI CES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-(SPECI FY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDI ATRI CS	63,054	51,898	8,008,310	159	30.00
31.00 03100	INTENSIVE CARE UNI T	10,158	41,285	2,191,401	19	31.00
41.00 04100	SUBPROVI DER - I RF	13,231	7,843	1,500,982	45	41.00
43.00 04300	NURSERY	3,835	2,987	327,338	12	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATI NG ROOM	27,548	601,276	3,626,313	59	50.00
50.01 03330	ENDOSCOPY	4,410	18,748	857,233	19	50.01
51.00 05100	RECOVERY ROOM	2,390	33,068	519,856	22	51.00
52.00 05200	DELI VERY ROOM & LABOR ROOM	9,631	82,469	1,316,037	20	52.00
53.00 05300	ANESTHESI OLOGY	404	516	34,399	3	53.00
54.00 05400	RADI OLOGY-DI AGNOSTI C	8,574	66,644	798,887	26	54.00
54.01 03630	ULTRASOUND	2,275	4,758	301,212	10	54.01
54.02 03440	MAMMOGRAPHY	3,231	8,471	57,355	4	54.02
55.00 05500	RADI OLOGY-THERAPEUTI C	0	0	0	0	55.00
55.01 03480	ONCOLOGY	0	0	0	0	55.01
56.00 05600	RADI OI SOTOPE	1,245	3,324	117,509	11	56.00
57.00 05700	CT SCAN	2,363	2,174	415,599	16	57.00
58.00 05800	MRI	1,581	60,123	153,424	7	58.00
59.00 05900	CARDI AC CATHETERI ZATI ON	8,366	567,980	1,256,553	18	59.00
60.00 06000	LABORATORY	11,656	102,367	0	52	60.00
62.30 06250	BLOOD CLOTTI NG FOR HEMOPHI LI ACS	0	0	0	0	62.30
63.00 06300	BLOOD STORI NG, PROCESSI NG & TRANS.	0	0	0	0	63.00
65.00 06500	RESPI RATORY THERAPY	6,133	17,290	1,015,913	31	65.00
66.00 06600	PHYSI CAL THERAPY	3,590	704	0	3	66.00
67.00 06700	OCCUPATI ONAL THERAPY	2,328	456	0	2	67.00
68.00 06800	SPEECH PATHOLOGY	190	37	0	1	68.00
69.01 03140	CARDI OLOGY	2,568	5,020	439,580	15	69.01
71.00 07100	MEDI CAL SUPPLI ES CHARGED TO PATI ENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATI ENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATI ENTS	0	0	0	0	73.00
74.00 07400	RENAL DI ALYSI S	425	231	168,972	3	74.00
76.97 07697	CARDI AC REHABI LI TATI ON	3,097	6,975	394,876	4	76.97
76.98 07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	76.98
76.99 07699	LI THOTRI PSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	11,084	54,083	2,569,617	56	91.00
92.00 09200	OBSERVATI ON BEDS (NON-DI STI NCT PART					92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVI CES	0	106,546	2,837,514	0	95.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0113

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

Worksheet B-1

Date/Time Prepared:
6/29/2018 6:30 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONE (N LINES)	DATA PROCESSING (N DEVICES)			
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)						
	1.00	2.00					4.00	5.01
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		353,329	4,253,809	37,829,394	1,046	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,679	1,784	43,662	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,331	6,074	755,100	21	0	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	741	3,082	208,628	5	0	192.01
192.02	19202	REAL ESTATE	0	29,987	0	0	0	192.02
192.03	19203	FOUNDATION	0	14,092	1,879	6	0	192.03
192.04	19204	OUTREACH PROGRAMS	8,255	0	59,211	5	0	192.04
192.05	19205	UNASSIGNED	11,127	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)	2,616,368	5,812,295	377,304	664,470	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	6.931474	1.348927	0.009700	613.545706	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			1,345	18,992	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000035	17.536473	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0113

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

Worksheet B-1
Date/Time Prepared:
6/29/2018 6:30 am

Cost Center Description		PURCH, RCVI NG, S TORI NG (SUPPLI ES \$)	ADMI TTI NG (GROSS REVE NUE)	CASHI ERI NG, A/R (GROSS REVE NUE)	Reconci li ati on	OTHE R ADMI N & GEN (ACCUM. COST)		
		5.03	5.04	5.05	5A.06	5.06		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00540	NONPATIENT TELEPHONE					5.01	
5.02	00550	DATA PROCESSING					5.02	
5.03	00560	PURCH, RCVI NG, STORI NG	0				5.03	
5.04	00570	ADMI TTI NG	0				5.04	
5.05	00580	CASHI ERI NG, A/R	690,309,684	690,309,684			5.05	
5.06	00590	OTHE R ADMI N & GEN	0	0	-29,518,215	100,438,230	5.06	
6.00	00600	MAI NTENANCE & REPAI RS	0	0	0	0	6.00	
7.00	00700	OPERATI ON OF PLANT	0	0	0	6,483,651	7.00	
8.00	00800	LAUNDRY & LI NEN SERVI CE	0	0	0	542,143	8.00	
9.00	00900	HOUSEKEEPI NG	0	0	0	1,717,531	9.00	
10.00	01000	DI ETARY	0	0	0	641,250	10.00	
11.00	01100	CAFETERI A	0	0	0	1,259,471	11.00	
12.00	01200	MAI NTENANCE OF PERSONNEL	0	0	0	0	12.00	
13.00	01300	NURSI NG ADMI NI STRATI ON	0	0	0	2,131,022	13.00	
14.00	01400	CENTRAL SERVI CES & SUPPLY	0	0	0	803,524	14.00	
15.00	01500	PHARMACY	0	0	0	2,050,773	15.00	
16.00	01600	MEDI CAL RECORDS & LI BRARY	0	0	0	1,295,994	16.00	
17.00	01700	SOCI AL SERVI CE	0	0	0	1,006,204	17.00	
19.00	01900	NONPHYSICI AN ANESTHETI STS	0	0	0	0	19.00	
20.00	02000	NURSI NG SCHOOL	0	0	0	0	20.00	
21.00	02100	I & R SERVI CES-SALARY & FRI NGES APPRV	0	0	0	764,847	21.00	
22.00	02200	I & R SERVI CES-OTHE R PRGM COSTS APPRV	0	0	0	634,304	22.00	
23.00	02300	PARAMED ED PRGM-(SPECI FY)	0	0	0	0	23.00	
INPATI ENT ROUTI NE SERVI CE COST CENTERS								
30.00	03000	ADULTS & PEDI ATRI CS	0	69,964,385	69,964,385	0	11,873,425	30.00
31.00	03100	I NTENSIVE CARE UNI T	0	18,770,670	18,770,670	0	3,518,103	31.00
41.00	04100	SUBPROVI DER - I RF	0	9,781,322	9,781,322	0	2,732,815	41.00
43.00	04300	NURSERY	0	4,738,347	4,738,347	0	539,626	43.00
ANCI LLARY SERVI CE COST CENTERS								
50.00	05000	OPERATI NG ROOM	0	88,363,468	88,363,468	0	7,585,718	50.00
50.01	03330	ENDOSCOPY	0	22,995,325	22,995,325	0	1,554,489	50.01
51.00	05100	RECOVERY ROOM	0	8,588,126	8,588,126	0	761,763	51.00
52.00	05200	DEL IVERY ROOM & LABOR ROOM	0	5,281,254	5,281,254	0	1,875,330	52.00
53.00	05300	ANESTHESI OLOGY	0	35,300,769	35,300,769	0	267,345	53.00
54.00	05400	RADI OLOGY-DI AGNOSTI C	0	10,117,571	10,117,571	0	1,286,934	54.00
54.01	03630	ULTRASOUND	0	5,068,683	5,068,683	0	417,180	54.01
54.02	03440	MAMMOGRAPHY	0	955,819	955,819	0	150,978	54.02
55.00	05500	RADI OLOGY-THERAPEUTI C	0	0	0	0	0	55.00
55.01	03480	ONCOLOGY	0	0	0	0	0	55.01
56.00	05600	RADI OI SOTOPE	0	3,565,015	3,565,015	0	407,333	56.00
57.00	05700	CT SCAN	0	36,749,828	36,749,828	0	801,596	57.00
58.00	05800	MRI	0	7,527,961	7,527,961	0	348,765	58.00
59.00	05900	CARDI AC CATHETERI ZATI ON	0	41,792,359	41,792,359	0	2,784,336	59.00
60.00	06000	LABORATORY	0	62,497,478	62,497,478	0	5,967,960	60.00
62.30	06250	BLOOD CLOTTI NG FOR HEMOPHI LI ACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORI NG, PROCESSI NG & TRANS.	0	1,849,137	1,849,137	0	481,492	63.00
65.00	06500	RESPI RATORY THERAPY	0	19,821,953	19,821,953	0	1,527,090	65.00
66.00	06600	PHYSI CAL THERAPY	0	7,882,159	7,882,159	0	998,193	66.00
67.00	06700	OCCUPATI ONAL THERAPY	0	6,424,234	6,424,234	0	956,903	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,316,213	1,316,213	0	343,601	68.00
69.01	03140	CARDI OLOGY	0	12,618,029	12,618,029	0	692,469	69.01
71.00	07100	MEDI CAL SUPPLI ES CHARGED TO PATI ENT	0	20,060,698	20,060,698	0	10,776,955	71.00
72.00	07200	I MPL. DEV. CHARGED TO PATI ENTS	0	38,545,153	38,545,153	0	3,710,474	72.00
73.00	07300	DRUGS CHARGED TO PATI ENTS	0	69,496,752	69,496,752	0	3,724,819	73.00
74.00	07400	RENAL DI ALYSI S	0	883,017	883,017	0	471,226	74.00
76.97	07697	CARDI AC REHABI LI TATI ON	0	1,383,622	1,383,622	0	543,981	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
OUTPATI ENT SERVI CE COST CENTERS								
91.00	09100	EMERGENCY	0	58,231,906	58,231,906	0	3,941,529	91.00
92.00	09200	OBSERVATI ON BEDS (NON-DI STI NCT PART						92.00
OTHE R REI MBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVI CES	0	19,738,431	19,738,431	0	6,040,915	95.00
SPECI AL PURPOSE COST CENTERS								
113.00	11300	I NTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LI NES 1 through 117)	0	690,309,684	690,309,684	-29,518,215	96,414,057	118.00
NONREI MBURSABLE COST CENTERS								
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	140,997	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0113

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

Worksheet B-1

Date/Time Prepared:
6/29/2018 6:30 am

Cost Center Description			PURCH, RCVI NG, S TORI NG (SUPPLI ES \$)	ADMI TTI NG (GROSS REVE NUE)	CASHI ERI NG, A/R (GROSS REVE NUE)	Reconci li ation	OTHER ADMI N & GEN (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	2,773,580	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	0	0	0	0	851,628	192.01
192.02	19202	REAL ESTATE	0	0	0	-621,550	0	192.02
192.03	19203	FOUNDATION	0	0	0	0	22,150	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	158,674	192.04
192.05	19205	UNASSIGNED	0	0	0	0	77,144	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	1,231,756	1,731,563		29,518,215	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.001784	0.002508		0.293894	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	19,312	2,059		2,796,488	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000028	0.000003		0.027843	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: 14-0113

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

Worksheet B-1

Date/Time Prepared:
6/29/2018 6:30 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL MEALS)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONE					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCH, RCVING, STORING					5.03
5.04	00570	ADMINISTRATIVE					5.04
5.05	00580	CASHIERING, A/R					5.05
5.06	00590	OTHER ADMIN & GEN					5.06
6.00	00600	MAINTENANCE & REPAIRS	0				6.00
7.00	00700	OPERATION OF PLANT	0	273,016			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	973	695,544		8.00
9.00	00900	HOUSEKEEPING	0	4,425	0	267,618	9.00
10.00	01000	DIETARY	0	11,498	0	11,498	89,646
11.00	01100	CAFETERIA	0	2,579	0	2,579	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	478	0	478	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	13,215	0	13,215	0
15.00	01500	PHARMACY	0	3,414	0	3,414	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	8,306	0	8,306	0
17.00	01700	SOCIAL SERVICE	0	628	0	628	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	PARAMED ED PRGM-(SPECFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	63,054	191,899	63,054	62,921
31.00	03100	INTENSIVE CARE UNIT	0	10,158	36,888	10,158	10,932
41.00	04100	SUBPROVIDER - I&R	0	13,231	50,583	13,231	15,793
43.00	04300	NURSERY	0	3,835	1,349	3,835	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	27,548	112,349	27,548	0
50.01	03330	ENDOSCOPY	0	4,410	37,107	4,410	0
51.00	05100	RECOVERY ROOM	0	2,390	13,227	2,390	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	9,631	39,179	9,631	0
53.00	05300	ANESTHESIOLOGY	0	404	0	404	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	8,574	10,883	8,574	0
54.01	03630	ULTRASOUND	0	2,275	3,785	2,275	0
54.02	03440	MAMMOGRAPHY	0	3,231	1,497	3,231	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
55.01	03480	ONCOLOGY	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	1,245	4,012	1,245	0
57.00	05700	CT SCAN	0	2,363	6,515	2,363	0
58.00	05800	MRI	0	1,581	2,769	1,581	0
59.00	05900	CARDIAC CATHETERIZATION	0	8,366	32,264	8,366	0
60.00	06000	LABORATORY	0	11,656	0	11,656	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	6,133	0	6,133	0
66.00	06600	PHYSICAL THERAPY	0	3,590	3,833	3,590	0
67.00	06700	OCCUPATIONAL THERAPY	0	2,328	2,486	2,328	0
68.00	06800	SPEECH PATHOLOGY	0	190	203	190	0
69.01	03140	CARDIOLOGY	0	2,568	5,144	2,568	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	425	1,850	425	0
76.97	07697	CARDIAC REHABILITATION	0	3,097	946	3,097	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	11,084	108,000	11,084	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	28,761	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	248,883	695,529	243,485	89,646
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,679	0	1,679	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0113

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

Worksheet B-1

Date/Time Prepared:
6/29/2018 6:30 am

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL MEALS)	
			6.00	7.00	8.00	9.00	10.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,331	0	2,331	0	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	0	741	0	741	0	192.01
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	8,255	15	8,255	0	192.04
192.05	19205	UNASSIGNED	0	11,127	0	11,127	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	8,389,157	731,374	2,358,273	1,284,338	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	30.727712	1.051514	8.812087	14.326774	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	978,443	25,364	100,470	144,251	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	3.583830	0.036466	0.375423	1.609118	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: 14-0113

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

Worksheet B-1

Date/Time Prepared:
6/29/2018 6:30 am

Cost Center Description			CAFETERIA (TOTAL EMLP FTE)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (TOTAL REV EMP)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONE						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCH, RCVING, STORING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING, A/R						5.05
5.06	00590	OTHER ADMIN & GEN						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	49,676					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	1,838	0	39,301			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	15,894,777		14.00
15.00	01500	PHARMACY	1,485	0	1,485	0	3,917,332	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	138	0	138	0	0	16.00
17.00	01700	SOCIAL SERVICE	881	0	881	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	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	12,108	0	12,108	0	112,538	30.00
31.00	03100	INTENSIVE CARE UNIT	2,843	0	2,843	0	46,351	31.00
41.00	04100	SUBPROVIDER - I&R	2,190	0	2,190	0	6,224	41.00
43.00	04300	NURSERY	391	0	391	0	3,029	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,477	0	5,477	0	145,111	50.00
50.01	03330	ENDOSCOPY	1,090	0	1,090	0	42,964	50.01
51.00	05100	RECOVERY ROOM	642	0	642	0	1,066	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,723	0	1,723	0	24,352	52.00
53.00	05300	ANESTHESIOLOGY	99	0	99	0	5,558	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,158	0	1,158	0	10,717	54.00
54.01	03630	ULTRASOUND	282	0	282	0	5,388	54.01
54.02	03440	MAMMOGRAPHY	69	0	69	0	7,645	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	128	0	128	0	515	56.00
57.00	05700	CT SCAN	556	0	556	0	16,884	57.00
58.00	05800	MRI	157	0	157	0	19,514	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,449	0	1,449	0	2,174	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	1,508	0	1,508	0	342	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
69.01	03140	CARDIOLOGY	600	0	600	0	62,082	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	12,342,509	6,211	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	3,552,268	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	3,301,108	73.00
74.00	07400	RENAL DIALYSIS	206	0	206	0	2,439	74.00
76.97	07697	CARDIAC REHABILITATION	476	0	476	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	3,645	0	3,645	0	88,247	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	7,187	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	48,326	0	39,301	15,894,777	3,910,459	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0113

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

Worksheet B-1

Date/Time Prepared:
6/29/2018 6:30 am

Cost Center Description		CAFETERIA (TOTAL EMPL FTE)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (TOTAL REV EMP)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	106	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	928	0	0	6,873	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	203	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	113	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)	1,731,595	0	2,840,286	1,562,194	2,947,556
203.00		Unit cost multiplier (Wkst. B, Part I)	34.857778	0.000000	72.270069	0.098283	0.752440
204.00		Cost to be allocated (per Wkst. B, Part II)	66,214	0	276,866	280,389	113,069
205.00		Unit cost multiplier (Wkst. B, Part II)	1.332917	0.000000	7.044757	0.017640	0.028864
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0113

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

Worksheet B-1

Date/Time Prepared:
6/29/2018 6:30 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	
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 TELEPHONE						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 PURCH, RCVING, STORING						5.03
5.04 00570 ADMIN TTING						5.04
5.05 00580 CASHIERING, A/R						5.05
5.06 00590 OTHER ADMIN & GEN						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	690,309,684					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			10,000	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0				22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	69,964,385	6,252	0	0	7,761	30.00
31.00 03100 INTENSIVE CARE UNIT	18,770,670	1,086	0	0	826	31.00
41.00 04100 SUBPROVIDER - I&R	9,781,322	1,569	0	0	0	41.00
43.00 04300 NURSERY	4,738,347	493	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	88,363,468	0	0	0	0	50.00
50.01 03330 ENDOSCOPY	22,995,325	0	0	0	713	50.01
51.00 05100 RECOVERY ROOM	8,588,126	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	5,281,254	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	35,300,769	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	10,117,571	0	0	0	0	54.00
54.01 03630 ULTRASOUND	5,068,683	0	0	0	0	54.01
54.02 03440 MAMMOGRAPHY	955,819	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	3,565,015	0	0	0	0	56.00
57.00 05700 CT SCAN	36,749,828	0	0	0	0	57.00
58.00 05800 MRI	7,527,961	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	41,792,359	0	0	0	0	59.00
60.00 06000 LABORATORY	62,497,478	0	0	0	0	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	1,849,137	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	19,821,953	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	7,882,159	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	6,424,234	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	1,316,213	0	0	0	0	68.00
69.01 03140 CARDIOLOGY	12,618,029	0	0	0	700	69.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	20,060,698	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	38,545,153	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	69,496,752	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	883,017	0	0	0	0	74.00
76.97 07697 CARDIAC REHABILITATION	1,383,622	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
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	58,231,906	600	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	19,738,431	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0113

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

Worksheet B-1

Date/Time Prepared:
6/29/2018 6:30 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						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)					690,309,684	10,000	0	0	10,000	118.00
NONREIMBURSABLE COST CENTERS											
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	0	0	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	0	0	0	0	0	0	0	0	192.01
192.02	19202	REAL ESTATE	0	0	0	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	0	0	0	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	0	0	0	0	192.04
192.05	19205	UNASSIGNED	0	0	0	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)	2,020,079	1,421,132	0	0	0	989,631	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.002926	142.113200	0.000000	0.000000	0.000000	98.963100	0	0	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	128,602	42,526	0	0	0	21,314	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000186	4.252600	0.000000	0.000000	0.000000	2.131400	0	0	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: 14-0113

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

Worksheet B-1
Date/Time Prepared:
6/29/2018 6:30 am

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
	22.00	23.00	
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 TELEPHONE			5.01
5.02 00550 DATA PROCESSING			5.02
5.03 00560 PURCH, RCVI NG, STORING			5.03
5.04 00570 ADMI TTING			5.04
5.05 00580 CASHI ERING, A/R			5.05
5.06 00590 OTHER ADMIN & GEN			5.06
6.00 00600 MAI NTENANCE & REPAI RS			6.00
7.00 00700 OPERATI ON OF PLANT			7.00
8.00 00800 LAUNDRY & LI NEN SERVI CE			8.00
9.00 00900 HOUSEKEEPING			9.00
10.00 01000 DI ETARY			10.00
11.00 01100 CAFETERIA			11.00
12.00 01200 MAI NTENANCE OF PERSONNEL			12.00
13.00 01300 NURSI NG ADM NI STRATI ON			13.00
14.00 01400 CENTRAL SERVI CES & SUPPLY			14.00
15.00 01500 PHARMACY			15.00
16.00 01600 MEDI CAL RECORDS & LI BRARY			16.00
17.00 01700 SOCI AL SERVI CE			17.00
19.00 01900 NONPHYSI CI AN ANESTHETI STS			19.00
20.00 02000 NURSI NG SCHOOL			20.00
21.00 02100 I & R SERVI CES-SALARY & FRINGES APPRV			21.00
22.00 02200 I & R SERVI CES-OTHER PRGM COSTS APPRV	10,000		22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)		0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 03000 ADULTS & PEDI ATRI CS	7,761	0	30.00
31.00 03100 INTENSIVE CARE UNIT	826	0	31.00
41.00 04100 SUBPROVI DER - I RF	0	0	41.00
43.00 04300 NURSERY	0	0	43.00
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATI NG ROOM	0	0	50.00
50.01 03330 ENDOSCOPY	713	0	50.01
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELI VERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESI OLOGY	0	0	53.00
54.00 05400 RADI OLOGY-DI AGNOSTI C	0	0	54.00
54.01 03630 ULTRASOUND	0	0	54.01
54.02 03440 MAMMOGRAPHY	0	0	54.02
55.00 05500 RADI OLOGY-THERAPEUTI C	0	0	55.00
55.01 03480 ONCOLOGY	0	0	55.01
56.00 05600 RADI OI SOTOPE	0	0	56.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MRI	0	0	58.00
59.00 05900 CARDI AC CATHETERI ZATI ON	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHI LI ACS	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00 06500 RESPI RATORY THERAPY	0	0	65.00
66.00 06600 PHYSI CAL THERAPY	0	0	66.00
67.00 06700 OCCUPATI ONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.01 03140 CARDI OLOGY	700	0	69.01
71.00 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATI ENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATI ENTS	0	0	73.00
74.00 07400 RENAL DI ALYSI S	0	0	74.00
76.97 07697 CARDI AC REHABI LI TATI ON	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
OUTPATIENT SERVICE COST CENTERS			
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART			92.00
OTHER REIMBURSABLE COST CENTERS			
95.00 09500 AMBULANCE SERVI CES	0	0	95.00
SPECIAL PURPOSE COST CENTERS			
113.00 11300 I NTEREST EXPENSE			113.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0113

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

Worksheet B-1
Date/Time Prepared:
6/29/2018 6:30 am

Cost Center Description	INTERNS & RESIDENTS	PARAMETERED PRGM (ASSIGNED TIME)		
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
	22.00			
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	10,000	0	118.00
NONREIMBURSABLE COST CENTERS				
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 COVENANT OUTPATIENT PHARMACY	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)	820,722	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	82.072200	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	17,661	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.766100	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: 14-0113	Period: From 01/01/2017 To 01/31/2018	Worksheet C Part I Date/Time Prepared: 6/29/2018 6:30 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	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		21,434,345	2,961	21,437,306	30.00
31.00	03100 INTENSIVE CARE UNIT		5,697,804	3,637	5,701,441	31.00
41.00	04100 SUBPROVIDER - I RF		4,829,465	0	4,829,465	41.00
43.00	04300 NURSERY		979,364	0	979,364	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		11,977,205	0	11,977,205	50.00
50.01	03330 ENDOSCOPY		2,441,114	0	2,441,114	50.01
51.00	05100 RECOVERY ROOM		1,188,756	0	1,188,756	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		3,066,840	0	3,066,840	52.00
53.00	05300 ANESTHESIOLOGY		479,968	0	479,968	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		2,177,336	0	2,177,336	54.00
54.01	03630 ULTRASOUND		682,815	0	682,815	54.01
54.02	03440 MAMMOGRAPHY		340,618	0	340,618	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC		0	0	0	55.00
55.01	03480 ONCOLOGY		0	0	0	55.01
56.00	05600 RADIOISOTOPE		605,024	0	605,024	56.00
57.00	05700 CT SCAN		1,317,261	0	1,317,261	57.00
58.00	05800 MRI		570,219	0	570,219	58.00
59.00	05900 CARDIAC CATHETERIZATION		4,246,500	1,903	4,248,403	59.00
60.00	06000 LABORATORY		8,365,652	8,252	8,373,904	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		628,411	0	628,411	63.00
65.00	06500 RESPIRATORY THERAPY	0	2,438,196	4,626	2,442,822	65.00
66.00	06600 PHYSICAL THERAPY	0	1,460,596	0	1,460,596	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,351,591	0	1,351,591	67.00
68.00	06800 SPEECH PATHOLOGY	0	456,159	0	456,159	68.00
69.01	03140 RADIOLOGY		1,150,838	0	1,150,838	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		15,220,674	0	15,220,674	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		5,262,871	0	5,262,871	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		7,506,754	0	7,506,754	73.00
74.00	07400 RENAL DIALYSIS		654,953	2,876	657,829	74.00
76.97	07697 CARDIAC REHABILITATION		882,345	0	882,345	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY		0	0	0	76.98
76.99	07699 LI THOTRI PSY		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
91.00	09100 EMERGENCY		6,364,281	0	6,364,281	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		3,419,909	0	3,419,909	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES		8,154,825	0	8,154,825	95.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)		125,352,689	24,255	125,376,944	200.00
201.00	Less Observation Beds		3,419,909		3,419,909	201.00
202.00	Total (see instructions)		121,932,780	24,255	121,957,035	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0113		Period: From 01/01/2017 To 01/31/2018		Worksheet C Part I Date/Time Prepared: 6/29/2018 6:30 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	54,207,660		54,207,660				30.00
31.00	03100	INTENSIVE CARE UNIT	18,770,670		18,770,670				31.00
41.00	04100	SUBPROVIDER - IIRF	9,781,322		9,781,322				41.00
43.00	04300	NURSERY	4,738,347		4,738,347				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	35,966,113	52,397,355	88,363,468	0.135545	0.000000		50.00
50.01	03330	ENDOSCOPY	1,588,632	21,406,693	22,995,325	0.106157	0.000000		50.01
51.00	05100	RECOVERY ROOM	3,530,332	5,057,794	8,588,126	0.138419	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,855,725	425,529	5,281,254	0.580703	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	12,946,189	22,354,580	35,300,769	0.013597	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,518,596	6,598,975	10,117,571	0.215203	0.000000		54.00
54.01	03630	ULTRASOUND	2,468,106	2,600,577	5,068,683	0.134713	0.000000		54.01
54.02	03440	MAMMOGRAPHY	0	955,819	955,819	0.356362	0.000000		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000		55.00
55.01	03480	ONCOLOGY	0	0	0	0.000000	0.000000		55.01
56.00	05600	RADIOISOTOPE	1,108,798	2,456,217	3,565,015	0.169711	0.000000		56.00
57.00	05700	CT SCAN	9,000,761	27,749,067	36,749,828	0.035844	0.000000		57.00
58.00	05800	MRI	3,517,480	4,010,481	7,527,961	0.075747	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	14,430,840	27,361,519	41,792,359	0.101609	0.000000		59.00
60.00	06000	LABORATORY	25,739,208	36,758,270	62,497,478	0.133856	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.	898,110	951,027	1,849,137	0.339840	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	17,571,707	2,250,246	19,821,953	0.123005	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	5,223,176	2,658,983	7,882,159	0.185304	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	4,528,411	1,895,823	6,424,234	0.210389	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	971,053	345,160	1,316,213	0.346569	0.000000		68.00
69.01	03140	CARDIOLOGY	6,158,615	6,459,414	12,618,029	0.091206	0.000000		69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,355,217	11,705,481	20,060,698	0.758731	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	23,760,854	14,784,299	38,545,153	0.136538	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	47,836,262	21,660,490	69,496,752	0.108016	0.000000		73.00
74.00	07400	RENAL DIALYSIS	816,059	66,958	883,017	0.741722	0.000000		74.00
76.97	07697	CARDIAC REHABILITATION	138,203	1,245,419	1,383,622	0.637707	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	12,382,961	45,848,945	58,231,906	0.109292	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,461,251	13,295,474	15,756,725	0.217044	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	19,738,431	19,738,431	0.413145	0.000000		95.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	337,270,658	353,039,026	690,309,684				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	337,270,658	353,039,026	690,309,684				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0113	Period: From 01/01/2017 To 01/31/2018	Worksheet C Part I Date/Time Prepared: 6/29/2018 6:30 am
Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital PPS
		INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.135545		50.00
50.01	03330	ENDOSCOPY	0.106157		50.01
51.00	05100	RECOVERY ROOM	0.138419		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.580703		52.00
53.00	05300	ANESTHESIOLOGY	0.013597		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.215203		54.00
54.01	03630	ULTRASOUND	0.134713		54.01
54.02	03440	MAMMOGRAPHY	0.356362		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
55.01	03480	ONCOLOGY	0.000000		55.01
56.00	05600	RADIOISOTOPE	0.169711		56.00
57.00	05700	CT SCAN	0.035844		57.00
58.00	05800	MRI	0.075747		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.101655		59.00
60.00	06000	LABORATORY	0.133988		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0.339840		63.00
65.00	06500	RESPIRATORY THERAPY	0.123238		65.00
66.00	06600	PHYSICAL THERAPY	0.185304		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.210389		67.00
68.00	06800	SPEECH PATHOLOGY	0.346569		68.00
69.01	03140	CARDIOLOGY	0.091206		69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.758731		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.136538		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.108016		73.00
74.00	07400	RENAL DIALYSIS	0.744979		74.00
76.97	07697	CARDIAC REHABILITATION	0.637707		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
		OUTPATIENT SERVICE COST CENTERS			
91.00	09100	EMERGENCY	0.109292		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.217044		92.00
		OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	0.413145		95.00
		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: 14-0113	Period: From 01/01/2017 To 01/31/2018	Worksheet C Part I Date/Time Prepared: 6/29/2018 6:30 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	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		22,839,359	0	0	30.00
31.00	03100 INTENSIVE CARE UNIT		5,847,340	0	0	31.00
41.00	04100 SUBPROVIDER - I RF		4,829,465	0	0	41.00
43.00	04300 NURSERY		979,364	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		11,977,205	0	0	50.00
50.01	03330 ENDOSCOPY		2,570,192	0	0	50.01
51.00	05100 RECOVERY ROOM		1,188,756	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		3,066,840	0	0	52.00
53.00	05300 ANESTHESIOLOGY		479,968	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		2,177,336	0	0	54.00
54.01	03630 ULTRASOUND		682,815	0	0	54.01
54.02	03440 MAMMOGRAPHY		340,618	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC		0	0	0	55.00
55.01	03480 ONCOLOGY		0	0	0	55.01
56.00	05600 RADIOISOTOPE		605,024	0	0	56.00
57.00	05700 CT SCAN		1,317,261	0	0	57.00
58.00	05800 MRI		570,219	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION		4,246,500	0	0	59.00
60.00	06000 LABORATORY		8,365,652	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		628,411	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	2,438,196	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	1,460,596	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,351,591	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	456,159	0	0	68.00
69.01	03140 RADIOLOGY		1,277,563	0	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		15,220,674	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		5,262,871	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		7,506,754	0	0	73.00
74.00	07400 RENAL DIALYSIS		654,953	0	0	74.00
76.97	07697 CARDIAC REHABILITATION		882,345	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
OUTPATIENT SERVICE COST CENTERS						
91.00	09100 EMERGENCY		6,364,281	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		3,643,571	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES		8,154,825	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)		127,386,704	0	0	200.00
201.00	Less Observation Beds		3,643,571	0	0	201.00
202.00	Total (see instructions)		123,743,133	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0113		Period: From 01/01/2017 To 01/31/2018		Worksheet C Part I Date/Time Prepared: 6/29/2018 6:30 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	41,279,861		41,279,861			30.00
31.00	03100	INTENSIVE CARE UNIT	11,443,755		11,443,755			31.00
41.00	04100	SUBPROVIDER - I RF	7,936,904		7,936,904			41.00
43.00	04300	NURSERY	3,336,315		3,336,315			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	31,465,262	46,210,880	77,676,142	0.154194	0.000000	50.00
50.01	03330	ENDOSCOPY	1,803,501	15,814,797	17,618,298	0.145882	0.000000	50.01
51.00	05100	RECOVERY ROOM	4,116,744	5,618,486	9,735,230	0.122109	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,347,880	209,219	5,557,099	0.551878	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	10,072,789	18,010,782	28,083,571	0.017091	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,629,915	6,271,838	9,901,753	0.219894	0.000000	54.00
54.01	03630	ULTRASOUND	2,226,448	2,345,374	4,571,822	0.149353	0.000000	54.01
54.02	03440	MAMMOGRAPHY	976	767,780	768,756	0.443077	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
55.01	03480	ONCOLOGY	0	0	0	0.000000	0.000000	55.01
56.00	05600	RADIOLOGY	1,105,030	2,292,987	3,398,017	0.178052	0.000000	56.00
57.00	05700	CT SCAN	7,525,265	15,091,151	22,616,416	0.058244	0.000000	57.00
58.00	05800	MRI	4,650,756	4,144,981	8,795,737	0.064829	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,291,428	20,281,646	34,573,074	0.122827	0.000000	59.00
60.00	06000	LABORATORY	33,919,810	32,298,952	66,218,762	0.126334	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.	1,473,354	578,020	2,051,374	0.306337	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	22,674,448	2,321,699	24,996,147	0.097543	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	4,427,349	1,509,989	5,937,338	0.246002	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,023,299	843,013	4,866,312	0.277744	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	860,677	225,158	1,085,835	0.420100	0.000000	68.00
69.01	03140	CARDIOLOGY	5,021,913	3,955,844	8,977,757	0.142303	0.000000	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,791,491	11,550,861	24,342,352	0.625275	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,297,138	11,686,100	29,983,238	0.175527	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	45,474,523	23,537,700	69,012,223	0.108774	0.000000	73.00
74.00	07400	RENAL DIALYSIS	831,771	19,605	851,376	0.769288	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	187,532	1,040,585	1,228,117	0.718454	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	10,222,522	32,813,100	43,035,622	0.147884	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,160,962	4,337,200	5,498,162	0.662689	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	10,877,292	10,877,292	0.749711	0.000000	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	311,599,618	274,655,039	586,254,657			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	311,599,618	274,655,039	586,254,657			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0113	Period: From 01/01/2017 To 01/31/2018	Worksheet C Part I Date/Time Prepared: 6/29/2018 6:30 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
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 STORAGE, 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
69.01	03140 RADIOLOGY	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 HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699 LI THOTRI PSY	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
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
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: 14-0113	Period: From 01/01/2017 To 01/31/2018	Worksheet C Part I Date/Time Prepared: 6/29/2018 6:30 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	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	22,839,359	22,839,359	0	0	30.00
31.00	03100 INTENSIVE CARE UNIT	5,847,340	5,847,340	0	0	31.00
41.00	04100 SUBPROVIDER - I RF	4,829,465	4,829,465	0	0	41.00
43.00	04300 NURSERY	979,364	979,364	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	11,977,205	11,977,205	0	0	50.00
50.01	03330 ENDOSCOPY	2,570,192	2,570,192	0	0	50.01
51.00	05100 RECOVERY ROOM	1,188,756	1,188,756	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,066,840	3,066,840	0	0	52.00
53.00	05300 ANESTHESIOLOGY	479,968	479,968	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,177,336	2,177,336	0	0	54.00
54.01	03630 ULTRASOUND	682,815	682,815	0	0	54.01
54.02	03440 MAMMOGRAPHY	340,618	340,618	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01	03480 ONCOLOGY	0	0	0	0	55.01
56.00	05600 RADIOISOTOPE	605,024	605,024	0	0	56.00
57.00	05700 CT SCAN	1,317,261	1,317,261	0	0	57.00
58.00	05800 MRI	570,219	570,219	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	4,246,500	4,246,500	0	0	59.00
60.00	06000 LABORATORY	8,365,652	8,365,652	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	628,411	628,411	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	2,438,196	2,438,196	0	0	65.00
66.00	06600 PHYSICAL THERAPY	1,460,596	1,460,596	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,351,591	1,351,591	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	456,159	456,159	0	0	68.00
69.01	03140 RADIOLOGY	1,277,563	1,277,563	0	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	15,220,674	15,220,674	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	5,262,871	5,262,871	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	7,506,754	7,506,754	0	0	73.00
74.00	07400 RENAL DIALYSIS	654,953	654,953	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	882,345	882,345	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
OUTPATIENT SERVICE COST CENTERS						
91.00	09100 EMERGENCY	6,364,281	6,364,281	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	3,643,571	3,643,571	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	8,154,825	8,154,825	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)	127,386,704	127,386,704	0	0	200.00
201.00	Less Observation Beds	3,643,571	3,643,571	0	0	201.00
202.00	Total (see instructions)	123,743,133	123,743,133	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0113		Period: From 01/01/2017 To 01/31/2018		Worksheet C Part I Date/Time Prepared: 6/29/2018 6:30 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		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	41,279,861		41,279,861				30.00
31.00	03100	INTENSIVE CARE UNIT	11,443,755		11,443,755				31.00
41.00	04100	SUBPROVIDER - I RF	7,936,904		7,936,904				41.00
43.00	04300	NURSERY	3,336,315		3,336,315				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	31,465,262	46,210,880	77,676,142	0.154194	0.000000		50.00
50.01	03330	ENDOSCOPY	1,803,501	15,814,797	17,618,298	0.145882	0.000000		50.01
51.00	05100	RECOVERY ROOM	4,116,744	5,618,486	9,735,230	0.122109	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,347,880	209,219	5,557,099	0.551878	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	10,072,789	18,010,782	28,083,571	0.017091	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,629,915	6,271,838	9,901,753	0.219894	0.000000		54.00
54.01	03630	ULTRASOUND	2,226,448	2,345,374	4,571,822	0.149353	0.000000		54.01
54.02	03440	MAMMOGRAPHY	976	767,780	768,756	0.443077	0.000000		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000		55.00
55.01	03480	ONCOLOGY	0	0	0	0.000000	0.000000		55.01
56.00	05600	RADIOLOGY	1,105,030	2,292,987	3,398,017	0.178052	0.000000		56.00
57.00	05700	CT SCAN	7,525,265	15,091,151	22,616,416	0.058244	0.000000		57.00
58.00	05800	MRI	4,650,756	4,144,981	8,795,737	0.064829	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	14,291,428	20,281,646	34,573,074	0.122827	0.000000		59.00
60.00	06000	LABORATORY	33,919,810	32,298,952	66,218,762	0.126334	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.	1,473,354	578,020	2,051,374	0.306337	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	22,674,448	2,321,699	24,996,147	0.097543	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	4,427,349	1,509,989	5,937,338	0.246002	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	4,023,299	843,013	4,866,312	0.277744	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	860,677	225,158	1,085,835	0.420100	0.000000		68.00
69.01	03140	CARDIOLOGY	5,021,913	3,955,844	8,977,757	0.142303	0.000000		69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,791,491	11,550,861	24,342,352	0.625275	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,297,138	11,686,100	29,983,238	0.175527	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	45,474,523	23,537,700	69,012,223	0.108774	0.000000		73.00
74.00	07400	RENAL DIALYSIS	831,771	19,605	851,376	0.769288	0.000000		74.00
76.97	07697	CARDIAC REHABILITATION	187,532	1,040,585	1,228,117	0.718454	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	10,222,522	32,813,100	43,035,622	0.147884	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,160,962	4,337,200	5,498,162	0.662689	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	10,877,292	10,877,292	0.749711	0.000000		95.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	311,599,618	274,655,039	586,254,657				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	311,599,618	274,655,039	586,254,657				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0113	Period: From 01/01/2017 To 01/31/2018	Worksheet C Part I Date/Time Prepared: 6/29/2018 6:30 am
Cost Center Description			PPS Inpatient Ratio	Title V	Hospital Cost
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
41.00	04100	SUBPROVIDER - IRF			41.00
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 STORAGE, 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
69.01	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	HYPERBARIC 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
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
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: 14-0113	Period: From 01/01/2017 To 01/31/2018	Worksheet D Part I Date/Time Prepared: 6/29/2018 6:30 am
Title XVIII			Hospital	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	1,345,038	0	1,345,038	23,262	57.82	30.00	
31.00	INTENSIVE CARE UNIT	317,466		317,466	3,461	91.73	31.00	
41.00	SUBPROVIDER - IRF	286,186	0	286,186	5,000	57.24	41.00	
43.00	NURSERY	67,577		67,577	1,570	43.04	43.00	
200.00	Total (lines 30 through 199)	2,016,267		2,016,267	33,293		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	6,872	397,339					30.00
31.00	INTENSIVE CARE UNIT	1,486	136,311					31.00
41.00	SUBPROVIDER - IRF	2,784	159,356					41.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30 through 199)	11,142	693,006					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0113	Period: From 01/01/2017 To 01/31/2018	Worksheet D Part II Date/Time Prepared: 6/29/2018 6:30 am
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Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,396,988	88,363,468	0.015810	13,485,266	213,202	50.00
50.01	03330 ENDOSCOPY	133,679	22,995,325	0.005813	652,929	3,795	50.01
51.00	05100 RECOVERY ROOM	100,003	8,588,126	0.011644	1,285,956	14,974	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	286,459	5,281,254	0.054241	8,247	447	52.00
53.00	05300 ANESTHESIOLOGY	21,243	35,300,769	0.000602	4,423,587	2,663	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	232,194	10,117,571	0.022950	1,653,931	37,958	54.00
54.01	03630 ULTRASOUND	46,753	5,068,683	0.009224	1,031,622	9,516	54.01
54.02	03440 MAMMOGRAPHY	51,953	955,819	0.054354	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
55.01	03480 ONCOLOGY	0	0	0.000000	0	0	55.01
56.00	05600 RADIOISOTOPE	31,589	3,565,015	0.008861	493,482	4,373	56.00
57.00	05700 CT SCAN	64,640	36,749,828	0.001759	4,507,066	7,928	57.00
58.00	05800 MRI	111,773	7,527,961	0.014848	1,252,118	18,591	58.00
59.00	05900 CARDIAC CATHETERIZATION	957,607	41,792,359	0.022913	6,061,760	138,893	59.00
60.00	06000 LABORATORY	445,668	62,497,478	0.007131	10,287,858	73,363	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	13,808	1,849,137	0.007467	508,551	3,797	63.00
65.00	06500 RESPIRATORY THERAPY	150,159	19,821,953	0.007575	7,731,034	58,563	65.00
66.00	06600 PHYSICAL THERAPY	69,745	7,882,159	0.008848	961,664	8,509	66.00
67.00	06700 OCCUPATIONAL THERAPY	54,131	6,424,234	0.008426	803,597	6,771	67.00
68.00	06800 SPEECH PATHOLOGY	11,997	1,316,213	0.009115	116,458	1,062	68.00
69.01	03140 RADIOLOGY	64,042	12,618,029	0.005075	2,766,689	14,041	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	522,322	20,060,698	0.026037	5,837,209	151,983	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	174,337	38,545,153	0.004523	7,670,815	34,695	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	214,074	69,496,752	0.003080	17,587,122	54,168	73.00
74.00	07400 RENAL DIALYSIS	20,175	883,017	0.022848	492,365	11,250	74.00
76.97	07697 CARDIAC REHABILITATION	62,689	1,383,622	0.045308	53,536	2,426	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	356,691	58,231,906	0.006125	5,045,364	30,903	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	214,575	15,756,725	0.013618	1,014,563	13,816	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	5,809,294	583,073,254		95,732,789	917,687	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0113	Period: From 01/01/2017 To 01/31/2018	Worksheet D Part III Date/Time Prepared: 6/29/2018 6:30 am
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Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	PPS	
			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	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00	
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	23,262	0.00	6,872	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	3,461	0.00	1,486	31.00	
41.00	04100	SUBPROVIDER - IRF	0	0	5,000	0.00	2,784	41.00	
43.00	04300	NURSERY	0	0	1,570	0.00	0	43.00	
200.00		Total (lines 30 through 199)	0	0	33,293		11,142	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
41.00	04100	SUBPROVIDER - IRF	0						41.00
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: 14-0113	Period: From 01/01/2017 To 01/31/2018	Worksheet D Part IV Date/Time Prepared: 6/29/2018 6:30 am
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Cost Center Description	Title XVIII				Hospital		PPS
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.01	03330	ENDOSCOPY	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	03630	ULTRASOUND	0	0	0	0	54.01
54.02	03440	MAMMOGRAPHY	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01	03480	ONCOLOGY	0	0	0	0	55.01
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
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	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.01	03140	CARDIOLOGY	0	0	0	0	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	0	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	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0113	Period: From 01/01/2017 To 01/31/2018	Worksheet D Part IV Date/Time Prepared: 6/29/2018 6:30 am
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Cost Center Description		Title XVIII			Hospital	PPS		
		All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	88,363,468	0.000000	50.00
50.01	03330	ENDOSCOPY	0	0	0	22,995,325	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	8,588,126	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	5,281,254	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	35,300,769	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	10,117,571	0.000000	54.00
54.01	03630	ULTRASOUND	0	0	0	5,068,683	0.000000	54.01
54.02	03440	MAMMOGRAPHY	0	0	0	955,819	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
55.01	03480	ONCOLOGY	0	0	0	0	0.000000	55.01
56.00	05600	RADIOISOTOPE	0	0	0	3,565,015	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	36,749,828	0.000000	57.00
58.00	05800	MRI	0	0	0	7,527,961	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	41,792,359	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	62,497,478	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	1,849,137	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	19,821,953	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	7,882,159	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	6,424,234	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,316,213	0.000000	68.00
69.01	03140	CARDIOLOGY	0	0	0	12,618,029	0.000000	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	20,060,698	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	38,545,153	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	69,496,752	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	883,017	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,383,622	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
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	58,231,906	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	15,756,725	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	583,073,254		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0113	Period: From 01/01/2017 To 01/31/2018	Worksheet D Part IV Date/Time Prepared: 6/29/2018 6:30 am
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Cost Center Description		Title XVIII				Hospital	
		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)	PPS
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	13,485,266	0	11,159,784	0	50.00
50.01	03330 ENDOSCOPY	0.000000	652,929	0	4,689,823	0	50.01
51.00	05100 RECOVERY ROOM	0.000000	1,285,956	0	910,753	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	8,247	0	494	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	4,423,587	0	4,635,460	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	1,653,931	0	1,460,576	0	54.00
54.01	03630 ULTRASOUND	0.000000	1,031,622	0	555,361	0	54.01
54.02	03440 MAMMOGRAPHY	0.000000	0	0	97,953	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	493,482	0	829,225	0	56.00
57.00	05700 CT SCAN	0.000000	4,507,066	0	5,394,682	0	57.00
58.00	05800 MRI	0.000000	1,252,118	0	711,175	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	6,061,760	0	9,604,779	0	59.00
60.00	06000 LABORATORY	0.000000	10,287,858	0	8,723,350	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	508,551	0	773,746	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.000000	7,731,034	0	534,537	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	961,664	0	71,376	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	803,597	0	43,964	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	116,458	0	8,448	0	68.00
69.01	03140 RADIOLOGY	0.000000	2,766,689	0	2,065,040	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	5,837,209	0	2,730,074	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	7,670,815	0	4,278,974	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	17,587,122	0	7,364,393	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	492,365	0	56,713	0	74.00
76.97	07697 CARDIAC REHABILITATION	0.000000	53,536	0	401,316	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
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0.000000	5,045,364	0	8,251,066	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	1,014,563	0	1,948,977	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		95,732,789	0	77,302,039	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0113	Period: From 01/01/2017 To 01/31/2018	Worksheet D Part V Date/Time Prepared: 6/29/2018 6:30 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
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.135545	11,159,784	0	2,887	1,512,653
50.01 03330 ENDOSCOPY	0.106157	4,689,823	0	0	497,858
51.00 05100 RECOVERY ROOM	0.138419	910,753	0	0	126,066
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.580703	494	0	0	287
53.00 05300 ANESTHESIOLOGY	0.013597	4,635,460	0	0	63,028
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.215203	1,460,576	0	0	314,320
54.01 03630 ULTRASOUND	0.134713	555,361	0	0	74,814
54.02 03440 MAMMOGRAPHY	0.356362	97,953	0	0	34,907
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0
55.01 03480 ONCOLOGY	0.000000	0	0	0	0
56.00 05600 RADIO SOTOPE	0.169711	829,225	0	284	140,729
57.00 05700 CT SCAN	0.035844	5,394,682	0	0	193,367
58.00 05800 MRI	0.075747	711,175	0	423	53,869
59.00 05900 CARDIAC CATHETERIZATION	0.101609	9,604,779	1	0	975,932
60.00 06000 LABORATORY	0.133856	8,723,350	439	0	1,167,673
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.339840	773,746	0	0	262,950
65.00 06500 RESPIRATORY THERAPY	0.123005	534,537	93	0	65,751
66.00 06600 PHYSICAL THERAPY	0.185304	71,376	0	0	13,226
67.00 06700 OCCUPATIONAL THERAPY	0.210389	43,964	0	0	9,250
68.00 06800 SPEECH PATHOLOGY	0.346569	8,448	0	0	2,928
69.01 03140 RADIOLOGY	0.091206	2,065,040	0	1,598	188,344
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.758731	2,730,074	0	0	2,071,392
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.136538	4,278,974	0	0	584,243
73.00 07300 DRUGS CHARGED TO PATIENTS	0.108016	7,364,393	0	96,722	795,472
74.00 07400 RENAL DIALYSIS	0.741722	56,713	0	0	42,065
76.97 07697 CARDIAC REHABILITATION	0.637707	401,316	0	0	255,922
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0
76.99 07699 LI THOTRI PSY	0.000000	0	0	0	0
OUTPATIENT SERVICE COST CENTERS					
91.00 09100 EMERGENCY	0.109292	8,251,066	2	0	901,776
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.217044	1,948,977	0	0	423,014
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	0.413145		0		
200.00	Subtotal (see instructions)	77,302,039	535	101,914	10,771,836
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	
202.00	Net Charges (line 200 - line 201)	77,302,039	535	101,914	10,771,836

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0113	Period: From 01/01/2017 To 01/31/2018	Worksheet D Part V Date/Time Prepared: 6/29/2018 6:30 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		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	391		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	48		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	32		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	59	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	11	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
69.01 03140 RADIOLOGY	0	146		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	10,448		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
OUTPATIENT SERVICE COST CENTERS				
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0			95.00
200.00 Subtotal (see instructions)	70	11,065		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	70	11,065		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0113 Component CCN: 14-T113		Period: From 01/01/2017 To 01/31/2018		Worksheet D Part II Date/Time Prepared: 6/29/2018 6:30 am		
Title XVIII				Subprovider - IRF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,396,988	88,363,468	0.015810	55,582	879	50.00
50.01	03330	ENDOSCOPY	133,679	22,995,325	0.005813	35,285	205	50.01
51.00	05100	RECOVERY ROOM	100,003	8,588,126	0.011644	16,934	197	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	286,459	5,281,254	0.054241	126	7	52.00
53.00	05300	ANESTHESIOLOGY	21,243	35,300,769	0.000602	28,980	17	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	232,194	10,117,571	0.022950	89,972	2,065	54.00
54.01	03630	ULTRASOUND	46,753	5,068,683	0.009224	84,200	777	54.01
54.02	03440	MAMMOGRAPHY	51,953	955,819	0.054354	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
55.01	03480	ONCOLOGY	0	0	0.000000	0	0	55.01
56.00	05600	RADIOISOTOPE	31,589	3,565,015	0.008861	29,495	261	56.00
57.00	05700	CT SCAN	64,640	36,749,828	0.001759	245,221	431	57.00
58.00	05800	MRI	111,773	7,527,961	0.014848	171,473	2,546	58.00
59.00	05900	CARDIAC CATHETERIZATION	957,607	41,792,359	0.022913	82,762	1,896	59.00
60.00	06000	LABORATORY	445,668	62,497,478	0.007131	818,696	5,838	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	13,808	1,849,137	0.007467	8,190	61	63.00
65.00	06500	RESPIRATORY THERAPY	150,159	19,821,953	0.007575	821,075	6,220	65.00
66.00	06600	PHYSICAL THERAPY	69,745	7,882,159	0.008848	1,832,461	16,214	66.00
67.00	06700	OCCUPATIONAL THERAPY	54,131	6,424,234	0.008426	1,634,319	13,771	67.00
68.00	06800	SPEECH PATHOLOGY	11,997	1,316,213	0.009115	387,158	3,529	68.00
69.01	03140	CARDIOLOGY	64,042	12,618,029	0.005075	55,199	280	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	522,322	20,060,698	0.026037	399,013	10,389	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	174,337	38,545,153	0.004523	109,299	494	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	214,074	69,496,752	0.003080	2,932,786	9,033	73.00
74.00	07400	RENAL DIALYSIS	20,175	883,017	0.022848	49,808	1,138	74.00
76.97	07697	CARDIAC REHABILITATION	62,689	1,383,622	0.045308	2,415	109	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	356,691	58,231,906	0.006125	80,391	492	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	15,756,725	0.000000	40,491	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	5,594,719	583,073,254		10,011,331	76,849	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0113 Component CCN: 14-T113	Period: From 01/01/2017 To 01/31/2018	Worksheet D Part IV Date/Time Prepared: 6/29/2018 6:30 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
	1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
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
69.01 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
OUTPATIENT SERVICE COST CENTERS						
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
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
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: 14-0113 Component CCN: 14-T113	Period: From 01/01/2017 To 01/31/2018	Worksheet D Part IV Date/Time Prepared: 6/29/2018 6:30 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)	
		4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	88,363,468	0.000000 50.00
50.01	03330	ENDOSCOPY	0	0	0	22,995,325	0.000000 50.01
51.00	05100	RECOVERY ROOM	0	0	0	8,588,126	0.000000 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	5,281,254	0.000000 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	35,300,769	0.000000 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	10,117,571	0.000000 54.00
54.01	03630	ULTRASOUND	0	0	0	5,068,683	0.000000 54.01
54.02	03440	MAMMOGRAPHY	0	0	0	955,819	0.000000 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000 55.00
55.01	03480	ONCOLOGY	0	0	0	0	0.000000 55.01
56.00	05600	RADIOISOTOPE	0	0	0	3,565,015	0.000000 56.00
57.00	05700	CT SCAN	0	0	0	36,749,828	0.000000 57.00
58.00	05800	MRI	0	0	0	7,527,961	0.000000 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	41,792,359	0.000000 59.00
60.00	06000	LABORATORY	0	0	0	62,497,478	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	1,849,137	0.000000 63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	19,821,953	0.000000 65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	7,882,159	0.000000 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	6,424,234	0.000000 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,316,213	0.000000 68.00
69.01	03140	CARDIOLOGY	0	0	0	12,618,029	0.000000 69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	20,060,698	0.000000 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	38,545,153	0.000000 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	69,496,752	0.000000 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	883,017	0.000000 74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,383,622	0.000000 76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0.000000 76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0.000000 76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	0	58,231,906	0.000000 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	15,756,725	0.000000 92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50 through 199)	0	0	0	583,073,254	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0113 Component CCN: 14-T113		Period: From 01/01/2017 To 01/31/2018		Worksheet D Part IV Date/Time Prepared: 6/29/2018 6:30 am	
				Title XVIII		Subprovider - IRF	PPS
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000000	55,582	0	0	50.00
50.01	03330	ENDOSCOPY	0.000000	35,285	0	0	50.01
51.00	05100	RECOVERY ROOM	0.000000	16,934	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	126	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	28,980	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	89,972	0	0	54.00
54.01	03630	ULTRASOUND	0.000000	84,200	0	0	54.01
54.02	03440	MAMMOGRAPHY	0.000000	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	55.00
55.01	03480	ONCOLOGY	0.000000	0	0	0	55.01
56.00	05600	RADIOISOTOPE	0.000000	29,495	0	0	56.00
57.00	05700	CT SCAN	0.000000	245,221	0	0	57.00
58.00	05800	MRI	0.000000	171,473	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	82,762	0	0	59.00
60.00	06000	LABORATORY	0.000000	818,696	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	8,190	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	821,075	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	1,832,461	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	1,634,319	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	387,158	0	0	68.00
69.01	03140	CARDIOLOGY	0.000000	55,199	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	399,013	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	109,299	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	2,932,786	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	49,808	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	2,415	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0.000000	80,391	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	40,491	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50 through 199)		10,011,331	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0113 Component CCN: 14-T113	Period: From 01/01/2017 To 01/31/2018	Worksheet D Part V Date/Time Prepared: 6/29/2018 6:30 am
Title XVIII			Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.135545	0	0	79	0	50.00
50.01 03330 ENDOSCOPY	0.106157	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0.138419	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.580703	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.013597	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.215203	0	0	0	0	54.00
54.01 03630 ULTRASOUND	0.134713	0	0	0	0	54.01
54.02 03440 MAMMOGRAPHY	0.356362	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	0.169711	0	0	3	0	56.00
57.00 05700 CT SCAN	0.035844	0	0	0	0	57.00
58.00 05800 MRI	0.075747	0	0	8	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.101609	0	0	0	0	59.00
60.00 06000 LABORATORY	0.133856	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.	0.339840	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0.123005	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.185304	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.210389	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.346569	0	0	0	0	68.00
69.01 03140 RADIOLOGY	0.091206	0	0	27	0	69.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.758731	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.136538	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.108016	0	0	2,727	0	73.00
74.00 07400 RENAL DIALYSIS	0.741722	0	0	0	0	74.00
76.97 07697 CARDIAC REHABILITATION	0.637707	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
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	0.109292	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.217044	0	0	1,008	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0.413145	0	0	0	0	95.00
200.00	Subtotal (see instructions)	0	0	3,852	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0		201.00
202.00	Net Charges (line 200 - line 201)		0	3,852	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0113 Component CCN: 14-T113	Period: From 01/01/2017 To 01/31/2018	Worksheet D Part V Date/Time Prepared: 6/29/2018 6:30 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	11	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	1	56.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MRI	0	1	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
69.01 03140 CARDIOLOGY	0	2	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	295	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
OUTPATIENT SERVICE COST CENTERS			
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	219	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00 09500 AMBULANCE SERVICES	0		95.00
200.00 Subtotal (see instructions)	0	529	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00 Net Charges (line 200 - line 201)	0	529	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 14-0113		Period: From 01/01/2017 To 01/31/2018		Worksheet D Part I Date/Time Prepared: 6/29/2018 6:30 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	1,345,038	0	1,345,038	23,262	57.82	30.00
31.00	INTENSIVE CARE UNIT	317,466		317,466	3,461	91.73	31.00
41.00	SUBPROVIDER - IRF	286,186	0	286,186	5,000	57.24	41.00
43.00	NURSERY	67,577		67,577	1,570	43.04	43.00
200.00	Total (lines 30 through 199)	2,016,267		2,016,267	33,293		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	3,927	227,059				
31.00	INTENSIVE CARE UNIT	183	16,787				
41.00	SUBPROVIDER - IRF	533	30,509				
43.00	NURSERY	621	26,728				
200.00	Total (lines 30 through 199)	5,264	301,083				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0113	Period: From 01/01/2017 To 01/31/2018	Worksheet D Part II Date/Time Prepared: 6/29/2018 6:30 am
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Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,396,988	77,676,142	0.017985	0	0	50.00
50.01	03330	ENDOSCOPY	133,679	17,618,298	0.007588	0	0	50.01
51.00	05100	RECOVERY ROOM	100,003	9,735,230	0.010272	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	286,459	5,557,099	0.051548	0	0	52.00
53.00	05300	ANESTHESIOLOGY	21,243	28,083,571	0.000756	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	232,194	9,901,753	0.023450	0	0	54.00
54.01	03630	ULTRASOUND	46,753	4,571,822	0.010226	0	0	54.01
54.02	03440	MAMMOGRAPHY	51,953	768,756	0.067581	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
55.01	03480	ONCOLOGY	0	0	0.000000	0	0	55.01
56.00	05600	RADIOISOTOPE	31,589	3,398,017	0.009296	0	0	56.00
57.00	05700	CT SCAN	64,640	22,616,416	0.002858	0	0	57.00
58.00	05800	MRI	111,773	8,795,737	0.012708	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	957,607	34,573,074	0.027698	0	0	59.00
60.00	06000	LABORATORY	445,668	66,218,762	0.006730	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.	13,808	2,051,374	0.006731	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	150,159	24,996,147	0.006007	0	0	65.00
66.00	06600	PHYSICAL THERAPY	69,745	5,937,338	0.011747	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	54,131	4,866,312	0.011124	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	11,997	1,085,835	0.011049	0	0	68.00
69.01	03140	CARDIOLOGY	64,042	8,977,757	0.007133	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	522,322	24,342,352	0.021457	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	174,337	29,983,238	0.005814	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	214,074	69,012,223	0.003102	0	0	73.00
74.00	07400	RENAL DIALYSIS	20,175	851,376	0.023697	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	62,689	1,228,117	0.051045	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	356,691	43,035,622	0.008288	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	214,574	5,498,162	0.039026	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	5,809,293	511,380,530		0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0113	Period: From 01/01/2017 To 01/31/2018	Worksheet D Part III Date/Time Prepared: 6/29/2018 6:30 am
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Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00	
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	23,262	0.00	3,927	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	3,461	0.00	183	31.00	
41.00	04100	SUBPROVIDER - IRF	0	0	5,000	0.00	533	41.00	
43.00	04300	NURSERY		0	1,570	0.00	621	43.00	
200.00		Total (lines 30 through 199)		0	33,293		5,264	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
41.00	04100	SUBPROVIDER - IRF	0						41.00
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: 14-0113

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

Worksheet D
Part IV
Date/Time Prepared:
6/29/2018 6:30 am

Cost Center Description		Title XIX				Hospital		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		
ANCILLARY SERVICE COST CENTERS								
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
69.01	03140	CARDIOLOGY	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	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
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
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
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: 14-0113	Period: From 01/01/2017 To 01/31/2018	Worksheet D Part IV Date/Time Prepared: 6/29/2018 6:30 am
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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		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	77,676,142	0.000000	50.00
50.01	03330	ENDOSCOPY	0	0	0	17,618,298	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	9,735,230	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	5,557,099	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	28,083,571	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	9,901,753	0.000000	54.00
54.01	03630	ULTRASOUND	0	0	0	4,571,822	0.000000	54.01
54.02	03440	MAMMOGRAPHY	0	0	0	768,756	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
55.01	03480	ONCOLOGY	0	0	0	0	0.000000	55.01
56.00	05600	RADIOISOTOPE	0	0	0	3,398,017	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	22,616,416	0.000000	57.00
58.00	05800	MRI	0	0	0	8,795,737	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	34,573,074	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	66,218,762	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	2,051,374	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	24,996,147	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	5,937,338	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	4,866,312	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,085,835	0.000000	68.00
69.01	03140	CARDIOLOGY	0	0	0	8,977,757	0.000000	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	24,342,352	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	29,983,238	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	69,012,223	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	851,376	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,228,117	0.000000	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRI PSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	43,035,622	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	5,498,162	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	511,380,530		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0113

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

Worksheet D
Part IV
Date/Time Prepared:
6/29/2018 6:30 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	
ANCILLARY SERVICE COST CENTERS							
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
69.01	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 HYPERBARI C OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
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
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 14-0113	Period: From 01/01/2017 To 01/31/2018	Worksheet D Part I Date/Time Prepared: 6/29/2018 6:30 am
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Cost Center Description		Title V			Hospital		Per Diem (col. 3 / col. 4)	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Cost		
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00		
30.00	ADULTS & PEDIATRICS	1,345,038	0	1,345,038	23,262	57.82	30.00	
31.00	INTENSIVE CARE UNIT	317,466	0	317,466	3,461	91.73	31.00	
41.00	SUBPROVIDER - IRF	286,186	0	286,186	5,000	57.24	41.00	
43.00	NURSERY	67,577		67,577	1,570	43.04	43.00	
200.00	Total (lines 30 through 199)	2,016,267		2,016,267	33,293		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					
41.00	SUBPROVIDER - IRF	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: 14-0113	Period: From 01/01/2017 To 01/31/2018	Worksheet D Part II Date/Time Prepared: 6/29/2018 6:30 am
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Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,396,988	77,676,142	0.017985	0	0	50.00
50.01	03330	ENDOSCOPY	133,679	17,618,298	0.007588	0	0	50.01
51.00	05100	RECOVERY ROOM	100,003	9,735,230	0.010272	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	286,459	5,557,099	0.051548	0	0	52.00
53.00	05300	ANESTHESIOLOGY	21,243	28,083,571	0.000756	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	232,194	9,901,753	0.023450	0	0	54.00
54.01	03630	ULTRASOUND	46,753	4,571,822	0.010226	0	0	54.01
54.02	03440	MAMMOGRAPHY	51,953	768,756	0.067581	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
55.01	03480	ONCOLOGY	0	0	0.000000	0	0	55.01
56.00	05600	RADIOISOTOPE	31,589	3,398,017	0.009296	0	0	56.00
57.00	05700	CT SCAN	64,640	22,616,416	0.002858	0	0	57.00
58.00	05800	MRI	111,773	8,795,737	0.012708	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	957,607	34,573,074	0.027698	0	0	59.00
60.00	06000	LABORATORY	445,668	66,218,762	0.006730	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.	13,808	2,051,374	0.006731	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	150,159	24,996,147	0.006007	0	0	65.00
66.00	06600	PHYSICAL THERAPY	69,745	5,937,338	0.011747	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	54,131	4,866,312	0.011124	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	11,997	1,085,835	0.011049	0	0	68.00
69.01	03140	CARDIOLOGY	64,042	8,977,757	0.007133	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	522,322	24,342,352	0.021457	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	174,337	29,983,238	0.005814	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	214,074	69,012,223	0.003102	0	0	73.00
74.00	07400	RENAL DIALYSIS	20,175	851,376	0.023697	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	62,689	1,228,117	0.051045	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	356,691	43,035,622	0.008288	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	214,574	5,498,162	0.039026	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	5,809,293	511,380,530		0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0113	Period: From 01/01/2017 To 01/31/2018	Worksheet D Part III Date/Time Prepared: 6/29/2018 6:30 am
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Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00	
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	23,262	0.00	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	3,461	0.00	0	31.00	
41.00	04100	SUBPROVIDER - IRF	0	0	5,000	0.00	0	41.00	
43.00	04300	NURSERY	0	0	1,570	0.00	0	43.00	
200.00		Total (lines 30 through 199)	0	0	33,293		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
41.00	04100	SUBPROVIDER - IRF	0						41.00
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: 14-0113	Period: From 01/01/2017 To 01/31/2018	Worksheet D Part IV Date/Time Prepared: 6/29/2018 6:30 am
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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		
ANCILLARY SERVICE COST CENTERS							
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
69.01 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
OUTPATIENT SERVICE COST CENTERS							
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
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	0	95.00
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: 14-0113

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

Worksheet D
Part IV
Date/Time Prepared:
6/29/2018 6:30 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		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	77,676,142	0.000000	50.00
50.01	03330	ENDOSCOPY	0	0	0	17,618,298	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	9,735,230	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	5,557,099	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	28,083,571	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	9,901,753	0.000000	54.00
54.01	03630	ULTRASOUND	0	0	0	4,571,822	0.000000	54.01
54.02	03440	MAMMOGRAPHY	0	0	0	768,756	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
55.01	03480	ONCOLOGY	0	0	0	0	0.000000	55.01
56.00	05600	RADIOISOTOPE	0	0	0	3,398,017	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	22,616,416	0.000000	57.00
58.00	05800	MRI	0	0	0	8,795,737	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	34,573,074	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	66,218,762	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	2,051,374	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	24,996,147	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	5,937,338	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	4,866,312	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,085,835	0.000000	68.00
69.01	03140	CARDIOLOGY	0	0	0	8,977,757	0.000000	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	24,342,352	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	29,983,238	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	69,012,223	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	851,376	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,228,117	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
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	43,035,622	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	5,498,162	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	511,380,530		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0113

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

Worksheet D
Part IV
Date/Time Prepared:
6/29/2018 6:30 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	
ANCILLARY SERVICE COST CENTERS								
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
69.01	03140	CARDIOLOGY	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	HYPERBARI C OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRI PSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
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
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)		0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0113	Period: From 01/01/2017 To 01/31/2018	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 6/29/2018 6:30 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		23,262	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		23,262	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)		19,551	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)		6,872	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		21,437,306	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)		21,437,306	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		21,437,306	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		921.56	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,332,960	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)		6,332,960	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0113	Period: From 01/01/2017 To 01/31/2018	Worksheet D-1 Date/Time Prepared: 6/29/2018 6:30 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)	
42.00	NURSERY (title V & XIX only)	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	5,701,441	3,461	1,647.34	1,486	43.00
44.00	CORONARY CARE UNIT					44.00
45.00	BURN INTENSIVE CARE UNIT					45.00
46.00	SURGICAL INTENSIVE CARE UNIT					46.00
47.00	OTHER SPECIAL CARE (SPECIFY)					47.00
Cost Center Description					1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				15,283,853	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				24,064,760	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)				533,650	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				917,687	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				1,451,337	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				22,613,423	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)				3,711	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				921.56	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				3,419,909	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0113		Period: From 01/01/2017 To 01/31/2018		Worksheet D-1 Date/Time Prepared: 6/29/2018 6:30 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	1,345,038	21,437,306	0.062743	3,419,909	214,575	90.00
91.00	Nursing School cost	0	21,437,306	0.000000	3,419,909	0	91.00
92.00	Allied health cost	0	21,437,306	0.000000	3,419,909	0	92.00
93.00	All other Medical Education	0	21,437,306	0.000000	3,419,909	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0113 Component CCN: 14-T113	Period: From 01/01/2017 To 01/31/2018	Worksheet D-1 Date/Time Prepared: 6/29/2018 6:30 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			5,000 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			5,000 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)			5,000 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)			2,784 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			0 15.00
16.00	Nursery days (title V or XIX only)			0 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			4,829,465 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)			4,829,465 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			4,829,465 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			965.89 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			2,689,038 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)			2,689,038 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0113	Period: From 01/01/2017 To 01/31/2018	Worksheet D-1	
				Component CCN: 14-T113		Date/Time Prepared: 6/29/2018 6:30 am	
				Title XVIII	Subprovider - IRF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
						1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						1,806,951	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						4,495,989	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)						159,356	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						76,849	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						236,205	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						4,259,784	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges						0	54.00
55.00 Target amount per discharge						0.00	55.00
56.00 Target amount (line 54 x line 55)						0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00 Bonus payment (see instructions)						0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00 Relief payment (see instructions)						0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)						0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0113 Component CCN: 14-T113		Period: From 01/01/2017 To 01/31/2018		Worksheet D-1 Date/Time Prepared: 6/29/2018 6:30 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	286,186	4,829,465	0.059258	0	0	90.00
91.00	Nursing School cost	0	4,829,465	0.000000	0	0	91.00
92.00	Allied health cost	0	4,829,465	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,829,465	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0113	Period: From 01/01/2017 To 01/31/2018	Worksheet D-1 Date/Time Prepared: 6/29/2018 6:30 am
Cost Center Description		Title XIX	Hospital	Cost
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			23,262 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			23,262 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)			19,551 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			3,927 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)			1,570 15.00
16.00	Nursery days (title V or XIX only)			621 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			22,839,359 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)			22,839,359 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			22,839,359 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			981.83 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			3,855,646 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			3,855,646 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0113		Period: From 01/01/2017 To 01/31/2018		Worksheet D-1	
Title XIX		Hospital		Cost		Date/Time Prepared: 6/29/2018 6:30 am	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	979,364	1,570	623.80	621	387,380		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	5,847,340	3,461	1,689.49	183	309,177		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						0	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						4,552,203	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)						3,711	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						981.83	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						3,643,571	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0113		Period: From 01/01/2017 To 01/31/2018		Worksheet D-1 Date/Time Prepared: 6/29/2018 6:30 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	1,345,038	22,839,359	0.058891	3,643,571	214,574	90.00
91.00	Nursing School cost	0	22,839,359	0.000000	3,643,571	0	91.00
92.00	Allied health cost	0	22,839,359	0.000000	3,643,571	0	92.00
93.00	All other Medical Education	0	22,839,359	0.000000	3,643,571	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0113 Component CCN: 14-T113	Period: From 01/01/2017 To 01/31/2018	Worksheet D-1 Date/Time Prepared: 6/29/2018 6:30 am
		Title XIX	Subprovider - IRF	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			5,000 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			5,000 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)			5,000 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)			533 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)			1,570 15.00
16.00	Nursery days (title V or XIX only)			621 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			4,829,465 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)			4,829,465 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			4,829,465 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			965.89 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			514,819 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)			514,819 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0113 Component CCN: 14-T113		Period: From 01/01/2017 To 01/31/2018		Worksheet D-1 Date/Time Prepared: 6/29/2018 6:30 am	
		Title XIX		Subprovider - IRF		Cost	
Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)		
	Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)				
	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	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				0		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				514,819		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)				0		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				0.00		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0113 Component CCN: 14-T113		Period: From 01/01/2017 To 01/31/2018		Worksheet D-1 Date/Time Prepared: 6/29/2018 6:30 am	
		Title XIX		Subprovider - IRF		Cost	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	286,186	4,829,465	0.059258	0	0	90.00
91.00	Nursing School cost	0	4,829,465	0.000000	0	0	91.00
92.00	Allied health cost	0	4,829,465	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,829,465	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0113	Period: From 01/01/2017 To 01/31/2018	Worksheet D-1
				Date/Time Prepared: 6/29/2018 6:30 am
Cost Center Description		Title V	Hospital	Cost
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			23,262 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			23,262 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)			19,551 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)			1,570 15.00
16.00	Nursery days (title V or XIX only)			0 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			22,839,359 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)			22,839,359 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			22,839,359 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			981.83 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: 14-0113		Period: From 01/01/2017 To 01/31/2018		Worksheet D-1	
Date/Time Prepared: 6/29/2018 6:30 am		Title V		Hospital		Cost	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	979,364	1,570	623.80	0		0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	5,847,340	3,461	1,689.49	0		0	43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
						1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						0	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						0	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)						3,711	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						981.83	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						3,643,571	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0113		Period: From 01/01/2017 To 01/31/2018		Worksheet D-1 Date/Time Prepared: 6/29/2018 6:30 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	1,345,038	22,839,359	0.058891	3,643,571	214,574	90.00
91.00	Nursing School cost	0	22,839,359	0.000000	3,643,571	0	91.00
92.00	Allied health cost	0	22,839,359	0.000000	3,643,571	0	92.00
93.00	All other Medical Education	0	22,839,359	0.000000	3,643,571	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0113 Component CCN: 14-T113	Period: From 01/01/2017 To 01/31/2018	Worksheet D-1 Date/Time Prepared: 6/29/2018 6:30 am
		Title V	Subprovider - IRF	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			5,000 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			5,000 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)			5,000 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)			1,570 15.00
16.00	Nursery days (title V or XIX only)			0 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			4,829,465 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)			4,829,465 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			4,829,465 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			965.89 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: 14-0113 Component CCN: 14-T113		Period: From 01/01/2017 To 01/31/2018		Worksheet D-1 Date/Time Prepared: 6/29/2018 6:30 am	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					0	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)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0113 Component CCN: 14-T113		Period: From 01/01/2017 To 01/31/2018		Worksheet D-1 Date/Time Prepared: 6/29/2018 6:30 am	
		Title V		Subprovider - IRF		Cost	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	286,186	4,829,465	0.059258	0	0	90.00
91.00	Nursing School cost	0	4,829,465	0.000000	0	0	91.00
92.00	Allied health cost	0	4,829,465	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,829,465	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0113	Period: From 01/01/2017 To 01/31/2018	Worksheet D-3 Date/Time Prepared: 6/29/2018 6:30 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	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		19,448,373	30.00
31.00	03100	INTENSIVE CARE UNIT		8,275,323	31.00
41.00	04100	SUBPROVIDER - IRF		5,481	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.135545	13,485,266	50.00
50.01	03330	ENDOSCOPY	0.106157	652,929	50.01
51.00	05100	RECOVERY ROOM	0.138419	1,285,956	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.580703	8,247	52.00
53.00	05300	ANESTHESIOLOGY	0.013597	4,423,587	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.215203	1,653,931	54.00
54.01	03630	ULTRASOUND	0.134713	1,031,622	54.01
54.02	03440	MAMMOGRAPHY	0.356362	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
55.01	03480	ONCOLOGY	0.000000	0	55.01
56.00	05600	RADIOISOTOPE	0.169711	493,482	56.00
57.00	05700	CT SCAN	0.035844	4,507,066	57.00
58.00	05800	MRI	0.075747	1,252,118	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.101655	6,061,760	59.00
60.00	06000	LABORATORY	0.133988	10,287,858	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.339840	508,551	63.00
65.00	06500	RESPIRATORY THERAPY	0.123238	7,731,034	65.00
66.00	06600	PHYSICAL THERAPY	0.185304	961,664	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.210389	803,597	67.00
68.00	06800	SPEECH PATHOLOGY	0.346569	116,458	68.00
69.01	03140	CARDIOLOGY	0.091206	2,766,689	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.758731	5,837,209	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.136538	7,670,815	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.108016	17,587,122	73.00
74.00	07400	RENAL DIALYSIS	0.744979	492,365	74.00
76.97	07697	CARDIAC REHABILITATION	0.637707	53,536	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.109292	5,045,364	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.217044	1,014,563	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		95,732,789	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)		95,732,789	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0113 Component CCN: 14-T113	Period: From 01/01/2017 To 01/31/2018	Worksheet D-3 Date/Time Prepared: 6/29/2018 6:30 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
41.00	04100 SUBPROVIDER - IRF		5,436,498		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.135545	55,582	7,534	50.00
50.01	03330 ENDOSCOPY	0.106157	35,285	3,746	50.01
51.00	05100 RECOVERY ROOM	0.138419	16,934	2,344	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.580703	126	73	52.00
53.00	05300 ANESTHESIOLOGY	0.013597	28,980	394	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.215203	89,972	19,362	54.00
54.01	03630 ULTRASOUND	0.134713	84,200	11,343	54.01
54.02	03440 MAMMOGRAPHY	0.356362	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
55.01	03480 ONCOLOGY	0.000000	0	0	55.01
56.00	05600 RADIOISOTOPE	0.169711	29,495	5,006	56.00
57.00	05700 CT SCAN	0.035844	245,221	8,790	57.00
58.00	05800 MRI	0.075747	171,473	12,989	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.101655	82,762	8,413	59.00
60.00	06000 LABORATORY	0.133988	818,696	109,695	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.339840	8,190	2,783	63.00
65.00	06500 RESPIRATORY THERAPY	0.123238	821,075	101,188	65.00
66.00	06600 PHYSICAL THERAPY	0.185304	1,832,461	339,562	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.210389	1,634,319	343,843	67.00
68.00	06800 SPEECH PATHOLOGY	0.346569	387,158	134,177	68.00
69.01	03140 CARDIOLOGY	0.091206	55,199	5,034	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.758731	399,013	302,744	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.136538	109,299	14,923	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.108016	2,932,786	316,788	73.00
74.00	07400 RENAL DIALYSIS	0.744979	49,808	37,106	74.00
76.97	07697 CARDIAC REHABILITATION	0.637707	2,415	1,540	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0.109292	80,391	8,786	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.217044	40,491	8,788	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		10,011,331	1,806,951	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)		10,011,331		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0113	Period: From 01/01/2017 To 01/31/2018	Worksheet E Part A Date/Time Prepared: 6/29/2018 6:30 am
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		18,032,592	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)		425,893	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		7,168,036	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		164.99	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		9.59	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)		0.09	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)		9.50	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		7.01	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)		7.01	12.00
13.00	Total allowable FTE count for the prior year.		9.03	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.		9.50	14.00
15.00	Sum of lines 12 through 14 divided by 3.		8.51	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		8.51	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.051579	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.057122	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.051579	21.00
22.00	IME payment adjustment (see instructions)		500,927	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		199,121	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		1.19	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		-2.49	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)		500,927	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		199,121	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.78	30.00
31.00	Percentage of Medicaid patient days (see instructions)		24.13	31.00
32.00	Sum of lines 30 and 31		29.91	32.00
33.00	Allowable disproportionate share percentage (see instructions)		13.89	33.00
34.00	Disproportionate share adjustment (see instructions)		626,182	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0113	Period: From 01/01/2017 To 01/31/2018	Worksheet E Part A Date/Time Prepared: 6/29/2018 6:30 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		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)		958,464	1,069,190 35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		716,878	360,302 35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,077,180	36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
		Before 1/1	On/After 1/1	
		1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0 41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0 41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00 45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	46.00
47.00	Subtotal (see instructions)		20,662,774	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
				Amount
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		20,861,895	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,622,331	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	0 51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		319,358	52.00
53.00	Nursing and Allied Health Managed Care payment		0	0 53.00
54.00	Special add-on payments for new technologies		0	0 54.00
54.01	Islet isolation add-on payment		0	0 54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	0 55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0 56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	0 57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	0 58.00
59.00	Total (sum of amounts on lines 49 through 58)		22,803,584	59.00
60.00	Primary payer payments		5,119	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		22,798,465	61.00
62.00	Deductibles billed to program beneficiaries		2,021,940	62.00
63.00	Coinurance billed to program beneficiaries		66,871	63.00
64.00	Allowable bad debts (see instructions)		611,252	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		397,314	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		495,761	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		21,106,968	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	0 68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	0 69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0 70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	0 70.50
70.87	Demonstration payment adjustment amount before sequestration		0	0 70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	0 70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	0 70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	0 70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	0 70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	0 70.92
70.93	HVBP payment adjustment amount (see instructions)		54,169	70.93
70.94	HRR adjustment amount (see instructions)		-206,035	70.94
70.95	Recovery of accelerated depreciation		0	0 70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0113	Period: From 01/01/2017 To 01/31/2018	Worksheet E Part A Date/Time Prepared: 6/29/2018 6:30 am
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		20,955,102	71.00
71.01	Sequestration adjustment (see instructions)		419,102	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		20,224,680	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)		311,320	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		102,192	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: 14-0113

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
6/29/2018 6:30 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	18,032,592	0	0	18,032,592	18,032,592	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	425,893	0	0	425,893	425,893	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	7,168,036	0	0	7,168,036	7,168,036	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.051579	0.051579	0.051579	0.051579	0.051579	5.00
6.00	IME payment adjustment (see instructions)	22.00	500,927	0	0	500,927	500,927	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	199,121	0	199,121	0	199,121	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	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	500,927	0	0	500,927	500,927	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	199,121	0	199,121	0	199,121	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1389	0.1389	0.1389	0.1389	0.1389	10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	626,182	0	0	626,182	626,182	11.00
11.01	Uncompensated care payments	36.00	1,077,180	0	895,678	252,830	1,148,508	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	20,662,774	0	895,678	19,767,096	20,662,774	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	20,861,895	0	1,094,799	19,767,096	20,861,895	15.00
16.00	Payment for inpatient program capital (From Wkst. L, Pt. I, if applicable)	50.00	1,622,331	0	0	1,622,331	1,622,331	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ aquisition cost		0	0	0	0	0	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: 14-0113

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
6/29/2018 6:30 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	1,094,799	21,389,427	22,484,226	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	1,452,638	0	0	1,452,638	1,452,638	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	18,619	0	0	18,619	18,619	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	0.0415	0.0415	0.0415	0.0415		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	60,284	0	0	60,284	60,284	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	90,790	0	0	90,790	90,790	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,622,331	0	0	1,622,331	1,622,331	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: 14-0113

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

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
6/29/2018 6:30 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	18,032,592		18,032,592	18,032,592	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	425,893	0	425,893	425,893	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	7,168,036	0	7,168,036	7,168,036	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.051579	0.051579	0.051579		5.00
6.00	IME payment adjustment (see instructions)	22.00	500,927	0	500,927	500,927	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	199,121	0	199,121	199,121	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	500,927	0	500,927	500,927	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	199,121	0	199,121	199,121	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1389	0.1389	0.1389		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	626,182	0	626,182	626,182	11.00
11.01	Uncompensated care payments	36.00	1,077,180	716,878	360,302	1,077,180	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	20,662,774	716,878	19,945,896	20,662,774	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	20,861,895	716,878	20,145,017	20,861,895	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,622,331	0	1,622,331	1,622,331	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			716,878	21,767,348	22,484,226	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 14-0113		Period: From 01/01/2017 To 01/31/2018		Worksheet E Part A Exhibit 5 Date/Time Prepared: 6/29/2018 6:30 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	1,452,638	0	1,452,638	1,452,638	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	18,619	0	18,619	18,619	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	0.0415	0.0415	0.0415		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	60,284	0	60,284	60,284	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	90,790	0	90,790	90,790	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,622,331	0	1,622,331	1,622,331	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	54,169	0	54,169	54,169	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	-206,035	0	-206,035	-206,035	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0113	Period: From 01/01/2017 To 01/31/2018	Worksheet E Part B Date/Time Prepared: 6/29/2018 6:30 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		11,135	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		10,771,836	2.00
3.00	OPPS payments		8,926,441	3.00
4.00	Outlier payment (see instructions)		127,814	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)		11,135	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		102,449	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)		102,449	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		102,449	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		91,314	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)		11,135	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)		9,054,255	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		1,683,548	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)		7,381,842	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		120,586	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)		7,502,428	30.00
31.00	Primary payer payments		1,268	31.00
32.00	Subtotal (line 30 minus line 31)		7,501,160	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		410,745	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		266,984	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		322,511	36.00
37.00	Subtotal (see instructions)		7,768,144	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		7,768,144	40.00
40.01	Sequestration adjustment (see instructions)		155,363	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		7,580,130	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		32,651	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0113 Component CCN: 14-T113	Period: From 01/01/2017 To 01/31/2018	Worksheet E Part B Date/Time Prepared: 6/29/2018 6:30 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		529	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	OPPS payments		288	3.00
4.00	Outlier payment (see instructions)		0	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)		529	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		3,852	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)		3,852	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		3,852	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		3,323	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)		529	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)		288	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	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)		817	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)		817	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		817	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		817	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	
39.97	Demonstration payment adjustment 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)		817	40.00
40.01	Sequestration adjustment (see instructions)		16	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		497	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		304	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0113

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

Worksheet E-1
Part I
Date/Time Prepared:
6/29/2018 6:30 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		19,693,698		7,225,644	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		800,043		376,793	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	12/21/2017	269,061	12/21/2017	22,307	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)		-269,061		-22,307	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)		20,224,680		7,580,130	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		311,320		32,651	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		20,536,000		7,612,781	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0113
Component CCN: 14-T113

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

Worksheet E-1
Part I
Date/Time Prepared:
6/29/2018 6:30 am

Title XVIII

Subprovider -
IRF

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				497	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		4,546,163		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	12/21/2017	35,467		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		35,467		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		4,581,630		497	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		87,129		304	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		4,668,759		801	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: 14-0113	Period: From 01/01/2017 To 01/31/2018	Worksheet E-1 Part II Date/Time Prepared: 6/29/2018 6:30 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0113 Component CCN: 14-T113	Period: From 01/01/2017 To 01/31/2018	Worksheet E-3 Part III Date/Time Prepared: 6/29/2018 6:30 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			4,461,007 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0356 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			255,616 3.00
4.00	Outlier Payments			75,526 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			12.626263 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			4,792,149 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			4,792,149 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			4,792,149 19.00
20.00	Deductibles			36,848 20.00
21.00	Subtotal (line 19 minus line 20)			4,755,301 21.00
22.00	Coinsurance			3,619 22.00
23.00	Subtotal (line 21 minus line 22)			4,751,682 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			19,012 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			12,358 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			16,464 26.00
27.00	Subtotal (sum of lines 23 and 25)			4,764,040 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			4,764,040 32.00
32.01	Sequestration adjustment (see instructions)			95,281 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			4,581,630 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			87,129 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			75,526 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0113	Period: From 01/01/2017 To 01/31/2018	Worksheet E-3 Part VII Date/Time Prepared: 6/29/2018 6:30 am	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		4,552,203		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)		4,552,203	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)		4,552,203	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
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
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		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)		4,552,203	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		4,552,203	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0113 Component CCN: 14-T113	Period: From 01/01/2017 To 01/31/2018	Worksheet E-3 Part VII Date/Time Prepared: 6/29/2018 6:30 am
		Title XIX	Subprovider - IRF	Cost
		Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services	514,819		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)	514,819	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)	514,819	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
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
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	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)	514,819	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	514,819	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	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	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0113	Period: From 01/01/2017 To 01/31/2018	Worksheet E-4 Date/Time Prepared: 6/29/2018 6:30 am	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			8.70	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			8.70	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			7.61	6.00
7.00	Enter the lesser of line 5 or line 6			7.61	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	7.61	0.00	7.61	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	7.61	0.00	7.61	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	7.61	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	8.70	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	8.70	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	8.34	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	8.34	0.00		17.00
18.00	Per resident amount	102,491.59	97,050.50		18.00
19.00	Approved amount for resident costs	854,780	0	854,780	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			1.99	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			99,181.94	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			854,780	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	11,143	4,035		26.00
27.00	Total Inpatient Days (see instructions)	28,382	28,382		27.00
28.00	Ratio of inpatient days to total inpatient days	0.392608	0.142168		28.00
29.00	Program direct GME amount	335,593	121,522		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		17,171		30.00
31.00	Net Program direct GME amount			439,944	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0113	Period: From 01/01/2017 To 01/31/2018	Worksheet E-4 Date/Time Prepared: 6/29/2018 6:30 am
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		883,017	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		28,560,749	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		5,119	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		28,555,630	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		10,783,500	42.00
43.00	Primary payer payments (see instructions)		1,268	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		10,782,232	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		39,337,862	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.725907	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.274093	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		439,944	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		319,358	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		120,586	50.00

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

Provider CCN: 14-0113

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

Worksheet G

Date/Time Prepared:
6/29/2018 6:30 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	4,707,445	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	68,141,344	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-46,601,987	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	2,830,802	0	0	0	9.00
10.00	Due from other funds	83,957,538	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	113,035,142	0	0	0	11.00
FIXED ASSETS						
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
OTHER ASSETS						
31.00	Investments	7,883,117	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)	7,883,117	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	120,918,259	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	454,714	0	0	0	37.00
38.00	Salaries, wages, and fees payable	30,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	-2,750,142	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	-2,265,428	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	0	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	-2,265,428	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	123,183,687				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)	123,183,687	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	120,918,259	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0113

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

Worksheet G-1

Date/Time Prepared:
6/29/2018 6:30 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		93,969,085		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		56,913,407			2.00
3.00	Total (sum of line 1 and line 2)		150,882,492		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00	NET ASSETS TRANSFERS	0		0		5.00
6.00	OTHER RESTRICTED NET ASSETS	0		0		6.00
7.00	ROUNDING	3		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		3		0	10.00
11.00	Subtotal (line 3 plus line 10)		150,882,495		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00	ROUNDING	0		0		13.00
14.00	NET ASSETS TRANSFERS	27,698,808		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		27,698,808		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		123,183,687		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	NET ASSETS TRANSFERS		0			5.00
6.00	OTHER RESTRICTED NET ASSETS		0			6.00
7.00	ROUNDING		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	ROUNDING		0			13.00
14.00	NET ASSETS TRANSFERS		0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0113

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
6/29/2018 6:30 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	59,827,955		59,827,955	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	9,783,584		9,783,584	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)	69,611,539		69,611,539	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	18,850,638		18,850,638	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	18,850,638		18,850,638	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	88,462,177		88,462,177	17.00
18.00	Ancillary services	236,388,329	287,391,960	523,780,289	18.00
19.00	Outpatient services	12,420,152	45,910,244	58,330,396	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	0	19,738,431	19,738,431	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER NON PATIENT CHARGES	0	1,170,558	1,170,558	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	337,270,658	354,211,193	691,481,851	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		136,548,224		29.00
30.00	ROUNDING ERROR	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	45,296,009			38.00
39.00	ROUNDING	1			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		45,296,010		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		91,252,214		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0113

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

Worksheet G-3

Date/Time Prepared:
6/29/2018 6:30 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	691,481,851	1.00
2.00	Less contractual allowances and discounts on patients' accounts	547,206,004	2.00
3.00	Net patient revenues (line 1 minus line 2)	144,275,847	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	91,252,214	4.00
5.00	Net income from service to patients (line 3 minus line 4)	53,023,633	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	50,055	6.00
7.00	Income from investments	1,032,891	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING INCOME	2,754,150	24.00
24.01	CENTRALIZED SERVICES	52,680	24.01
25.00	Total other income (sum of lines 6-24)	3,889,776	25.00
26.00	Total (line 5 plus line 25)	56,913,409	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
27.03	ROUNDING	2	27.03
28.00	Total other expenses (sum of line 27 and subscripts)	2	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	56,913,407	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0113	Period: From 01/01/2017 To 01/31/2018	Worksheet L Parts I-III Date/Time Prepared: 6/29/2018 6:30 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,452,638	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		18,619	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)		59.05	3.00
4.00	Number of interns & residents (see instructions)		8.51	4.00
5.00	Indirect medical education percentage (see instructions)		4.15	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)		60,284	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.78	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		24.13	8.00
9.00	Sum of lines 7 and 8		29.91	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.25	10.00
11.00	Disproportionate share adjustment (see instructions)		90,790	11.00
12.00	Total prospective capital payments (see instructions)		1,622,331	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00