

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: 14-0064	Period: From 10/01/2017 To 09/30/2018	Worksheet S Parts I-III Date/Time Prepared: 2/26/2019 8:56 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: 2/26/2019 Time: 8:56 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 ST. MARY MEDICAL CENTER (14-0064) for the cost reporting period beginning 10/01/2017 and ending 09/30/2018 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) _____
Officer or Administrator of Provider(s)

Title

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	21,643	62,738	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0	0	0		0	6.00
200.00 Total	0	21,643	62,738	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: 14-0064		Period: From 10/01/2017 To 09/30/2018		Worksheet S-2 Part I Date/Time Prepared: 2/26/2019 8:56 pm						
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 3333 N SEMINARY		PO Box:						1.00			
2.00	City: GALESBURG		State: IL		Zip Code: 61401		County: KNOX		2.00			
Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)						
1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00				
Hospital and Hospital-Based Component Identification:												
3.00	Hospital		ST. MARY MEDICAL CENTER	140064	99914	1	07/01/1966	N	P	0	3.00	
4.00	Subprovider - IPF										4.00	
5.00	Subprovider - IRF										5.00	
6.00	Subprovider - (Other)										6.00	
7.00	Swing Beds - SNF										7.00	
8.00	Swing Beds - NF										8.00	
9.00	Hospital-Based SNF										9.00	
10.00	Hospital-Based NF										10.00	
11.00	Hospital-Based OLTC										11.00	
12.00	Hospital-Based HHA										12.00	
13.00	Separately Certified ASC										13.00	
14.00	Hospital-Based Hospice										14.00	
15.00	Hospital-Based Health Clinic - RHC										15.00	
16.00	Hospital-Based Health Clinic - FQHC										16.00	
17.00	Hospital-Based (CMHC) I										17.00	
18.00	Renal Dialysis										18.00	
19.00	Other										19.00	
						From:	To:					
						1.00	2.00					
20.00	Cost Reporting Period (mm/dd/yyyy)					10/01/2017	09/30/2018		20.00			
21.00	Type of Control (see instructions)					1			21.00			
						1.00	2.00		3.00			
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)					N	N		22.03			
23.00	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		23.00			
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.					3	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.					728	369	0	0	1,250	75	24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0064		Period: From 10/01/2017 To 09/30/2018		Worksheet S-2 Part I Date/Time Prepared: 2/26/2019 8:56 pm			
		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		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0	0	25.00	
		Urban/Rural		S		Date of Geogr			
		1.00		2.00					
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					2		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					2		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
		Beginning:		Ending:					
		1.00		2.00					
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					1		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPSS 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.					10/01/2017	09/30/2018	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), (ii), or (iii)? 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), (ii), or (iii)? 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	Y	40.00	
		V		XVII		XIX			
		1.00		2.00		3.00			
		Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	N	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
		Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00
		NAHE 413.85 Y/N		Worksheet A Line #		Pass-Through Qualification Criteria 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

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

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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.			N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	76.00

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						1.00			
Long Term Care Hospital PPS									
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					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	XIX		
						1.00	2.00		
Title V and XIX Services									
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.					N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.					N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.						N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.					N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.					N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.					0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.					N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.					0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					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	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					N	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					N	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					N	Y	98.06	
Rural Providers									
105.00	Does this hospital qualify as a CAH?					N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)							106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.							107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.					N		108.00	
						Physical	Occupational	Speech	Respiratory
						1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.								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: 14-0064	Period: From 10/01/2017 To 09/30/2018	Worksheet S-2 Part I Date/Time Prepared: 2/26/2019 8:56 pm	
		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.	Y			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			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	175,000		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		Y	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.	N			122.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
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		149006	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0064	Period: From 10/01/2017 To 09/30/2018	Worksheet S-2 Part I Date/Time Prepared: 2/26/2019 8:56 pm			
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: OSF HEALTHCARE SYSTEM	Contractor's Name: WISCONSIN PHYSICIAN SERVICE		Contractor's Number: 05901			
142.00	Street: 800 NE GLEN OAK AVE	PO Box:					
143.00	City: PEORIA	State: IL		Zip Code: 61603			
144.00 Are provider based physicians' costs included in Worksheet A?							
				1.00	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.							
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	N		
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.							
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.							
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.							
		Part A 1.00	Part B 2.00	Title V 3.00	Title XIX 4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N		
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	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	N		
		Name 0	County 1.00	State 2.00	Zip Code 3.00	CBSA 4.00	FTE/Campus 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)							
				1.00	0.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00 Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.							
168.00 If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							
168.01 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)							
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	Y		
				2.00	0		
				3.00	168.01		
				4.00	9.99		
				5.00	169.00		
		Beginning		Ending			
		1.00		2.00			
170.00 Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)							
				1.00	2.00		
171.00 If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)							
				1.00	N		
				2.00	0		

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0064		Period: From 10/01/2017 To 09/30/2018		Worksheet S-2 Part II Date/Time Prepared: 2/26/2019 8:56 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		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)	N					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	01/21/2019			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y			12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N			13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N			14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N			15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	12/18/2018	Y	12/18/2018		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0064

Period:
From 10/01/2017
To 09/30/2018

Worksheet S-2
Part II
Date/Time Prepared:
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		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.	REBECCA		ROBINSON		41.00
42.00	Enter the employer/company name of the cost report preparer.	OSF HEALTHCARE SYSTEM				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	309-624-7644		REBECCA.C.ROBINSON@OSFHEALTHCARE.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0064

Period:
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To 09/30/2018

Worksheet S-2
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Date/Time Prepared:
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		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.	GOVERNMENT REPORTING SENIOR ANALYST	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: 14-0064

Period:
From 10/01/2017
To 09/30/2018

Worksheet S-3
Part I
Date/Time Prepared:
2/26/2019 8:56 pm

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	75	27,375	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)		75	27,375	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	6	2,190	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)		81	29,565	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		81			0	27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0064

Period:
From 10/01/2017
To 09/30/2018

Worksheet S-3
Part I
Date/Time Prepared:
2/26/2019 8:56 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	5,128	597	10,780			1.00
2.00 HMO and other (see instructions)	2,702	1,619				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	5,128	597	10,780			7.00
8.00 INTENSIVE CARE UNIT	735	91	1,543			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		40	679			13.00
14.00 Total (see instructions)	5,863	728	13,002	0.00	451.90	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)			0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	451.90	27.00
28.00 Observation Bed Days		219	1,280			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	75	131			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00
33.01 LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0064

Period:
From 10/01/2017
To 09/30/2018

Worksheet S-3
Part I
Date/Time Prepared:
2/26/2019 8:56 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,354	593	3,223	1.00
2.00 HMO and other (see instructions)			609	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	1,354	593	3,223	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0064

Period:
From 10/01/2017
To 09/30/2018

Worksheet S-3
Part II
Date/Time Prepared:
2/26/2019 8:56 pm

	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	26,719,610	10,298	26,729,908	911,053.00	29.34
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		1,340,335	0	1,340,335	14,420.00	92.95
4.00	Physician-Part A - Administrative		59,302	0	59,302	435.00	136.33
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		694,198	232,776	926,974	31,059.00	29.85
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		94,771	0	94,771	1,235.00	76.74
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		130,960	0	130,960	1,022.00	128.14
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		5,583,593	0	5,583,593	150,504.00	37.10
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		7,702,279	0	7,702,279		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		282,292	0	282,292		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		234,421	0	234,421		
22.00	Physician Part A - Administrative		9,213	0	9,213		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		1,750,012	0	1,750,012		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	0	0	0	0.00	0.00
27.00	Administrative & General	5.00	2,276,105	2,764	2,278,869	68,112.00	33.46

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0064

Period:
From 10/01/2017
To 09/30/2018

Worksheet S-3
Part II
Date/Time Prepared:
2/26/2019 8:56 pm

	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.)	406,363	0	406,363	3,189.00	127.43	28.00
29.00	Maintenance & Repairs	698,697	848	699,545	30,112.00	23.23	29.00
30.00	Operation of Plant	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	596,459	-1,458	595,001	48,531.00	12.26	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	535,584	-267,042	268,542	17,366.00	15.46	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	264,064	264,064	16,832.00	15.69	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	871,620	1,058	872,678	18,773.00	46.49	38.00
39.00	Central Services and Supply	134,172	163	134,335	8,541.00	15.73	39.00
40.00	Pharmacy	0	0	0	0.00	0.00	40.00
41.00	Medical Records & Medical Records Library	477,788	580	478,368	23,588.00	20.28	41.00
42.00	Social Service	0	0	0	0.00	0.00	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0064

Period:
From 10/01/2017
To 09/30/2018

Worksheet S-3
Part III
Date/Time Prepared:
2/26/2019 8:56 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	25,785,638	10,298	25,795,936	899,822.00	28.67	1.00
2.00	Excluded area salaries (see instructions)	694,198	232,776	926,974	31,059.00	29.85	2.00
3.00	Subtotal salaries (line 1 minus line 2)	25,091,440	-222,478	24,868,962	868,763.00	28.63	3.00
4.00	Subtotal other wages & related costs (see inst.)	5,809,324	0	5,809,324	152,761.00	38.03	4.00
5.00	Subtotal wage-related costs (see inst.)	9,461,504	0	9,461,504	0.00	38.05	5.00
6.00	Total (sum of lines 3 thru 5)	40,362,268	-222,478	40,139,790	1,021,524.00	39.29	6.00
7.00	Total overhead cost (see instructions)	5,996,788	977	5,997,765	235,044.00	25.52	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 14-0064	Period: From 10/01/2017 To 09/30/2018	Worksheet S-3 Part IV Date/Time Prepared: 2/26/2019 8:56 pm
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,176,950	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)	301,032	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)	0	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)	4,980,115	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	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	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)	21,905	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	84,519	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	1,554,930	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	10,853	19.00
20.00	State or Federal Unemployment Taxes	3,129	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	94,771	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	8,228,204	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 14-0064	Period: From 10/01/2017 To 09/30/2018	Worksheet S-3 Part V Date/Time Prepared: 2/26/2019 8:56 pm
Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	94,771	8,228,204	1.00
2.00	Hospital	94,771	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	8,228,204	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-0064	Period: From 10/01/2017 To 09/30/2018	Worksheet S-10 Date/Time Prepared: 2/26/2019 8:56 pm
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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)		0.155261	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		10,841,280	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		79,655,185	6.00	
7.00	Medicaid cost (line 1 times line 6)		12,367,344	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)		1,526,064	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)		1,526,064	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)	7,073,300	1,598,743	8,672,043	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,098,208	1,598,743	2,696,951	21.00
22.00	Payments received from patients for amounts previously written off as charity care	57,824	0	57,824	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,040,384	1,598,743	2,639,127	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)		4,288,251		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		361,235		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		555,746		27.01
28.00	Non-Medicare bad debt expense (see instructions)		3,732,505		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		774,023		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		3,413,150		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		4,939,214		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 14-0064		Period: From 10/01/2017 To 09/30/2018		Worksheet A	
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100		1,723,332	1,723,332	51,214	1,774,546	1.00
2.00	00200		2,124,224	2,124,224	29,963	2,154,187	2.00
3.00	00300		0	0	0	0	3.00
4.00	00400	0	8,133,746	8,133,746	1,951,673	10,085,419	4.00
5.00	00500	2,276,105	15,040,891	17,316,996	-2,221,629	15,095,367	5.00
6.00	00600	698,697	1,499,348	2,198,045	-412,623	1,785,422	6.00
7.00	00700	0	857,057	857,057	0	857,057	7.00
8.00	00800	0	256,770	256,770	0	256,770	8.00
9.00	00900	596,459	208,893	805,352	722	806,074	9.00
10.00	01000	535,584	425,014	960,598	-472,712	487,886	10.00
11.00	01100	0	0	0	473,358	473,358	11.00
13.00	01300	871,620	37,027	908,647	1,058	909,705	13.00
14.00	01400	134,172	-54,483	79,689	-703	78,986	14.00
16.00	01600	477,788	4,080	481,868	580	482,448	16.00
17.00	01700	0	0	0	555,463	555,463	17.00
19.00	01900	1,340,335	0	1,340,335	0	1,340,335	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	4,468,035	2,951,253	7,419,288	290,274	7,709,562	30.00
31.00	03100	1,241,787	279,800	1,521,587	1,506	1,523,093	31.00
43.00	04300	0	0	0	230,408	230,408	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	1,544,246	3,887,749	5,431,995	-3,361,885	2,070,110	50.00
51.00	05100	1,012,960	67,429	1,080,389	1,230	1,081,619	51.00
52.00	05200	1,230,779	231,242	1,462,021	-756,136	705,885	52.00
53.00	05300	35,472	1,337,168	1,372,640	1,671	1,374,311	53.00
54.00	05400	1,213,668	260,462	1,474,130	105,688	1,579,818	54.00
56.00	05600	173,192	275,756	448,948	210	449,158	56.00
57.00	05700	390,334	497,339	887,673	474	888,147	57.00
58.00	05800	250,809	309,131	559,940	305	560,245	58.00
60.00	06000	1,470,874	1,077,748	2,548,622	486,092	3,034,714	60.00
63.00	06300	0	375,622	375,622	0	375,622	63.00
65.00	06500	568,092	130,425	698,517	-172,657	525,860	65.00
65.10	06501	281,215	15,461	296,676	341	297,017	65.10
65.20	06502	268,737	12,714	281,451	-243,014	38,437	65.20
66.00	06600	865,054	33,645	898,699	34,137	932,836	66.00
67.00	06700	174,349	-21,032	153,317	21,870	175,187	67.00
68.00	06800	151,322	1,184	152,506	21,727	174,233	68.00
69.00	06900	0	0	0	71,291	71,291	69.00
70.00	07000	7,632	2,293	9,925	9	9,934	70.00
71.00	07100	0	0	0	1,669,487	1,669,487	71.00
72.00	07200	0	0	0	1,733,186	1,733,186	72.00
73.00	07300	823,944	2,634,336	3,458,280	202,302	3,660,582	73.00
76.00	03610	126,572	27,862	154,434	0	154,434	76.00
76.01	03020	47,364	276,690	324,054	0	324,054	76.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	2,748,215	3,489,141	6,237,356	-539,062	5,698,294	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
118.00		26,025,412	48,409,317	74,434,729	-244,182	74,190,547	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	56,947	43,808	100,755	69	100,824	190.00
192.00	19200	0	9,062	9,062	0	9,062	192.00
193.00	19300	0	2,557	2,557	0	2,557	193.00
194.00	07950	0	0	0	0	0	194.00
194.20	07952	0	135,898	135,898	0	135,898	194.20
194.30	07953	0	492	492	0	492	194.30
194.40	07954	637,251	234,386	871,637	773	872,410	194.40
194.50	07955	0	162,200	162,200	0	162,200	194.50
194.70	07956	0	0	0	243,340	243,340	194.70
200.00		26,719,610	48,997,720	75,717,330	0	75,717,330	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0064

Period:
From 10/01/2017
To 09/30/2018

Worksheet A
Date/Time Prepared:
2/26/2019 8:56 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	541,138	2,315,684	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	547,780	2,701,967	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-965,676	9,119,743	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-6,434,129	8,661,238	5.00
6.00	00600	MAINTENANCE & REPAIRS	36	1,785,458	6.00
7.00	00700	OPERATION OF PLANT	0	857,057	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	256,770	8.00
9.00	00900	HOUSEKEEPING	-601	805,473	9.00
10.00	01000	DIETARY	-162,160	325,726	10.00
11.00	01100	CAFETERIA	-7,726	465,632	11.00
13.00	01300	NURSING ADMINISTRATION	349,601	1,259,306	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	78,986	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-17,915	464,533	16.00
17.00	01700	SOCIAL SERVICE	-131,166	424,297	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	-1,340,335	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,723,484	5,986,078	30.00
31.00	03100	INTENSIVE CARE UNIT	-2,885	1,520,208	31.00
43.00	04300	NURSERY	0	230,408	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	2,070,110	50.00
51.00	05100	RECOVERY ROOM	0	1,081,619	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-900	704,985	52.00
53.00	05300	ANESTHESIOLOGY	-1,108,788	265,523	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-11,341	1,568,477	54.00
56.00	05600	RADIOISOTOPE	0	449,158	56.00
57.00	05700	CT SCAN	0	888,147	57.00
58.00	05800	MRI	0	560,245	58.00
60.00	06000	LABORATORY	-9,179	3,025,535	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	375,622	63.00
65.00	06500	RESPIRATORY THERAPY	-2,885	522,975	65.00
65.10	06501	CARDIAC STRESS LAB	-13,616	283,401	65.10
65.20	06502	CARDIAC REHAB	0	38,437	65.20
66.00	06600	PHYSICAL THERAPY	-10,368	922,468	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	175,187	67.00
68.00	06800	SPEECH PATHOLOGY	0	174,233	68.00
69.00	06900	ELECTROCARDIOLOGY	0	71,291	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	9,934	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,669,487	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,733,186	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-15,769	3,644,813	73.00
76.00	03610	SLEEP LAB	0	154,434	76.00
76.01	03020	PAIN CLINIC	-240,000	84,054	76.01
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	-2,340,169	3,358,125	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-13,100,537	61,090,010	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	100,824	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	9,062	192.00
193.00	19300	NONPAID WORKERS	0	2,557	193.00
194.00	07950	PHYSICIAN PRACTICES	0	0	194.00
194.20	07952	FUND DEVELOPMENT	0	135,898	194.20
194.30	07953	PUBLIC RELATIONS/MARKETING	0	492	194.30
194.40	07954	INDUSTRIAL MEDICINE	0	872,410	194.40
194.50	07955	FOUNDATION	0	162,200	194.50
194.70	07956	FITNESS CENTER	0	243,340	194.70
200.00		TOTAL (SUM OF LINES 118 through 199)	-13,100,537	62,616,793	200.00

RECLASSIFICATIONS

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Period:
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Worksheet A-6

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		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
A - PROPERTY INSURANCE RECLASS						
1.00	OTHER CAP REL COSTS	3.00	0	81,177	1.00	
	O		0	81,177		
B - CAFETERIA RECLASS						
1.00	CAFETERIA	11.00	263,744	209,294	1.00	
	O		263,744	209,294		
C - PHYSICIAN BENEFIT RECLASS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,480	1.00	
	O		0	4,480		
D - REHAB ADMIN RECLASS						
1.00	OCCUPATIONAL THERAPY	67.00	11,138	797	1.00	
2.00	SPEECH PATHOLOGY	68.00	11,079	792	2.00	
	O		22,217	1,589		
E - EKG SALARY RECLASS						
1.00	ELECTROCARDIOLOGY	69.00	71,205	0	1.00	
	O		71,205	0		
F - IMPLANTABLE MEDICAL DEVICE RECLASS						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	1,733,186	1.00	
2.00	O	0.00	0	0	2.00	
				1,733,186		
G - MED/SURG SUP RECLASS						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,669,487	1.00	
2.00	O	0.00	0	0	2.00	
3.00	O	0.00	0	0	3.00	
4.00	O	0.00	0	0	4.00	
				1,669,487		
H - DRUGS CHARGED TO PATIENTS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	106,135	1.00	
2.00	O	0.00	0	0	2.00	
3.00	O	0.00	0	0	3.00	
				106,135		
I - DISABILITY RECLASS						
1.00	HOUSEKEEPING	9.00	0	2,180	1.00	
2.00	DIETARY	10.00	0	3,624	2.00	
3.00	ADULTS & PEDIATRICS	30.00	0	3,757	3.00	
4.00	INTENSIVE CARE UNIT	31.00	0	1,620	4.00	
5.00	OPERATING ROOM	50.00	0	530	5.00	
6.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,709	6.00	
7.00	LABORATORY	60.00	0	777	7.00	
8.00	RESPIRATORY THERAPY	65.00	0	5,874	8.00	
9.00	EMERGENCY	91.00	0	1,362	9.00	
10.00	INDUSTRIAL MEDICINE	194.40	0	472	10.00	
	O		0	21,905		
J - CARDIO PULMONARY REHAB						
1.00	FITNESS CENTER	194.70	232,406	10,934	1.00	
	O		232,406	10,934		
K - ALTERNATIVE BIRTHING CENTER RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	435,049	81,738	1.00	
2.00	NURSERY	43.00	193,965	36,443	2.00	
	O		629,014	118,181		
L - VACATION RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	2,764	0	1.00	
2.00	MAINTENANCE & REPAIRS	6.00	848	0	2.00	
3.00	HOUSEKEEPING	9.00	722	0	3.00	
4.00	DIETARY	10.00	326	0	4.00	
5.00	CAFETERIA	11.00	320	0	5.00	
6.00	NURSING ADMINISTRATION	13.00	1,058	0	6.00	
7.00	CENTRAL SERVICES & SUPPLY	14.00	163	0	7.00	
8.00	MEDICAL RECORDS & LIBRARY	16.00	580	0	8.00	
9.00	ADULTS & PEDIATRICS	30.00	5,421	0	9.00	
10.00	INTENSIVE CARE UNIT	31.00	1,506	0	10.00	
11.00	OPERATING ROOM	50.00	1,874	0	11.00	
12.00	RECOVERY ROOM	51.00	1,230	0	12.00	
13.00	DELIVERY ROOM & LABOR ROOM	52.00	1,492	0	13.00	
14.00	ANESTHESIOLOGY	53.00	1,671	0	14.00	
15.00	RADIOLOGY-DIAGNOSTIC	54.00	1,474	0	15.00	
16.00	RADIOISOTOPE	56.00	210	0	16.00	
17.00	CT SCAN	57.00	474	0	17.00	
18.00	MRI	58.00	305	0	18.00	
19.00	LABORATORY	60.00	1,785	0	19.00	
20.00	RESPIRATORY THERAPY	65.00	596	0	20.00	
21.00	CARDIAC STRESS LAB	65.10	341	0	21.00	

RECLASSIFICATIONS

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Period:
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To 09/30/2018

Worksheet A-6

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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
22.00	CARDIAC REHAB	65.20	326	0	22.00
23.00	PHYSICAL THERAPY	66.00	1,023	0	23.00
24.00	OCCUPATIONAL THERAPY	67.00	225	0	24.00
25.00	SPEECH PATHOLOGY	68.00	197	0	25.00
26.00	ELECTROCARDIOLOGY	69.00	86	0	26.00
27.00	ELECTROENCEPHALOGRAPHY	70.00	9	0	27.00
28.00	DRUGS CHARGED TO PATIENTS	73.00	1,000	0	28.00
29.00	EMERGENCY	91.00	3,335	0	29.00
30.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	69	0	30.00
31.00	INDUSTRIAL MEDICINE	194.40	773	0	31.00
			32,203	0	
M - MINISTRY ALLOCATION					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,230,724	1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	181,093	2.00
3.00	PHYSICAL THERAPY	66.00	0	56,920	3.00
4.00	OCCUPATIONAL THERAPY	67.00	0	9,710	4.00
5.00	SPEECH PATHOLOGY	68.00	0	9,659	5.00
6.00	DRUGS CHARGED TO PATIENTS	73.00	0	95,167	6.00
7.00	SOCIAL SERVICE	17.00	0	555,463	7.00
	TOTALS		0	2,138,736	
N - ED SHARED PHYSICIAN RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	516,738	1.00
	TOTALS		0	516,738	
O - TO RECLASS OSFMG EMP BENE					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	231,934	1.00
	TOTALS		0	231,934	
P - TO RECLASS MAINTENANCE COST					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	110,257	1.00
2.00	LABORATORY	60.00	0	484,307	2.00
	TOTALS		0	594,564	
500.00	Grand Total: Increases		1,250,789	7,438,340	500.00

RECLASSIFICATIONS

Provider CCN: 14-0064

Period:
From 10/01/2017
To 09/30/2018

Worksheet A-6
Date/Time Prepared:
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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - PROPERTY INSURANCE RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	81,177	0	1.00	
	O		0	81,177			
B - CAFETERIA RECLASS							
1.00	DIETARY	10.00	263,744	209,294	0	1.00	
	O		263,744	209,294			
C - PHYSICIAN BENEFIT RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	4,480	0	1.00	
	O		0	4,480			
D - REHAB ADMIN RECLASS							
1.00	PHYSICAL THERAPY	66.00	22,217	1,589	0	1.00	
2.00		0.00	0	0	0	2.00	
	O		22,217	1,589			
E - EKG SALARY RECLASS							
1.00	RESPIRATORY THERAPY	65.00	71,205	0	0	1.00	
	O		71,205	0			
F - IMPLANTABLE MEDICAL DEVICE RECLASS							
1.00	OPERATING ROOM	50.00	0	1,732,320	0	1.00	
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	866	0	2.00	
	O		0	1,733,186			
G - MED/SURG SUP RECLASS							
1.00	OPERATING ROOM	50.00	0	1,533,439	0	1.00	
2.00	DELIVERY ROOM & LABOR ROOM	52.00	0	10,433	0	2.00	
3.00	RESPIRATORY THERAPY	65.00	0	102,048	0	3.00	
4.00	EMERGENCY	91.00	0	23,567	0	4.00	
	O		0	1,669,487			
H - DRUGS CHARGED TO PATIENTS							
1.00	OPERATING ROOM	50.00	0	98,000	0	1.00	
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	6,043	0	2.00	
3.00	EMERGENCY	91.00	0	2,092	0	3.00	
	O		0	106,135			
I - DISABILITY RECLASS							
1.00	HOUSEKEEPING	9.00	2,180	0	0	1.00	
2.00	DIETARY	10.00	3,624	0	0	2.00	
3.00	ADULTS & PEDIATRICS	30.00	3,757	0	0	3.00	
4.00	INTENSIVE CARE UNIT	31.00	1,620	0	0	4.00	
5.00	OPERATING ROOM	50.00	530	0	0	5.00	
6.00	DELIVERY ROOM & LABOR ROOM	52.00	1,709	0	0	6.00	
7.00	LABORATORY	60.00	777	0	0	7.00	
8.00	RESPIRATORY THERAPY	65.00	5,874	0	0	8.00	
9.00	EMERGENCY	91.00	1,362	0	0	9.00	
10.00	INDUSTRIAL MEDICINE	194.40	472	0	0	10.00	
	O		21,905	0			
J - CARDIO PULMONARY REHAB							
1.00	CARDIAC REHAB	65.20	232,406	10,934	0	1.00	
	O		232,406	10,934			
K - ALTERNATIVE BIRTHING CENTER RECLASS							
1.00	DELIVERY ROOM & LABOR ROOM	52.00	629,014	118,181	0	1.00	
2.00		0.00	0	0	0	2.00	
	O		629,014	118,181			
L - VACATION RECLASS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	32,203	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00		0.00	0	0	0	4.00	
5.00		0.00	0	0	0	5.00	
6.00		0.00	0	0	0	6.00	
7.00		0.00	0	0	0	7.00	
8.00		0.00	0	0	0	8.00	
9.00		0.00	0	0	0	9.00	
10.00		0.00	0	0	0	10.00	
11.00		0.00	0	0	0	11.00	
12.00		0.00	0	0	0	12.00	
13.00		0.00	0	0	0	13.00	
14.00		0.00	0	0	0	14.00	
15.00		0.00	0	0	0	15.00	
16.00		0.00	0	0	0	16.00	
17.00		0.00	0	0	0	17.00	
18.00		0.00	0	0	0	18.00	
19.00		0.00	0	0	0	19.00	
20.00		0.00	0	0	0	20.00	
21.00		0.00	0	0	0	21.00	
22.00		0.00	0	0	0	22.00	
23.00		0.00	0	0	0	23.00	

RECLASSIFICATIONS

Provider CCN: 14-0064

Period:
From 10/01/2017
To 09/30/2018

Worksheet A-6

Date/Time Prepared:
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Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
24.00	0.00	0	0	0	0		24.00
25.00	0.00	0	0	0	0		25.00
26.00	0.00	0	0	0	0		26.00
27.00	0.00	0	0	0	0		27.00
28.00	0.00	0	0	0	0		28.00
29.00	0.00	0	0	0	0		29.00
30.00	0.00	0	0	0	0		30.00
31.00	0.00	0	0	0	0		31.00
0		0	32,203				
M - MINISTRY ALLOCATION							
ADMINISTRATIVE & GENERAL							
1.00	5.00	0	2,138,736	0			1.00
2.00	0.00	0	0	0			2.00
3.00	0.00	0	0	0			3.00
4.00	0.00	0	0	0			4.00
5.00	0.00	0	0	0			5.00
6.00	0.00	0	0	0			6.00
7.00	0.00	0	0	0			7.00
	TOTALS	0	2,138,736				
N - ED SHARED PHYSICIAN RECLASS							
1.00	91.00	0	516,738	0			1.00
	TOTALS	0	516,738				
O - TO RECLASS OSFMG EMP BENE							
1.00	30.00	0	231,934	0			1.00
	TOTALS	0	231,934				
P - TO RECLASS MAINTENANCE COST							
1.00	6.00	0	594,564	0			1.00
2.00	0.00	0	0	0			2.00
	TOTALS	0	594,564				
500.00	Grand Total: Decreases		1,240,491	7,448,638			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0064

Period:
From 10/01/2017
To 09/30/2018

Worksheet A-7
Part I
Date/Time Prepared:
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	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
		1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	314,848	0	0	0	1.00
2.00	Land Improvements	890,110	0	0	0	2.00
3.00	Buildings and Fixtures	42,083,679	2,260,470	0	2,260,470	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	25,331,630	1,417,713	0	1,417,713	5.00
6.00	Movable Equipment	129,130	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	68,749,397	3,678,183	0	3,678,183	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	68,749,397	3,678,183	0	3,678,183	10.00
	Ending Balance		Fully Depreciated Assets			
		6.00	7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	314,848	0			1.00
2.00	Land Improvements	890,110	0			2.00
3.00	Buildings and Fixtures	44,232,809	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	25,749,369	0			5.00
6.00	Movable Equipment	129,130	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	71,316,266	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	71,316,266	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0064

Period:
From 10/01/2017
To 09/30/2018

Worksheet A-7
Part II
Date/Time Prepared:
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Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	1,723,332	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2,124,224	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	3,847,556	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	1,723,332				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	2,124,224				2.00
3.00	Total (sum of lines 1-2)	0	3,847,556				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0064

Period:
From 10/01/2017
To 09/30/2018

Worksheet A-7
Part III
Date/Time Prepared:
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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	44,232,809	0	44,232,809	0.630894	51,214	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	25,878,499	0	25,878,499	0.369106	29,963	2.00
3.00	Total (sum of lines 1-2)	70,111,308	0	70,111,308	1.000000	81,177	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	51,214	1,981,526	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	29,963	2,323,239	0	2.00
3.00	Total (sum of lines 1-2)	0	0	81,177	4,304,765	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	282,944	51,214	0	0	2,315,684	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	348,765	29,963	0	0	2,701,967	2.00
3.00	Total (sum of lines 1-2)	631,709	81,177	0	0	5,017,651	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0064

Period:
From 10/01/2017
To 09/30/2018

Worksheet A-8

Date/Time Prepared:
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted					
			Cost Center	Line #	Wkst. A-7	Ref.		
			1.00	2.00	3.00	4.00	5.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00		0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00		0	2.00
3.00 Investment income - other (chapter 2)			0		0.00		0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00		0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00		0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00		0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-41,207		ADMINISTRATIVE & GENERAL	5.00		0	7.00
8.00 Television and radio service (chapter 21)			0		0.00		0	8.00
9.00 Parking lot (chapter 21)			0		0.00		0	9.00
10.00 Provider-based physician adjustment	A-8-2	-5,426,296					0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)			0	OPERATION OF PLANT	7.00		0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-1,061,693					0	12.00
13.00 Laundry and linen service			0	LAUNDRY & LINEN SERVICE	8.00		0	13.00
14.00 Cafeteria-employees and guests	B	-162,160		DIETARY	10.00		0	14.00
15.00 Rental of quarters to employee and others			0		0.00		0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00		0	16.00
17.00 Sale of drugs to other than patients	B	-4,519		DRUGS CHARGED TO PATIENTS	73.00		0	17.00
18.00 Sale of medical records and abstracts	B	-17,915		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	B	-7,726		CAFETERIA	11.00		0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)	B	-282,837		ADMINISTRATIVE & GENERAL	5.00		0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00		0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00			23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00			24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00			25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00		0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00		0	27.00
28.00 Non-physician Anesthetist	A	-1,340,335		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 OTHER REVENUE - ENVIRON SVC	B	-600		HOUSEKEEPING	9.00		0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0064

Period:
From 10/01/2017
To 09/30/2018

Worksheet A-8

Date/Time Prepared:
2/26/2019 8:56 pm

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	
37.06 PHARMACY	B	-11,250	DRUGS CHARGED TO PATIENTS	73.00	0	37.06
37.07 RADIOLOGY	B	-140	RADIOLOGY-DIAGNOSTIC	54.00	0	37.07
37.09 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	37.09
37.10 TELEPHONE SALARIES EXPENSE		0	ADMINISTRATIVE & GENERAL	5.00	0	37.10
37.11 DPA PROVIDER TAX	A	-3,706,199	ADMINISTRATIVE & GENERAL	5.00	0	37.11
37.13 MARKETING AND ADVERTISING	A	-358	ADMINISTRATIVE & GENERAL	5.00	0	37.13
37.14 PHYS OFFICE AND RENT	B	-3,632	ADMINISTRATIVE & GENERAL	5.00	0	37.14
37.15 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	37.15
37.16 PROPERTY TAX	A	-10,357	ADMINISTRATIVE & GENERAL	5.00	0	37.16
37.17 PART B EMPLOYEE BENEFITS - CRNA	A	-227,857	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	37.17
37.18 PART B EMPLOYEE BENEFITS	A	-516,738	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	37.18
37.20 UNEMPLOYMENT CLAIMS	A	10,853	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	37.20
37.21 IHA, AHA, CHA DUES	A	-25,446	ADMINISTRATIVE & GENERAL	5.00	0	37.21
37.22 CLINICAL LABORATORY SVCS	B	-750	LABORATORY	60.00	0	37.22
37.23 PHYSICAL THERAPY	B	-7,266	PHYSICAL THERAPY	66.00	0	37.23
38.00 OTHER REVENUE - ADMIN AND GENERAL	B	-1,475	ADMINISTRATIVE & GENERAL	5.00	0	38.00
39.00 VENDING MACHINE REVENUES	B	-541	EMERGENCY	91.00	0	39.00
40.00 CARDIAC REHAB	B	-8,429	CARDIAC STRESS LAB	65.10	0	40.00
45.00 MARKETING EXPENSES	A	-1	HOUSEKEEPING	9.00	0	45.00
46.00 MARKETING EXPENSES	A	-8,429	LABORATORY	60.00	0	46.00
47.01 RECRUITING EXPENSES	A	-800	NURSING ADMINISTRATIVE	13.00	0	47.01
47.02 RECRUITING EXPENSES	A	-1,800	ADULTS & PEDIATRICS	30.00	0	47.02
47.03 RECRUITING EXPENSES	A	-900	DELIVERY ROOM & LABOR ROOM	52.00	0	47.03
47.04 RECRUITING EXPENSES	A	-1,800	EMERGENCY	91.00	0	47.04
47.05 PART B EMPLOYEE BENEFITS	A	-231,934	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	47.05
47.06 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	47.06
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-13,100,537				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: 14-0064

Period: From 10/01/2017 To 09/30/2018

Worksheet A-8-1

Date/Time Prepared: 2/26/2019 8:56 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5		
1.00	2.00	3.00	4.00	5.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	1.00	CAP REL COSTS-BLDG & FIXT	CORP OFFICE CHARGES	258,194	0	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	CORP OFFICE CHARGES**	1,131,426	932,411	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	A&G HO MANAGEMENT	4,259,220	8,718,017	3.00
3.01	4.00	EMPLOYEE BENEFITS DEPARTMENT	MINISTRY ALLOCATION	1,230,724	1,230,724	3.01
3.04	6.00	MAINTENANCE & REPAIRS	MINISTRY ALLOCATION	181,093	181,093	3.04
3.05	17.00	SOCIAL SERVICE	HO FUNCTIONAL - CARE MANAGEM	424,297	555,463	3.05
3.06	31.00	INTENSIVE CARE UNIT	MINISTRY ALLOCATION	178,801	178,801	3.06
3.07	66.00	PHYSICAL THERAPY	MINISTRY ALLOCATION	56,920	56,920	3.07
3.08	67.00	OCCUPATIONAL THERAPY	MINISTRY ALLOCATION	9,710	9,710	3.08
3.09	68.00	SPEECH PATHOLOGY	MINISTRY ALLOCATION	9,659	9,659	3.09
3.10	73.00	DRUGS CHARGED TO PATIENTS	MINISTRY ALLOCATION	481,049	481,049	3.10
4.00	1.00	CAP REL COSTS-BLDG & FIXT	HO INTEREST (OPERATING)	282,944	0	4.00
4.01	2.00	CAP REL COSTS-MVBLE EQUIP	HO INTEREST (OPERATING)	348,765	0	4.01
4.02	13.00	NURSING ADMINISTRATION	HO FUNCTIONAL - NURSING ADMI	350,401	0	4.02
4.03	5.00	ADMINISTRATIVE & GENERAL	HO FUNCTIONAL - ADMIN & GENE	2,103,218	0	4.03
4.04	54.00	RADIOLOGY-DIAGNOSTIC	SFI PURCH MAINT AND EQUIP -	221,797	232,998	4.04
4.05	6.00	MAINTENANCE & REPAIRS	SFI PURCH MAINT AND EQUIP -	1,388	1,352	4.05
4.06	66.00	PHYSICAL THERAPY	SFI EQUIP RENT	4,315	7,417	4.06
4.07	60.00	LABORATORY	OSF SYSTEMS LAB	1,003,910	1,003,910	4.07
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			12,537,831	13,599,524	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	OSF HEALTHCARE SYSTEMS	100.00	OSF HEALTHCARE	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

Provider CCN: 14-0064

Period:
From 10/01/2017
To 09/30/2018

Worksheet A-8-1

Date/Time Prepared:
2/26/2019 8:56 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	258,194	9		1.00
2.00	199,015	9		2.00
3.00	-4,458,797	0		3.00
3.01	0	0		3.01
3.04	0	0		3.04
3.05	-131,166	0		3.05
3.06	0	0		3.06
3.07	0	0		3.07
3.08	0	0		3.08
3.09	0	0		3.09
3.10	0	0		3.10
4.00	282,944	11		4.00
4.01	348,765	11		4.01
4.02	350,401	0		4.02
4.03	2,103,218	0		4.03
4.04	-11,201	0		4.04
4.05	36	0		4.05
4.06	-3,102	0		4.06
4.07	0	0		4.07
5.00	-1,061,693			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	CATHOLIC SYSTEM		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0064

Period:
From 10/01/2017
To 09/30/2018

Worksheet A-8-2

Date/Time Prepared:
2/26/2019 8:56 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	15,300	0	15,300	197,500	87	1.00
2.00	30.00	ADULTS & PEDIATRICS	1,721,684	1,721,684	0	197,500	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	12,000	0	12,000	197,500	96	3.00
4.00	53.00	ANESTHESIOLOGY	1,159,200	1,101,240	57,960	239,400	438	4.00
5.00	65.00	RESPIRATORY THERAPY	12,000	0	12,000	197,500	96	5.00
6.00	65.10	CARDIAC STRESS LAB	20,000	0	20,000	197,500	156	6.00
7.00	76.01	PAIN CLINIC	240,000	240,000	0	197,500	0	7.00
8.00	91.00	EMERGENCY	2,393,280	2,320,280	73,000	197,500	584	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			5,573,464	5,383,204	190,260		1,457	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	5.00	ADMINISTRATIVE & GENERAL	8,261	413	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	9,115	456	0	0	0	3.00
4.00	53.00	ANESTHESIOLOGY	50,412	2,521	0	0	0	4.00
5.00	65.00	RESPIRATORY THERAPY	9,115	456	0	0	0	5.00
6.00	65.10	CARDIAC STRESS LAB	14,813	741	0	0	0	6.00
7.00	76.01	PAIN CLINIC	0	0	0	0	0	7.00
8.00	91.00	EMERGENCY	55,452	2,773	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			147,168	7,360	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	5.00	ADMINISTRATIVE & GENERAL	0	8,261	7,039	7,039	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	1,721,684	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	9,115	2,885	2,885	3.00
4.00	53.00	ANESTHESIOLOGY	0	50,412	7,548	1,108,788	4.00
5.00	65.00	RESPIRATORY THERAPY	0	9,115	2,885	2,885	5.00
6.00	65.10	CARDIAC STRESS LAB	0	14,813	5,187	5,187	6.00
7.00	76.01	PAIN CLINIC	0	0	0	240,000	7.00
8.00	91.00	EMERGENCY	0	55,452	17,548	2,337,828	8.00
9.00	0.00		0	0	0	0	9.00
10.00	0.00		0	0	0	0	10.00
200.00			0	147,168	43,092	5,426,296	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0064

Period:
From 10/01/2017
To 09/30/2018

Worksheet B
Part I
Date/Time Prepared:
2/26/2019 8:56 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	2,315,684	2,315,684			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	2,701,967		2,701,967		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	9,119,743	0	0	9,119,743	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	8,661,238	470,677	1,448,973	818,606	11,399,494 5.00
6.00 00600	MAINTENANCE & REPAIRS	1,785,458	314,058	19,738	251,288	2,370,542 6.00
7.00 00700	OPERATION OF PLANT	857,057	142,122	88,249	0	1,087,428 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	256,770	9,130	0	0	265,900 8.00
9.00 00900	HOUSEKEEPING	805,473	11,295	11,450	213,734	1,041,952 9.00
10.00 01000	DIETARY	325,726	46,135	12,605	96,465	480,931 10.00
11.00 01100	CAFETERIA	465,632	32,900	12,228	94,856	605,616 11.00
13.00 01300	NURSING ADMINISTRATION	1,259,306	6,216	224,220	313,480	1,803,222 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	78,986	31,635	34,218	48,255	193,094 14.00
16.00 01600	MEDICAL RECORDS & LIBRARY	464,533	11,477	2,691	171,837	650,538 16.00
17.00 01700	SOCIAL SERVICE	424,297	0	0	0	424,297 17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	5,986,078	246,854	29,047	1,761,856	8,023,835 30.00
31.00 03100	INTENSIVE CARE UNIT	1,520,208	62,927	43,378	446,029	2,072,542 31.00
43.00 04300	NURSERY	230,408	20,115	6,867	69,675	327,065 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	2,070,110	156,236	235,500	555,201	3,017,047 50.00
51.00 05100	RECOVERY ROOM	1,081,619	55,276	0	364,311	1,501,206 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	704,985	85,110	21,304	216,086	1,027,485 52.00
53.00 05300	ANESTHESIOLOGY	265,523	686	14,616	12,758	293,583 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,568,477	88,754	141,363	436,498	2,235,092 54.00
56.00 05600	RADIO SOTOPE	449,158	5,905	0	62,289	517,352 56.00
57.00 05700	CT SCAN	888,147	10,942	2,581	140,384	1,042,054 57.00
58.00 05800	MRI	560,245	11,467	85,421	90,204	747,337 58.00
60.00 06000	LABORATORY	3,025,535	50,164	85,253	528,724	3,689,676 60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	375,622	0	0	0	375,622 63.00
65.00 06500	RESPIRATORY THERAPY	522,975	12,860	41,234	176,593	753,662 65.00
65.10 06501	CARDIAC STRESS LAB	283,401	29,095	16,446	101,139	430,081 65.10
65.20 06502	CARDIAC REHAB	38,437	2,476	645	13,168	54,726 65.20
66.00 06600	PHYSICAL THERAPY	922,468	99,203	12,637	303,128	1,337,436 66.00
67.00 06700	OCCUPATIONAL THERAPY	175,187	28,806	1,462	66,711	272,166 67.00
68.00 06800	SPEECH PATHOLOGY	174,233	26,898	1,286	58,408	260,825 68.00
69.00 06900	ELECTROCARDIOLOGY	71,291	1,200	0	25,609	98,100 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	9,934	0	12,664	2,745	25,343 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,669,487	0	0	0	1,669,487 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	1,733,186	0	0	0	1,733,186 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	3,644,813	19,547	36,370	296,331	3,997,061 73.00
76.00 03610	SLEEP LAB	154,434	10,063	0	45,467	209,964 76.00
76.01 03020	PAIN CLINIC	84,054	11,445	0	17,014	112,513 76.01
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	3,358,125	97,231	45,476	987,912	4,488,744 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					0 92.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	61,090,010	2,208,905	2,687,922	8,786,761	60,636,204 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	100,824	7,769	0	20,481	129,074 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	9,062	0	12,996	0	22,058 192.00
193.00 19300	NONPAID WORKERS	2,557	46,563	0	0	49,120 193.00
194.00 07950	PHYSICIAN PRACTICES	0	0	0	0	0 194.00
194.20 07952	FUND DEVELOPMENT	135,898	611	20	0	136,529 194.20
194.30 07953	PUBLIC RELATIONS/MARKETING	492	1,297	0	0	1,789 194.30
194.40 07954	INDUSTRIAL MEDICINE	872,410	31,346	1,029	229,017	1,133,802 194.40
194.50 07955	FOUNDATION	162,200	0	0	0	162,200 194.50
194.70 07956	FITNESS CENTER	243,340	19,193	0	83,484	346,017 194.70
200.00	Cross Foot Adjustments					0 200.00
201.00	Negative Cost Centers					0 201.00
202.00	TOTAL (sum lines 118 through 201)	62,616,793	2,315,684	2,701,967	9,119,743	62,616,793 202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 14-0064	Period: From 10/01/2017 To 09/30/2018	Worksheet B Part I Date/Time Prepared: 2/26/2019 8:56 pm				
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.00	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		
5.00	00500	ADMINISTRATIVE & GENERAL	11,399,494			5.00		
6.00	00600	MAINTENANCE & REPAIRS	527,614	2,898,156		6.00		
7.00	00700	OPERATION OF PLANT	242,030	269,044	1,598,502	7.00		
8.00	00800	LAUNDRY & LINEN SERVICE	59,182	17,284	10,509	352,875	8.00	
9.00	00900	HOUSEKEEPING	231,908	21,382	13,000	0	1,308,242	9.00
10.00	01000	DIETARY	107,041	87,335	53,100	0	44,106	10.00
11.00	01100	CAFETERIA	134,793	62,281	37,867	0	31,453	11.00
13.00	01300	NURSING ADMINISTRATION	401,345	11,766	7,154	0	5,942	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	42,977	59,887	36,411	0	30,244	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	144,791	21,727	13,210	0	10,973	16.00
17.00	01700	SOCIAL SERVICE	94,436	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,785,883	467,309	284,125	144,114	236,002	30.00
31.00	03100	INTENSIVE CARE UNIT	461,288	119,124	72,428	36,488	60,161	31.00
43.00	04300	NURSERY	72,795	38,078	23,152	26,960	19,231	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	671,507	295,762	179,823	32,675	149,367	50.00
51.00	05100	RECOVERY ROOM	334,125	104,639	63,621	29,324	52,846	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	228,688	161,118	97,960	25,902	81,369	52.00
53.00	05300	ANESTHESIOLOGY	65,343	1,298	789	0	656	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	497,467	168,016	102,154	14,325	84,852	54.00
56.00	05600	RADIOISOTOPE	115,148	11,178	6,796	0	5,645	56.00
57.00	05700	CT SCAN	231,931	20,713	12,593	0	10,461	57.00
58.00	05800	MRI	166,336	21,707	13,198	0	10,963	58.00
60.00	06000	LABORATORY	821,215	94,963	57,737	0	47,959	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	83,603	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	167,743	24,344	14,801	0	12,294	65.00
65.10	06501	CARDIAC STRESS LAB	95,724	55,079	33,488	0	27,816	65.10
65.20	06502	CARDIAC REHAB	12,180	4,686	2,849	0	2,367	65.20
66.00	06600	PHYSICAL THERAPY	297,674	187,795	114,180	11,256	94,841	66.00
67.00	06700	OCCUPATIONAL THERAPY	60,576	54,531	33,155	0	27,540	67.00
68.00	06800	SPEECH PATHOLOGY	58,052	50,920	30,959	0	25,716	68.00
69.00	06900	ELECTROCARDIOLOGY	21,834	2,272	1,381	0	1,147	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,641	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	371,579	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	385,757	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	889,630	37,003	22,498	0	18,688	73.00
76.00	03610	SLEEP LAB	46,732	19,049	11,582	0	9,620	76.00
76.01	03020	PAIN CLINIC	25,042	21,666	13,173	0	10,942	76.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	999,064	184,062	111,910	31,831	92,956	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	10,958,674	2,696,018	1,475,603	352,875	1,206,157	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	28,728	14,708	8,942	0	7,428	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,909	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	10,933	88,146	53,593	0	44,516	193.00
194.00	07950	PHYSICIAN PRACTICES	0	0	0	0	0	194.00
194.20	07952	FUND DEVELOPMENT	30,387	1,156	703	0	584	194.20
194.30	07953	PUBLIC RELATIONS/MARKETING	398	2,455	1,492	0	1,240	194.30
194.40	07954	INDUSTRIAL MEDICINE	252,351	59,339	36,078	0	29,968	194.40
194.50	07955	FOUNDATION	36,101	0	0	0	0	194.50
194.70	07956	FITNESS CENTER	77,013	36,334	22,091	0	18,349	194.70
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)	11,399,494	2,898,156	1,598,502	352,875	1,308,242	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 14-0064	Period: From 10/01/2017 To 09/30/2018	Worksheet B Part I Date/Time Prepared: 2/26/2019 8:56 pm
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	
		10.00	11.00	13.00	14.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	772,513					10.00
11.00	01100	0	872,010				11.00
13.00	01300	0	21,598	2,251,027			13.00
14.00	01400	0	9,898	57,262	429,773		14.00
16.00	01600	0	28,373	0	0	869,612	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	643,576	207,497	1,200,428	33,078	55,974	30.00
31.00	03100	95,933	41,610	240,725	7,091	10,788	31.00
43.00	04300	8,046	6,679	38,638	2,565	2,684	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	65,202	377,210	0	94,673	50.00
51.00	05100	0	37,502	216,958	6,687	29,303	51.00
52.00	05200	24,958	20,709	119,806	6,331	8,327	52.00
53.00	05300	0	16,240	0	13,422	27,064	53.00
54.00	05400	0	50,043	0	11,130	53,463	54.00
56.00	05600	0	5,478	0	477	15,276	56.00
57.00	05700	0	15,376	0	16,284	88,408	57.00
58.00	05800	0	8,601	0	4,690	25,829	58.00
60.00	06000	0	72,145	0	9,169	163,357	60.00
63.00	06300	0	0	0	21	4,587	63.00
65.00	06500	0	19,892	0	0	23,339	65.00
65.10	06501	0	10,354	0	1,456	23,716	65.10
65.20	06502	0	1,441	0	499	1,931	65.20
66.00	06600	0	25,490	0	2,753	19,156	66.00
67.00	06700	0	5,189	0	84	3,547	67.00
68.00	06800	0	5,526	0	18	2,015	68.00
69.00	06900	0	2,931	0	0	7,298	69.00
70.00	07000	0	240	0	174	194	70.00
71.00	07100	0	0	0	260,494	38,866	71.00
72.00	07200	0	0	0	0	22,706	72.00
73.00	07300	0	27,268	0	2,713	77,110	73.00
76.00	03610	0	5,117	0	2,061	4,249	76.00
76.01	03020	0	1,610	0	5,462	7,870	76.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	0	121,995	0	33,095	57,882	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
118.00		772,513	834,004	2,251,027	419,754	869,612	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	2,402	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
193.00	19300	0	0	0	0	0	193.00
194.00	07950	0	0	0	0	0	194.00
194.20	07952	0	0	0	0	0	194.20
194.30	07953	0	0	0	0	0	194.30
194.40	07954	0	25,898	0	10,019	0	194.40
194.50	07955	0	0	0	0	0	194.50
194.70	07956	0	9,706	0	0	0	194.70
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		772,513	872,010	2,251,027	429,773	869,612	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0064

Period:
From 10/01/2017
To 09/30/2018

Worksheet B
Part I
Date/Time Prepared:
2/26/2019 8:56 pm

Cost Center Description			SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			17.00	19.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	518,733					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0				19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	430,083	0	13,511,904	0	13,511,904	30.00
31.00	03100	INTENSIVE CARE UNIT	61,560	0	3,279,738	0	3,279,738	31.00
43.00	04300	NURSERY	27,090	0	592,983	0	592,983	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	4,883,266	0	4,883,266	50.00
51.00	05100	RECOVERY ROOM	0	0	2,376,211	0	2,376,211	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	1,802,653	0	1,802,653	52.00
53.00	05300	ANESTHESIOLOGY	0	0	418,395	0	418,395	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	3,216,542	0	3,216,542	54.00
56.00	05600	RADIOISOTOPE	0	0	677,350	0	677,350	56.00
57.00	05700	CT SCAN	0	0	1,437,820	0	1,437,820	57.00
58.00	05800	MRI	0	0	998,661	0	998,661	58.00
60.00	06000	LABORATORY	0	0	4,956,221	0	4,956,221	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	463,833	0	463,833	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	1,016,075	0	1,016,075	65.00
65.10	06501	CARDIAC STRESS LAB	0	0	677,714	0	677,714	65.10
65.20	06502	CARDIAC REHAB	0	0	80,679	0	80,679	65.20
66.00	06600	PHYSICAL THERAPY	0	0	2,090,581	0	2,090,581	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	456,788	0	456,788	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	434,031	0	434,031	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	134,963	0	134,963	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	31,592	0	31,592	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	2,340,426	0	2,340,426	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	2,141,649	0	2,141,649	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	5,071,971	0	5,071,971	73.00
76.00	03610	SLEEP LAB	0	0	308,374	0	308,374	76.00
76.01	03020	PAIN CLINIC	0	0	198,278	0	198,278	76.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	6,121,539	0	6,121,539	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	518,733	0	59,720,237	0	59,720,237	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	191,282	0	191,282	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	26,967	0	26,967	192.00
193.00	19300	NONPAID WORKERS	0	0	246,308	0	246,308	193.00
194.00	07950	PHYSICIAN PRACTICES	0	0	0	0	0	194.00
194.20	07952	FUND DEVELOPMENT	0	0	169,359	0	169,359	194.20
194.30	07953	PUBLIC RELATIONS/MARKETING	0	0	7,374	0	7,374	194.30
194.40	07954	INDUSTRIAL MEDICINE	0	0	1,547,455	0	1,547,455	194.40
194.50	07955	FOUNDATION	0	0	198,301	0	198,301	194.50
194.70	07956	FITNESS CENTER	0	0	509,510	0	509,510	194.70
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	518,733	0	62,616,793	0	62,616,793	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0064

Period:
From 10/01/2017
To 09/30/2018

Worksheet B
Part II
Date/Time Prepared:
2/26/2019 8:56 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT
		BLDG & FIXT	MVBLE EQUIP		
		0	1.00		
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	28,782	470,677	1,448,973	5.00
6.00 00600	MAINTENANCE & REPAIRS	17,962	314,058	19,738	6.00
7.00 00700	OPERATION OF PLANT	0	142,122	88,249	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	9,130	0	8.00
9.00 00900	HOUSEKEEPING	0	11,295	11,450	9.00
10.00 01000	DIETARY	0	46,135	12,605	10.00
11.00 01100	CAFETERIA	0	32,900	12,228	11.00
13.00 01300	NURSING ADMINISTRATION	0	6,216	224,220	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	31,635	34,218	14.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	11,477	2,691	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	5,589	246,854	29,047	30.00
31.00 03100	INTENSIVE CARE UNIT	5,636	62,927	43,378	31.00
43.00 04300	NURSERY	0	20,115	6,867	43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	191,140	156,236	235,500	50.00
51.00 05100	RECOVERY ROOM	0	55,276	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	85,110	21,304	52.00
53.00 05300	ANESTHESIOLOGY	0	686	14,616	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	142,230	88,754	141,363	54.00
56.00 05600	RADIOISOTOPE	0	5,905	0	56.00
57.00 05700	CT SCAN	75,150	10,942	2,581	57.00
58.00 05800	MRI	213,648	11,467	85,421	58.00
60.00 06000	LABORATORY	71,678	50,164	85,253	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
65.00 06500	RESPIRATORY THERAPY	3,239	12,860	41,234	65.00
65.10 06501	CARDIAC STRESS LAB	0	29,095	16,446	65.10
65.20 06502	CARDIAC REHAB	0	2,476	645	65.20
66.00 06600	PHYSICAL THERAPY	3,956	99,203	12,637	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	28,806	1,462	67.00
68.00 06800	SPEECH PATHOLOGY	0	26,898	1,286	68.00
69.00 06900	ELECTROCARDIOLOGY	0	1,200	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	12,664	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	86,600	19,547	36,370	73.00
76.00 03610	SLEEP LAB	2,727	10,063	0	76.00
76.01 03020	PAIN CLINIC	0	11,445	0	76.01
OUTPATIENT SERVICE COST CENTERS					
91.00 09100	EMERGENCY	0	97,231	45,476	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)			0	92.00
SPECIAL PURPOSE COST CENTERS					
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	848,337	2,208,905	2,687,922	118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	7,769	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	12,996	192.00
193.00 19300	NONPAID WORKERS	0	46,563	0	193.00
194.00 07950	PHYSICIAN PRACTICES	0	0	0	194.00
194.20 07952	FUND DEVELOPMENT	0	611	20	194.20
194.30 07953	PUBLIC RELATIONS/MARKETING	0	1,297	0	194.30
194.40 07954	INDUSTRIAL MEDICINE	0	31,346	1,029	194.40
194.50 07955	FOUNDATION	0	0	0	194.50
194.70 07956	FITNESS CENTER	0	19,193	0	194.70
200.00	Cross Foot Adjustments			0	200.00
201.00	Negative Cost Centers		0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	848,337	2,315,684	2,701,967	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0064	Period: From 10/01/2017 To 09/30/2018	Worksheet B Part II Date/Time Prepared: 2/26/2019 8:56 pm				
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.00	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	
5.00	00500	ADMINISTRATIVE & GENERAL	1,948,432				5.00	
6.00	00600	MAINTENANCE & REPAIRS	90,180	441,938			6.00	
7.00	00700	OPERATION OF PLANT	41,368	41,026	312,765		7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	10,115	2,636	2,056	23,937	8.00	
9.00	00900	HOUSEKEEPING	39,638	3,261	2,544	0	68,188	9.00
10.00	01000	DIETARY	18,296	13,318	10,390	0	2,299	10.00
11.00	01100	CAFETERIA	23,039	9,497	7,409	0	1,639	11.00
13.00	01300	NURSING ADMINISTRATION	68,598	1,794	1,400	0	310	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,346	9,132	7,124	0	1,576	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	24,748	3,313	2,585	0	572	16.00
17.00	01700	SOCIAL SERVICE	16,141	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	305,266	71,257	55,594	9,775	12,305	30.00
31.00	03100	INTENSIVE CARE UNIT	78,844	18,165	14,171	2,475	3,136	31.00
43.00	04300	NURSERY	12,442	5,807	4,530	1,829	1,002	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	114,775	45,101	35,184	2,217	7,785	50.00
51.00	05100	RECOVERY ROOM	57,109	15,956	12,448	1,989	2,754	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	39,088	24,569	19,167	1,757	4,241	52.00
53.00	05300	ANESTHESIOLOGY	11,168	198	154	0	34	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	85,027	25,621	19,987	972	4,423	54.00
56.00	05600	RADIOISOTOPE	19,681	1,705	1,330	0	294	56.00
57.00	05700	CT SCAN	39,642	3,158	2,464	0	545	57.00
58.00	05800	MRI	28,430	3,310	2,582	0	571	58.00
60.00	06000	LABORATORY	140,363	14,481	11,297	0	2,500	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	14,289	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	28,671	3,712	2,896	0	641	65.00
65.10	06501	CARDIAC STRESS LAB	16,361	8,399	6,552	0	1,450	65.10
65.20	06502	CARDIAC REHAB	2,082	715	557	0	123	65.20
66.00	06600	PHYSICAL THERAPY	50,879	28,637	22,341	764	4,943	66.00
67.00	06700	OCCUPATIONAL THERAPY	10,354	8,315	6,487	0	1,435	67.00
68.00	06800	SPEECH PATHOLOGY	9,922	7,765	6,058	0	1,340	68.00
69.00	06900	ELECTROCARDIOLOGY	3,732	346	270	0	60	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	964	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	63,511	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	65,934	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	152,056	5,643	4,402	0	974	73.00
76.00	03610	SLEEP LAB	7,987	2,905	2,266	0	501	76.00
76.01	03020	PAIN CLINIC	4,280	3,304	2,577	0	570	76.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	170,761	28,068	21,896	2,159	4,845	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,873,087	411,114	288,718	23,937	62,868	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,910	2,243	1,750	0	387	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	839	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	1,869	13,441	10,486	0	2,320	193.00
194.00	07950	PHYSICIAN PRACTICES	0	0	0	0	0	194.00
194.20	07952	FUND DEVELOPMENT	5,194	176	138	0	30	194.20
194.30	07953	PUBLIC RELATIONS/MARKETING	68	374	292	0	65	194.30
194.40	07954	INDUSTRIAL MEDICINE	43,132	9,049	7,059	0	1,562	194.40
194.50	07955	FOUNDATION	6,170	0	0	0	0	194.50
194.70	07956	FITNESS CENTER	13,163	5,541	4,322	0	956	194.70
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)	1,948,432	441,938	312,765	23,937	68,188	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0064	Period: From 10/01/2017 To 09/30/2018	Worksheet B Part II Date/Time Prepared: 2/26/2019 8:56 pm			
Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	
		10.00	11.00	13.00	14.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	103,043					10.00
11.00	01100	0	86,712				11.00
13.00	01300	0	2,148	304,686			13.00
14.00	01400	0	984	7,751	99,766		14.00
16.00	01600	0	2,821	0	0	48,207	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	85,845	20,635	162,483	7,679	3,095	30.00
31.00	03100	12,796	4,138	32,583	1,646	596	31.00
43.00	04300	1,073	664	5,230	596	148	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	6,484	51,057	0	5,234	50.00
51.00	05100	0	3,729	29,366	1,552	1,620	51.00
52.00	05200	3,329	2,059	16,216	1,470	460	52.00
53.00	05300	0	1,615	0	3,116	1,496	53.00
54.00	05400	0	4,976	0	2,584	2,956	54.00
56.00	05600	0	545	0	111	845	56.00
57.00	05700	0	1,529	0	3,780	4,888	57.00
58.00	05800	0	855	0	1,089	1,428	58.00
60.00	06000	0	7,174	0	2,129	9,162	60.00
63.00	06300	0	0	0	5	254	63.00
65.00	06500	0	1,978	0	0	1,290	65.00
65.10	06501	0	1,030	0	338	1,311	65.10
65.20	06502	0	143	0	116	107	65.20
66.00	06600	0	2,535	0	639	1,059	66.00
67.00	06700	0	516	0	19	196	67.00
68.00	06800	0	549	0	4	111	68.00
69.00	06900	0	291	0	0	403	69.00
70.00	07000	0	24	0	40	11	70.00
71.00	07100	0	0	0	60,468	2,149	71.00
72.00	07200	0	0	0	0	1,255	72.00
73.00	07300	0	2,711	0	630	4,263	73.00
76.00	03610	0	509	0	478	235	76.00
76.01	03020	0	160	0	1,268	435	76.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	0	12,131	0	7,683	3,200	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
118.00		103,043	82,933	304,686	97,440	48,207	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	239	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
193.00	19300	0	0	0	0	0	193.00
194.00	07950	0	0	0	0	0	194.00
194.20	07952	0	0	0	0	0	194.20
194.30	07953	0	0	0	0	0	194.30
194.40	07954	0	2,575	0	2,326	0	194.40
194.50	07955	0	0	0	0	0	194.50
194.70	07956	0	965	0	0	0	194.70
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		103,043	86,712	304,686	99,766	48,207	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0064	Period: From 10/01/2017 To 09/30/2018	Worksheet B Part II Date/Time Prepared: 2/26/2019 8:56 pm	
Cost Center	Description	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
		17.00	19.00	24.00	25.00	26.00
GENERAL SERVICE COST CENTERS						
1.00	00100					1.00
2.00	00200					2.00
4.00	00400					4.00
5.00	00500					5.00
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
13.00	01300					13.00
14.00	01400					14.00
16.00	01600					16.00
17.00	01700	16,141				17.00
19.00	01900		0			19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	13,382		1,028,806	0	1,028,806
31.00	03100	1,916		282,407	0	282,407
43.00	04300	843		61,146	0	61,146
ANCILLARY SERVICE COST CENTERS						
50.00	05000	0		850,713	0	850,713
51.00	05100	0		181,799	0	181,799
52.00	05200	0		218,770	0	218,770
53.00	05300	0		33,083	0	33,083
54.00	05400	0		518,893	0	518,893
56.00	05600	0		30,416	0	30,416
57.00	05700	0		144,679	0	144,679
58.00	05800	0		348,801	0	348,801
60.00	06000	0		394,201	0	394,201
63.00	06300	0		14,548	0	14,548
65.00	06500	0		96,521	0	96,521
65.10	06501	0		80,982	0	80,982
65.20	06502	0		6,964	0	6,964
66.00	06600	0		227,593	0	227,593
67.00	06700	0		57,590	0	57,590
68.00	06800	0		53,933	0	53,933
69.00	06900	0		6,302	0	6,302
70.00	07000	0		13,703	0	13,703
71.00	07100	0		126,128	0	126,128
72.00	07200	0		67,189	0	67,189
73.00	07300	0		313,196	0	313,196
76.00	03610	0		27,671	0	27,671
76.01	03020	0		24,039	0	24,039
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	0		393,450	0	393,450
92.00	09200	0			0	
SPECIAL PURPOSE COST CENTERS						
118.00		16,141	0	5,603,523	0	5,603,523
NONREIMBURSABLE COST CENTERS						
190.00	19000	0		17,298	0	17,298
192.00	19200	0		13,835	0	13,835
193.00	19300	0		74,679	0	74,679
194.00	07950	0		0	0	0
194.20	07952	0		6,169	0	6,169
194.30	07953	0		2,096	0	2,096
194.40	07954	0		98,078	0	98,078
194.50	07955	0		6,170	0	6,170
194.70	07956	0		44,140	0	44,140
200.00			0	0	0	0
201.00		0	0	0	0	0
202.00		16,141	0	5,865,988	0	5,865,988

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0064

Period:
From 10/01/2017
To 09/30/2018

Worksheet B-1

Date/Time Prepared:
2/26/2019 8:56 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	216,086				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		2,467,221			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	25,387,928		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	43,921	1,323,088	2,278,869	-11,399,494	5.00
6.00 00600	MAINTENANCE & REPAIRS	29,306	18,023	699,545	0	6.00
7.00 00700	OPERATION OF PLANT	13,262	80,582	0	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	852	0	0	0	8.00
9.00 00900	HOUSEKEEPING	1,054	10,455	595,001	0	9.00
10.00 01000	DIETARY	4,305	11,510	268,542	0	10.00
11.00 01100	CAFETERIA	3,070	11,166	264,064	0	11.00
13.00 01300	NURSING ADMINISTRATION	580	204,740	872,678	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	2,952	31,245	134,335	0	14.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,071	2,457	478,368	0	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	23,035	26,523	4,904,748	0	30.00
31.00 03100	INTENSIVE CARE UNIT	5,872	39,609	1,241,673	0	31.00
43.00 04300	NURSERY	1,877	6,270	193,965	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	14,579	215,040	1,545,590	0	50.00
51.00 05100	RECOVERY ROOM	5,158	0	1,014,183	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	7,942	19,453	601,548	0	52.00
53.00 05300	ANESTHESIOLOGY	64	13,346	35,515	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	8,282	129,081	1,215,142	0	54.00
56.00 05600	RADIOISOTOPE	551	0	173,402	551	56.00
57.00 05700	CT SCAN	1,021	2,357	390,808	0	57.00
58.00 05800	MRI	1,070	78,000	251,114	0	58.00
60.00 06000	LABORATORY	4,681	77,846	1,471,882	0	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00 06500	RESPIRATORY THERAPY	1,200	37,652	491,608	0	65.00
65.10 06501	CARDIAC STRESS LAB	2,715	15,017	281,556	0	65.10
65.20 06502	CARDIAC REHAB	231	589	36,657	231	65.20
66.00 06600	PHYSICAL THERAPY	9,257	11,539	843,860	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	2,688	1,335	185,712	0	67.00
68.00 06800	SPEECH PATHOLOGY	2,510	1,174	162,598	0	68.00
69.00 06900	ELECTROCARDIOLOGY	112	0	71,291	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	11,564	7,641	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	1,824	33,210	824,939	0	73.00
76.00 03610	SLEEP LAB	939	0	126,572	0	76.00
76.01 03020	PAIN CLINIC	1,068	0	47,364	0	76.01
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	9,073	41,525	2,750,188	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	206,122	2,454,396	24,460,958	-11,399,494	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	725	0	57,016	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	11,867	0	0	192.00
193.00 19300	NONPAID WORKERS	4,345	0	0	0	193.00
194.00 07950	PHYSICIAN PRACTICES	0	0	0	0	194.00
194.20 07952	FUND DEVELOPMENT	57	18	0	0	194.20
194.30 07953	PUBLIC RELATIONS/MARKETING	121	0	0	0	194.30
194.40 07954	INDUSTRIAL MEDICINE	2,925	940	637,548	0	194.40
194.50 07955	FOUNDATION	0	0	0	0	194.50
194.70 07956	FITNESS CENTER	1,791	0	232,406	0	194.70
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)	2,315,684	2,701,967	9,119,743	11,399,494	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	10.716493	1.095146	0.359216	0.222571	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			0	1,948,432	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000000	0.038042	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0064

Period:
From 10/01/2017
To 09/30/2018

Worksheet B-1
Date/Time Prepared:
2/26/2019 8:56 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00				
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: 14-0064

Period:
From 10/01/2017
To 09/30/2018

Worksheet B-1

Date/Time Prepared:
2/26/2019 8:56 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600	142,859					6.00
7.00	00700	13,262	129,597				7.00
8.00	00800	852	852	421,027			8.00
9.00	00900	1,054	1,054	0	127,691		9.00
10.00	01000	4,305	4,305	0	4,305	67,787	10.00
11.00	01100	3,070	3,070	0	3,070	0	11.00
13.00	01300	580	580	0	580	0	13.00
14.00	01400	2,952	2,952	0	2,952	0	14.00
16.00	01600	1,071	1,071	0	1,071	0	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	23,035	23,035	171,947	23,035	56,473	30.00
31.00	03100	5,872	5,872	43,535	5,872	8,418	31.00
43.00	04300	1,877	1,877	32,167	1,877	706	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	14,579	14,579	38,986	14,579	0	50.00
51.00	05100	5,158	5,158	34,987	5,158	0	51.00
52.00	05200	7,942	7,942	30,904	7,942	2,190	52.00
53.00	05300	64	64	0	64	0	53.00
54.00	05400	8,282	8,282	17,092	8,282	0	54.00
56.00	05600	551	551	0	551	0	56.00
57.00	05700	1,021	1,021	0	1,021	0	57.00
58.00	05800	1,070	1,070	0	1,070	0	58.00
60.00	06000	4,681	4,681	0	4,681	0	60.00
63.00	06300	0	0	0	0	0	63.00
65.00	06500	1,200	1,200	0	1,200	0	65.00
65.10	06501	2,715	2,715	0	2,715	0	65.10
65.20	06502	231	231	0	231	0	65.20
66.00	06600	9,257	9,257	13,430	9,257	0	66.00
67.00	06700	2,688	2,688	0	2,688	0	67.00
68.00	06800	2,510	2,510	0	2,510	0	68.00
69.00	06900	112	112	0	112	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	1,824	1,824	0	1,824	0	73.00
76.00	03610	939	939	0	939	0	76.00
76.01	03020	1,068	1,068	0	1,068	0	76.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	9,073	9,073	37,979	9,073	0	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
118.00		132,895	119,633	421,027	117,727	67,787	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	725	725	0	725	0	190.00
192.00	19200	0	0	0	0	0	192.00
193.00	19300	4,345	4,345	0	4,345	0	193.00
194.00	07950	0	0	0	0	0	194.00
194.20	07952	57	57	0	57	0	194.20
194.30	07953	121	121	0	121	0	194.30
194.40	07954	2,925	2,925	0	2,925	0	194.40
194.50	07955	0	0	0	0	0	194.50
194.70	07956	1,791	1,791	0	1,791	0	194.70
200.00							200.00
201.00							201.00
202.00		2,898,156	1,598,502	352,875	1,308,242	772,513	202.00
203.00		20.286828	12.334406	0.838129	10.245374	11.396182	203.00
204.00		441,938	312,765	23,937	68,188	103,043	204.00
205.00		3.093526	2.413366	0.056854	0.534008	1.520100	205.00
206.00							206.00
207.00							207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0064

Period:
From 10/01/2017
To 09/30/2018

Worksheet B-1

Date/Time Prepared:
2/26/2019 8:56 pm

Cost Center Description			CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
			11.00	13.00	14.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	36,297					11.00
13.00	01300	NURSING ADMINISTRATION	899	16,196				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	412	412	2,754,397			14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,181	0	0	384,644,508		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	13,002	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,637	8,637	211,997	24,756,453	10,780	30.00
31.00	03100	INTENSIVE CARE UNIT	1,732	1,732	45,447	4,771,556	1,543	31.00
43.00	04300	NURSERY	278	278	16,441	1,187,070	679	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,714	2,714	0	41,872,059	0	50.00
51.00	05100	RECOVERY ROOM	1,561	1,561	42,859	12,960,313	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	862	862	40,575	3,682,814	0	52.00
53.00	05300	ANESTHESIOLOGY	676	0	86,022	11,970,011	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,083	0	71,330	23,645,520	0	54.00
56.00	05600	RADIOISOTOPE	228	0	3,060	6,756,516	0	56.00
57.00	05700	CT SCAN	640	0	104,363	39,101,211	0	57.00
58.00	05800	MRI	358	0	30,057	11,423,907	0	58.00
60.00	06000	LABORATORY	3,003	0	58,765	72,279,986	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	134	2,028,838	0	63.00
65.00	06500	RESPIRATORY THERAPY	828	0	0	10,322,584	0	65.00
65.10	06501	CARDIAC STRESS LAB	431	0	9,333	10,489,201	0	65.10
65.20	06502	CARDIAC REHAB	60	0	3,198	853,838	0	65.20
66.00	06600	PHYSICAL THERAPY	1,061	0	17,641	8,472,456	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	216	0	537	1,568,813	0	67.00
68.00	06800	SPEECH PATHOLOGY	230	0	115	891,384	0	68.00
69.00	06900	ELECTROCARDIOLOGY	122	0	0	3,227,690	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	10	0	1,115	85,750	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	1,669,487	17,189,592	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	10,042,632	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,135	0	17,390	34,104,393	0	73.00
76.00	03610	SLEEP LAB	213	0	13,206	1,879,285	0	76.00
76.01	03020	PAIN CLINIC	67	0	35,007	3,480,582	0	76.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	5,078	0	212,104	25,600,054	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	34,715	16,196	2,690,183	384,644,508	13,002	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	100	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	PHYSICIAN PRACTICES	0	0	0	0	0	194.00
194.20	07952	FUND DEVELOPMENT	0	0	0	0	0	194.20
194.30	07953	PUBLIC RELATIONS/MARKETING	0	0	0	0	0	194.30
194.40	07954	INDUSTRIAL MEDICINE	1,078	0	64,214	0	0	194.40
194.50	07955	FOUNDATION	0	0	0	0	0	194.50
194.70	07956	FITNESS CENTER	404	0	0	0	0	194.70
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)	872,010	2,251,027	429,773	869,612	518,733	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	24.024300	138.986602	0.156032	0.002261	39.896401	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	86,712	304,686	99,766	48,207	16,141	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	2.388958	18.812423	0.036221	0.000125	1.241424	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0064

Period:
From 10/01/2017
To 09/30/2018

Worksheet B-1

Date/Time Prepared:
2/26/2019 8:56 pm

Cost Center Description		CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)	11.00	13.00	14.00	16.00	17.00	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0064

Period:
From 10/01/2017
To 09/30/2018

Worksheet B-1
Date/Time Prepared:
2/26/2019 8:56 pm

Cost Center Description		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		19.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
60.00	06000	LABORATORY	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
65.00	06500	RESPIRATORY THERAPY	65.00
65.10	06501	CARDIAC STRESS LAB	65.10
65.20	06502	CARDIAC REHAB	65.20
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
76.00	03610	SLEEP LAB	76.00
76.01	03020	PAIN CLINIC	76.01
OUTPATIENT SERVICE COST CENTERS			
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
SPECIAL PURPOSE COST CENTERS			
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
193.00	19300	NONPAID WORKERS	193.00
194.00	07950	PHYSICIAN PRACTICES	194.00
194.20	07952	FUND DEVELOPMENT	194.20
194.30	07953	PUBLIC RELATIONS/MARKETING	194.30
194.40	07954	INDUSTRIAL MEDICINE	194.40
194.50	07955	FOUNDATION	194.50
194.70	07956	FITNESS CENTER	194.70
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)	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0064

Period:
From 10/01/2017
To 09/30/2018

Worksheet C
Part I
Date/Time Prepared:
2/26/2019 8:56 pm

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	Hospital		
					RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	13,511,904		13,511,904	0	13,511,904	30.00
31.00	03100 INTENSIVE CARE UNIT	3,279,738		3,279,738	2,885	3,282,623	31.00
43.00	04300 NURSERY	592,983		592,983	0	592,983	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	4,883,266		4,883,266	0	4,883,266	50.00
51.00	05100 RECOVERY ROOM	2,376,211		2,376,211	0	2,376,211	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,802,653		1,802,653	0	1,802,653	52.00
53.00	05300 ANESTHESIOLOGY	418,395		418,395	7,548	425,943	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	3,216,542		3,216,542	0	3,216,542	54.00
56.00	05600 RADIOISOTOPE	677,350		677,350	0	677,350	56.00
57.00	05700 CT SCAN	1,437,820		1,437,820	0	1,437,820	57.00
58.00	05800 MRI	998,661		998,661	0	998,661	58.00
60.00	06000 LABORATORY	4,956,221		4,956,221	0	4,956,221	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	463,833		463,833	0	463,833	63.00
65.00	06500 RESPIRATORY THERAPY	1,016,075	0	1,016,075	2,885	1,018,960	65.00
65.10	06501 CARDIAC STRESS LAB	677,714	0	677,714	5,187	682,901	65.10
65.20	06502 CARDIAC REHAB	80,679	0	80,679	0	80,679	65.20
66.00	06600 PHYSICAL THERAPY	2,090,581	0	2,090,581	0	2,090,581	66.00
67.00	06700 OCCUPATIONAL THERAPY	456,788	0	456,788	0	456,788	67.00
68.00	06800 SPEECH PATHOLOGY	434,031	0	434,031	0	434,031	68.00
69.00	06900 ELECTROCARDIOLOGY	134,963		134,963	0	134,963	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	31,592		31,592	0	31,592	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	2,340,426		2,340,426	0	2,340,426	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	2,141,649		2,141,649	0	2,141,649	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	5,071,971		5,071,971	0	5,071,971	73.00
76.00	03610 SLEEP LAB	308,374		308,374	0	308,374	76.00
76.01	03020 PAIN CLINIC	198,278		198,278	0	198,278	76.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	6,121,539		6,121,539	17,548	6,139,087	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1,434,099		1,434,099		1,434,099	92.00
200.00	Subtotal (see instructions)	61,154,336	0	61,154,336	36,053	61,190,389	200.00
201.00	Less Observation Beds	1,434,099		1,434,099		1,434,099	201.00
202.00	Total (see instructions)	59,720,237	0	59,720,237	36,053	59,756,290	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0064	Period: From 10/01/2017 To 09/30/2018	Worksheet C Part I Date/Time Prepared: 2/26/2019 8:56 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
9.00	10.00					
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	22,429,131		22,429,131	30.00
31.00	03100	INTENSIVE CARE UNIT	4,771,556		4,771,556	31.00
43.00	04300	NURSERY	1,187,070		1,187,070	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	10,645,553	31,226,506	41,872,059	50.00
51.00	05100	RECOVERY ROOM	1,722,630	11,237,683	12,960,313	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,494,390	1,188,424	3,682,814	52.00
53.00	05300	ANESTHESIOLOGY	3,804,202	8,165,809	11,970,011	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,057,859	20,587,661	23,645,520	54.00
56.00	05600	RADIOISOTOPE	328,370	6,428,146	6,756,516	56.00
57.00	05700	CT SCAN	5,769,378	33,331,833	39,101,211	57.00
58.00	05800	MRI	808,867	10,615,040	11,423,907	58.00
60.00	06000	LABORATORY	16,247,727	56,032,259	72,279,986	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,032,104	996,734	2,028,838	63.00
65.00	06500	RESPIRATORY THERAPY	8,754,612	1,567,972	10,322,584	65.00
65.10	06501	CARDIAC STRESS LAB	2,239,297	8,249,904	10,489,201	65.10
65.20	06502	CARDIAC REHAB	264	853,574	853,838	65.20
66.00	06600	PHYSICAL THERAPY	1,407,431	7,065,025	8,472,456	66.00
67.00	06700	OCCUPATIONAL THERAPY	733,573	835,240	1,568,813	67.00
68.00	06800	SPEECH PATHOLOGY	372,593	518,791	891,384	68.00
69.00	06900	ELECTROCARDIOLOGY	923,520	2,304,170	3,227,690	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,375	81,375	85,750	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,814,757	8,374,835	17,189,592	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,073,213	3,969,419	10,042,632	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,770,374	16,334,019	34,104,393	73.00
76.00	03610	SLEEP LAB	5,704	1,873,581	1,879,285	76.00
76.01	03020	PAIN CLINIC	5,335	3,475,247	3,480,582	76.01
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	4,304,121	21,295,933	25,600,054	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	873,184	1,454,138	2,327,322	92.00
200.00		Subtotal (see instructions)	126,581,190	258,063,318	384,644,508	200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)	126,581,190	258,063,318	384,644,508	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0064	Period: From 10/01/2017 To 09/30/2018	Worksheet C Part I Date/Time Prepared: 2/26/2019 8:56 pm
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio	
		11.00	
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS		30.00
31.00	03100 INTENSIVE CARE UNIT		31.00
43.00	04300 NURSERY		43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.116623	50.00
51.00	05100 RECOVERY ROOM	0.183345	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.489477	52.00
53.00	05300 ANESTHESIOLOGY	0.035584	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.136032	54.00
56.00	05600 RADIOISOTOPE	0.100251	56.00
57.00	05700 CT SCAN	0.036772	57.00
58.00	05800 MRI	0.087419	58.00
60.00	06000 LABORATORY	0.068570	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.228620	63.00
65.00	06500 RESPIRATORY THERAPY	0.098712	65.00
65.10	06501 CARDIAC STRESS LAB	0.065105	65.10
65.20	06502 CARDIAC REHAB	0.094490	65.20
66.00	06600 PHYSICAL THERAPY	0.246750	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.291168	67.00
68.00	06800 SPEECH PATHOLOGY	0.486918	68.00
69.00	06900 ELECTROCARDIOLOGY	0.041814	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.368420	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.136154	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.213256	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.148719	73.00
76.00	03610 SLEEP LAB	0.164091	76.00
76.01	03020 PAIN CLINIC	0.056967	76.01
OUTPATIENT SERVICE COST CENTERS			
91.00	09100 EMERGENCY	0.239808	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.616201	92.00
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: 14-0064

Period:
From 10/01/2017
To 09/30/2018

Worksheet C
Part I
Date/Time Prepared:
2/26/2019 8:56 pm

		Title XIX		Hospital		Cost
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		13,511,904	0	13,511,904	30.00
31.00	03100 INTENSIVE CARE UNIT		3,279,738	2,885	3,282,623	31.00
43.00	04300 NURSERY		592,983	0	592,983	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		4,883,266	0	4,883,266	50.00
51.00	05100 RECOVERY ROOM		2,376,211	0	2,376,211	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		1,802,653	0	1,802,653	52.00
53.00	05300 ANESTHESIOLOGY		418,395	7,548	425,943	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		3,216,542	0	3,216,542	54.00
56.00	05600 RADIOISOTOPE		677,350	0	677,350	56.00
57.00	05700 CT SCAN		1,437,820	0	1,437,820	57.00
58.00	05800 MRI		998,661	0	998,661	58.00
60.00	06000 LABORATORY		4,956,221	0	4,956,221	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		463,833	0	463,833	63.00
65.00	06500 RESPIRATORY THERAPY	0	1,016,075	2,885	1,018,960	65.00
65.10	06501 CARDIAC STRESS LAB	0	677,714	5,187	682,901	65.10
65.20	06502 CARDIAC REHAB	0	80,679	0	80,679	65.20
66.00	06600 PHYSICAL THERAPY	0	2,090,581	0	2,090,581	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	456,788	0	456,788	67.00
68.00	06800 SPEECH PATHOLOGY	0	434,031	0	434,031	68.00
69.00	06900 ELECTROCARDIOLOGY		134,963	0	134,963	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		31,592	0	31,592	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		2,340,426	0	2,340,426	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		2,141,649	0	2,141,649	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		5,071,971	0	5,071,971	73.00
76.00	03610 SLEEP LAB		308,374	0	308,374	76.00
76.01	03020 PAIN CLINIC		198,278	0	198,278	76.01
OUTPATIENT SERVICE COST CENTERS						
91.00	09100 EMERGENCY		6,121,539	17,548	6,139,087	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		1,434,099		1,434,099	92.00
200.00	Subtotal (see instructions)	0	61,154,336	36,053	61,190,389	200.00
201.00	Less Observation Beds		1,434,099		1,434,099	201.00
202.00	Total (see instructions)	0	59,720,237	36,053	59,756,290	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0064		Period: From 10/01/2017 To 09/30/2018		Worksheet C Part I Date/Time Prepared: 2/26/2019 8:56 pm	
			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	22,429,131		22,429,131			30.00
31.00	03100	INTENSIVE CARE UNIT	4,771,556		4,771,556			31.00
43.00	04300	NURSERY	1,187,070		1,187,070			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	10,645,553	31,226,506	41,872,059	0.116623	0.000000	50.00
51.00	05100	RECOVERY ROOM	1,722,630	11,237,683	12,960,313	0.183345	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,494,390	1,188,424	3,682,814	0.489477	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	3,804,202	8,165,809	11,970,011	0.034954	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,057,859	20,587,661	23,645,520	0.136032	0.000000	54.00
56.00	05600	RADIOISOTOPE	328,370	6,428,146	6,756,516	0.100251	0.000000	56.00
57.00	05700	CT SCAN	5,769,378	33,331,833	39,101,211	0.036772	0.000000	57.00
58.00	05800	MRI	808,867	10,615,040	11,423,907	0.087419	0.000000	58.00
60.00	06000	LABORATORY	16,247,727	56,032,259	72,279,986	0.068570	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,032,104	996,734	2,028,838	0.228620	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	8,754,612	1,567,972	10,322,584	0.098432	0.000000	65.00
65.10	06501	CARDIAC STRESS LAB	2,239,297	8,249,904	10,489,201	0.064611	0.000000	65.10
65.20	06502	CARDIAC REHAB	264	853,574	853,838	0.094490	0.000000	65.20
66.00	06600	PHYSICAL THERAPY	1,407,431	7,065,025	8,472,456	0.246750	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	733,573	835,240	1,568,813	0.291168	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	372,593	518,791	891,384	0.486918	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	923,520	2,304,170	3,227,690	0.041814	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,375	81,375	85,750	0.368420	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,814,757	8,374,835	17,189,592	0.136154	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,073,213	3,969,419	10,042,632	0.213256	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,770,374	16,334,019	34,104,393	0.148719	0.000000	73.00
76.00	03610	SLEEP LAB	5,704	1,873,581	1,879,285	0.164091	0.000000	76.00
76.01	03020	PAIN CLINIC	5,335	3,475,247	3,480,582	0.056967	0.000000	76.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	4,304,121	21,295,933	25,600,054	0.239122	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	873,184	1,454,138	2,327,322	0.616201	0.000000	92.00
200.00		Subtotal (see instructions)	126,581,190	258,063,318	384,644,508			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	126,581,190	258,063,318	384,644,508			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES	Provider CCN: 14-0064	Period: From 10/01/2017 To 09/30/2018	Worksheet C Part I Date/Time Prepared: 2/26/2019 8:56 pm
	Title XIX	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio	
		11.00	
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS		30.00
31.00	03100 INTENSIVE CARE UNIT		31.00
43.00	04300 NURSERY		43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.000000	50.00
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
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
60.00	06000 LABORATORY	0.000000	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	63.00
65.00	06500 RESPIRATORY THERAPY	0.000000	65.00
65.10	06501 CARDIAC STRESS LAB	0.000000	65.10
65.20	06502 CARDIAC REHAB	0.000000	65.20
66.00	06600 PHYSICAL THERAPY	0.000000	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	70.00
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
76.00	03610 SLEEP LAB	0.000000	76.00
76.01	03020 PAIN CLINIC	0.000000	76.01
OUTPATIENT SERVICE COST CENTERS			
91.00	09100 EMERGENCY	0.000000	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	92.00
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: 14-0064		Period: From 10/01/2017 To 09/30/2018		Worksheet D Part I Date/Time Prepared: 2/26/2019 8:56 pm	
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	1,028,806	0	1,028,806	12,060	85.31	30.00
31.00	INTENSIVE CARE UNIT	282,407		282,407	1,543	183.02	31.00
43.00	NURSERY	61,146		61,146	679	90.05	43.00
200.00	Total (lines 30 through 199)	1,372,359		1,372,359	14,282		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	5,128	437,470				
31.00	INTENSIVE CARE UNIT	735	134,520				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	5,863	571,990				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 14-0064	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part II Date/Time Prepared: 2/26/2019 8:56 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	850,713	41,872,059	0.020317	4,397,479	89,344	50.00
51.00	05100 RECOVERY ROOM	181,799	12,960,313	0.014027	765,928	10,744	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	218,770	3,682,814	0.059403	64,022	3,803	52.00
53.00	05300 ANESTHESIOLOGY	33,083	11,970,011	0.002764	1,434,770	3,966	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	518,893	23,645,520	0.021945	1,431,422	31,413	54.00
56.00	05600 RADIOISOTOPE	30,416	6,756,516	0.004502	191,619	863	56.00
57.00	05700 CT SCAN	144,679	39,101,211	0.003700	2,775,980	10,271	57.00
58.00	05800 MRI	348,801	11,423,907	0.030533	324,320	9,902	58.00
60.00	06000 LABORATORY	394,201	72,279,986	0.005454	7,387,331	40,291	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	14,548	2,028,838	0.007171	404,634	2,902	63.00
65.00	06500 RESPIRATORY THERAPY	96,521	10,322,584	0.009350	4,504,720	42,119	65.00
65.10	06501 CARDIAC STRESS LAB	80,982	10,489,201	0.007721	1,165,893	9,002	65.10
65.20	06502 CARDIAC REHAB	6,964	853,838	0.008156	0	0	65.20
66.00	06600 PHYSICAL THERAPY	227,593	8,472,456	0.026863	704,374	18,922	66.00
67.00	06700 OCCUPATIONAL THERAPY	57,590	1,568,813	0.036709	378,504	13,895	67.00
68.00	06800 SPEECH PATHOLOGY	53,933	891,384	0.060505	209,799	12,694	68.00
69.00	06900 ELECTROCARDIOLOGY	6,302	3,227,690	0.001952	487,751	952	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	13,703	85,750	0.159802	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	126,128	17,189,592	0.007337	4,108,365	30,143	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	67,189	10,042,632	0.006690	2,226,360	14,894	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	313,196	34,104,393	0.009183	7,752,235	71,189	73.00
76.00	03610 SLEEP LAB	27,671	1,879,285	0.014724	3,500	52	76.00
76.01	03020 PAIN CLINIC	24,039	3,480,582	0.006907	3,978	27	76.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	393,450	25,600,054	0.015369	1,969,150	30,264	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	109,194	2,327,322	0.046918	469,634	22,034	92.00
200.00	Total (lines 50 through 199)	4,340,358	356,256,751		43,161,768	469,686	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0064	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part III Date/Time Prepared: 2/26/2019 8:56 pm
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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	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	0	200.00
Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of col. 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	12,060	0.00	5,128	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,543	0.00	735	31.00
43.00	04300	NURSERY	0	679	0.00	0	43.00
200.00		Total (lines 30 through 199)	0	14,282		5,863	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
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: 14-0064	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part IV Date/Time Prepared: 2/26/2019 8:56 pm
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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
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
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
60.00	06000	LABORATORY	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
65.10	06501	CARDIAC STRESS LAB	0	0	0	0	65.10
65.20	06502	CARDIAC REHAB	0	0	0	0	65.20
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
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03610	SLEEP LAB	0	0	0	0	76.00
76.01	03020	PAIN CLINIC	0	0	0	0	76.01
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
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: 14-0064	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part IV Date/Time Prepared: 2/26/2019 8:56 pm
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Cost Center Description		Title XVIII				Hospital	PPS	
		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 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	41,872,059	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	12,960,313	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,682,814	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	11,970,011	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	23,645,520	0.000000	54.00
56.00	05600	RADIOISOTOPE	0	0	0	6,756,516	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	39,101,211	0.000000	57.00
58.00	05800	MRI	0	0	0	11,423,907	0.000000	58.00
60.00	06000	LABORATORY	0	0	0	72,279,986	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	2,028,838	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	10,322,584	0.000000	65.00
65.10	06501	CARDIAC STRESS LAB	0	0	0	10,489,201	0.000000	65.10
65.20	06502	CARDIAC REHAB	0	0	0	853,838	0.000000	65.20
66.00	06600	PHYSICAL THERAPY	0	0	0	8,472,456	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,568,813	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	891,384	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	3,227,690	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	85,750	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	17,189,592	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	10,042,632	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	34,104,393	0.000000	73.00
76.00	03610	SLEEP LAB	0	0	0	1,879,285	0.000000	76.00
76.01	03020	PAIN CLINIC	0	0	0	3,480,582	0.000000	76.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	25,600,054	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	2,327,322	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	356,256,751		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0064

Period:
From 10/01/2017
To 09/30/2018

Worksheet D
Part IV
Date/Time Prepared:
2/26/2019 8:56 pm

Cost Center Description		Title XVIII			Hospital		PPS
		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	4,397,479	0	9,120,184	0 50.00
51.00	05100	RECOVERY ROOM	0.000000	765,928	0	3,332,579	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	64,022	0	8,860	0 52.00
53.00	05300	ANESTHESIOLOGY	0.000000	1,434,770	0	2,391,395	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	1,431,422	0	4,980,965	0 54.00
56.00	05600	RADIOISOTOPE	0.000000	191,619	0	2,435,063	0 56.00
57.00	05700	CT SCAN	0.000000	2,775,980	0	10,287,488	0 57.00
58.00	05800	MRI	0.000000	324,320	0	2,868,346	0 58.00
60.00	06000	LABORATORY	0.000000	7,387,331	0	6,785,255	0 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	404,634	0	421,769	0 63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	4,504,720	0	562,449	0 65.00
65.10	06501	CARDIAC STRESS LAB	0.000000	1,165,893	0	3,275,359	0 65.10
65.20	06502	CARDIAC REHAB	0.000000	0	0	366,813	0 65.20
66.00	06600	PHYSICAL THERAPY	0.000000	704,374	0	11,744	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	378,504	0	9,994	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	209,799	0	3,344	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	487,751	0	751,883	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	4,108,365	0	2,116,744	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	2,226,360	0	1,417,848	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	7,752,235	0	5,775,129	0 73.00
76.00	03610	SLEEP LAB	0.000000	3,500	0	625,759	0 76.00
76.01	03020	PAIN CLINIC	0.000000	3,978	0	1,218,416	0 76.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0.000000	1,969,150	0	5,502,798	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	469,634	0	306,027	0 92.00
200.00		Total (lines 50 through 199)		43,161,768	0	64,576,211	0 200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0064	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part V Date/Time Prepared: 2/26/2019 8:56 pm
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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	0.116623	9,120,184	0	0	1,063,623	50.00
51.00	05100 RECOVERY ROOM	0.183345	3,332,579	0	0	611,012	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.489477	8,860	0	0	4,337	52.00
53.00	05300 ANESTHESIOLOGY	0.034954	2,391,395	0	0	83,589	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.136032	4,980,965	0	0	677,571	54.00
56.00	05600 RADIOISOTOPE	0.100251	2,435,063	0	0	244,118	56.00
57.00	05700 CT SCAN	0.036772	10,287,488	0	0	378,292	57.00
58.00	05800 MRI	0.087419	2,868,346	0	0	250,748	58.00
60.00	06000 LABORATORY	0.068570	6,785,255	0	0	465,265	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.228620	421,769	0	0	96,425	63.00
65.00	06500 RESPIRATORY THERAPY	0.098432	562,449	0	0	55,363	65.00
65.10	06501 CARDIAC STRESS LAB	0.064611	3,275,359	0	0	211,624	65.10
65.20	06502 CARDIAC REHAB	0.094490	366,813	0	0	34,660	65.20
66.00	06600 PHYSICAL THERAPY	0.246750	11,744	0	0	2,898	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.291168	9,994	0	0	2,910	67.00
68.00	06800 SPEECH PATHOLOGY	0.486918	3,344	0	0	1,628	68.00
69.00	06900 ELECTROCARDIOLOGY	0.041814	751,883	0	0	31,439	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.368420	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.136154	2,116,744	0	0	288,203	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.213256	1,417,848	0	0	302,365	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.148719	5,775,129	0	48,101	858,871	73.00
76.00	03610 SLEEP LAB	0.164091	625,759	0	0	102,681	76.00
76.01	03020 PAIN CLINIC	0.056967	1,218,416	0	0	69,410	76.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0.239122	5,502,798	0	0	1,315,840	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.616201	306,027	0	0	188,574	92.00
200.00	Subtotal (see instructions)		64,576,211	0	48,101	7,341,446	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 - line 201)		64,576,211	0	48,101	7,341,446	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0064	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part V Date/Time Prepared: 2/26/2019 8:56 pm
Title XVIII		Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
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
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
60.00 06000 LABORATORY	0	0		60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
65.10 06501 CARDIAC STRESS LAB	0	0		65.10
65.20 06502 CARDIAC REHAB	0	0		65.20
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	7,154		73.00
76.00 03610 SLEEP LAB	0	0		76.00
76.01 03020 PAIN CLINIC	0	0		76.01
OUTPATIENT SERVICE COST CENTERS				
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00 Subtotal (see instructions)	0	7,154		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	0	7,154		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0064	Period: From 10/01/2017 To 09/30/2018	Worksheet D-1 Date/Time Prepared: 2/26/2019 8:56 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		12,060	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		12,060	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)		10,780	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)		5,128	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)		13,511,904	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)		13,511,904	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)		13,511,904	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,120.39	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,745,360	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		5,745,360	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0064		Period: From 10/01/2017 To 09/30/2018		Worksheet D-1	
Date/Time Prepared: 2/26/2019 8:56 pm		Title XVIII		Hospital		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
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	3,282,623	1,543	2,127.43	735	1,563,661		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)					5,555,688		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					12,864,709		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)					571,990		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					469,686		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					1,041,676		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					11,823,033		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)					1,280		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,120.39		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					1,434,099		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0064		Period: From 10/01/2017 To 09/30/2018		Worksheet D-1 Date/Time Prepared: 2/26/2019 8:56 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,028,806	13,511,904	0.076141	1,434,099	109,194	90.00
91.00	Nursing School cost	0	13,511,904	0.000000	1,434,099	0	91.00
92.00	Allied health cost	0	13,511,904	0.000000	1,434,099	0	92.00
93.00	All other Medical Education	0	13,511,904	0.000000	1,434,099	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0064	Period: From 10/01/2017 To 09/30/2018	Worksheet D-3 Date/Time Prepared: 2/26/2019 8:56 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		9,393,798		30.00
31.00	03100 INTENSIVE CARE UNIT		2,275,743		31.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.116623	4,397,479	512,847	50.00
51.00	05100 RECOVERY ROOM	0.183345	765,928	140,429	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.489477	64,022	31,337	52.00
53.00	05300 ANESTHESIOLOGY	0.035584	1,434,770	51,055	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.136032	1,431,422	194,719	54.00
56.00	05600 RADIOISOTOPE	0.100251	191,619	19,210	56.00
57.00	05700 CT SCAN	0.036772	2,775,980	102,078	57.00
58.00	05800 MRI	0.087419	324,320	28,352	58.00
60.00	06000 LABORATORY	0.068570	7,387,331	506,549	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.228620	404,634	92,507	63.00
65.00	06500 RESPIRATORY THERAPY	0.098712	4,504,720	444,670	65.00
65.10	06501 CARDIAC STRESS LAB	0.065105	1,165,893	75,905	65.10
65.20	06502 CARDIAC REHAB	0.094490	0	0	65.20
66.00	06600 PHYSICAL THERAPY	0.246750	704,374	173,804	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.291168	378,504	110,208	67.00
68.00	06800 SPEECH PATHOLOGY	0.486918	209,799	102,155	68.00
69.00	06900 ELECTROCARDIOLOGY	0.041814	487,751	20,395	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.368420	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.136154	4,108,365	559,370	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.213256	2,226,360	474,785	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.148719	7,752,235	1,152,905	73.00
76.00	03610 SLEEP LAB	0.164091	3,500	574	76.00
76.01	03020 PAIN CLINIC	0.056967	3,978	227	76.01
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0.239808	1,969,150	472,218	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.616201	469,634	289,389	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		43,161,768	5,555,688	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		43,161,768		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0064	Period: From 10/01/2017 To 09/30/2018	Worksheet E Part A Date/Time Prepared: 2/26/2019 8:56 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		9,300,165	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)		12,776	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		77.49	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
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).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.54	30.00
31.00	Percentage of Medicaid patient days (see instructions)		18.44	31.00
32.00	Sum of lines 30 and 31		22.98	32.00
33.00	Allowable disproportionate share percentage (see instructions)		8.17	33.00
34.00	Disproportionate share adjustment (see instructions)		189,956	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0064	Period: From 10/01/2017 To 09/30/2018	Worksheet E Part A Date/Time Prepared: 2/26/2019 8:56 pm	
		Title XVIII	Hospital	PPS	
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0	6,766,695,164	35.00
35.01	Factor 3 (see instructions)		0.000000000	0.000080039	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	541,600	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	541,600	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		541,600		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)		10,044,497		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		15,582,746		48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			14,198,184	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			754,459	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).			0	52.00
53.00	Nursing and Allied Health Managed Care payment			0	53.00
54.00	Special add-on payments for new technologies			0	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			0	58.00
59.00	Total (sum of amounts on lines 49 through 58)			14,952,643	59.00
60.00	Primary payer payments			0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			14,952,643	61.00
62.00	Deductibles billed to program beneficiaries			1,281,548	62.00
63.00	Coinurance billed to program beneficiaries			2,680	63.00
64.00	Allowable bad debts (see instructions)			260,959	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			169,623	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			205,713	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			13,838,038	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)			0	70.50
70.87	Demonstration payment adjustment amount before sequestration			0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)			0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			12,989	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			-10,800	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			0	70.93
70.94	HRR adjustment amount (see instructions)			0	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0064	Period: From 10/01/2017 To 09/30/2018	Worksheet E Part A Date/Time Prepared: 2/26/2019 8:56 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	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)		149,548	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		13,690,679	71.00
71.01	Sequestration adjustment (see instructions)		273,814	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		13,395,222	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)		21,643	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		230,925	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (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)		4,153,687	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)		1.0031270815	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		12,989	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)		0.9974	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		-10,800	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

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 14-0064		Period: From 10/01/2017 To 09/30/2018		Worksheet E Part A Exhibit 5 Date/Time Prepared: 2/26/2019 8:56 pm	
		Title XVIII		Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (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	9,300,165		9,300,165	9,300,165	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	12,776	0	12,776	12,776	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0817	0.0817	0.0817		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	189,956	0	189,956	189,956	11.00
11.01	Uncompensated care payments	36.00	541,600	0	541,600	541,600	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	10,044,497	0	10,044,497	10,044,497	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	15,582,746	0	15,582,746	15,582,746	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	14,198,184	0	14,198,184	14,198,184	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	754,459	0	754,459	754,459	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			0	14,952,643	14,952,643	19.00

		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	753,131	0	753,131	753,131	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	1,328	0	1,328	1,328	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	754,459	0	754,459	754,459	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	0	0	0	0	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	12,989	0	12,989	12,989	30.01
31.00	HRR adjustment (see instructions)	70.94	0	0	0	0	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	-10,800	0	-10,800	-10,800	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	149,548	149,548	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0064	Period: From 10/01/2017 To 09/30/2018	Worksheet E Part B Date/Time Prepared: 2/26/2019 8:56 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		7,154	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		7,341,446	2.00
3.00	OPPS payments		7,689,836	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)		7,154	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		48,101	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)		48,101	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)		48,101	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		40,947	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		7,154	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)		7,689,836	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		1,554,095	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)		6,142,895	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)		6,142,895	30.00
31.00	Primary payer payments		338	31.00
32.00	Subtotal (line 30 minus line 31)		6,142,557	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)		294,787	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		191,612	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		244,895	36.00
37.00	Subtotal (see instructions)		6,334,169	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)		6,334,169	40.00
40.01	Sequestration adjustment (see instructions)		126,683	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		6,144,748	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		62,738	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: 14-0064

Period:
From 10/01/2017
To 09/30/2018

Worksheet E-1
Part I
Date/Time Prepared:
2/26/2019 8:56 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		13,395,222		6,144,748	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		13,395,222		6,144,748	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		21,643		62,738	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		13,416,865		6,207,486	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: 14-0064	Period: From 10/01/2017 To 09/30/2018	Worksheet E-1 Part II Date/Time Prepared: 2/26/2019 8:56 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			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

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

Provider CCN: 14-0064

Period:
From 10/01/2017
To 09/30/2018

Worksheet G
Date/Time Prepared:
2/26/2019 8:56 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	900,447	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	69,314,272	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-55,912,178	0	0	0	6.00
7.00	Inventory	1,368,392	0	0	0	7.00
8.00	Prepaid expenses	53,386	0	0	0	8.00
9.00	Other current assets	281,873	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	16,006,192	0	0	0	11.00
FIXED ASSETS						
12.00	Land	314,848	0	0	0	12.00
13.00	Land improvements	890,110	0	0	0	13.00
14.00	Accumulated depreciation	-696,455	0	0	0	14.00
15.00	Buildings	44,232,809	0	0	0	15.00
16.00	Accumulated depreciation	-28,229,569	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	25,878,499	0	0	0	23.00
24.00	Accumulated depreciation	-18,640,204	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	19,496,681	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	43,246,719	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	147,580,849	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	422,102	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	148,002,951	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	207,255,862	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	3,553,799	0	0	0	37.00
38.00	Salaries, wages, and fees payable	28,092	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	9,966	0	0	0	43.00
44.00	Other current liabilities	5,938,695	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	9,530,552	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	420,926	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	420,926	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	9,951,478	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	197,304,384				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)	197,304,384	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	207,255,862	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0064

Period:
From 10/01/2017
To 09/30/2018

Worksheet G-1

Date/Time Prepared:
2/26/2019 8:56 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		188,196,239		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		22,049,145			2.00
3.00	Total (sum of line 1 and line 2)		210,245,384		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00	INCREASE IN RESTRICTED ASSETS	298,220		0		5.00
6.00	INCREASE IN TEMPORARY RESTRICTED AS	680,819		0		6.00
7.00	EQUITY TRANSFER - ACCT 231095	927,607		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		1,906,646		0	10.00
11.00	Subtotal (line 3 plus line 10)		212,152,030		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00	EQUITY TRANSFER - ACCT 719850	14,847,646		0		13.00
14.00		0		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)		14,847,646		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		197,304,384		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	INCREASE IN RESTRICTED ASSETS		0			5.00
6.00	INCREASE IN TEMPORARY RESTRICTED AS		0			6.00
7.00	EQUITY TRANSFER - ACCT 231095		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	EQUITY TRANSFER - ACCT 719850		0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0064

Period:
From 10/01/2017
To 09/30/2018

Worksheet G-2
Parts I & II
Date/Time Prepared:
2/26/2019 8:56 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	22,429,131		22,429,131	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	22,429,131		22,429,131	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	5,958,626		5,958,626	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)	5,958,626		5,958,626	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	28,387,757		28,387,757	17.00
18.00	Ancillary services	92,512,381	238,155,239	330,667,620	18.00
19.00	Outpatient services	5,681,053	19,908,079	25,589,132	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PROFESSIONAL FEES	5,530,729	24,121,485	29,652,214	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	132,111,920	282,184,803	414,296,723	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		75,717,330		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		75,717,330		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0064

Period:
From 10/01/2017
To 09/30/2018

Worksheet G-3

Date/Time Prepared:
2/26/2019 8:56 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	414,296,723	1.00
2.00	Less contractual allowances and discounts on patients' accounts	327,909,690	2.00
3.00	Net patient revenues (line 1 minus line 2)	86,387,033	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	75,717,330	4.00
5.00	Net income from service to patients (line 3 minus line 4)	10,669,703	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	587,042	6.00
7.00	Income from investments	8,387,363	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	1,125,000	11.00
12.00	Parking lot receipts	-3,129	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	162,160	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.)	5,132	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	8,267	21.00
22.00	Rental of hospital space	3,632	22.00
23.00	Governmental appropriations	0	23.00
24.00	RESEARCH	1,066,170	24.00
24.01	RENTAL OF PHYSICIAN OFFICES	1,176	24.01
24.02	GAIN FROM DISPOSAL OF ASSETS	36,629	24.02
25.00	Total other income (sum of lines 6-24)	11,379,442	25.00
26.00	Total (line 5 plus line 25)	22,049,145	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	22,049,145	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0064	Period: From 10/01/2017 To 09/30/2018	Worksheet L Parts I-III Date/Time Prepared: 2/26/2019 8:56 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		753,131	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		1,328	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)		34.12	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		754,459	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