

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED  
OMB NO. 0938-0050  
EXPIRES 05-31-2019

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-0113	Period: From 02/01/2018 To 09/30/2018	Worksheet S Parts I-III Date/Time Prepared: 2/28/2019 1:34 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: 2/28/2019 Time: 1:34 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 OSF HEART OF MARY MEDICAL CENTER ( 14-0113 ) for the cost reporting period beginning 02/01/2018 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	
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	38,115	-31,654	0	0	1.00
2.00 Subprovider - IPF	0	0	0			2.00
3.00 Subprovider - IRF	0	23,093	12			3.00
5.00 Swing bed - SNF	0	0	0			5.00
6.00 Swing bed - NF	0					6.00
200.00 Total	0	61,208	-31,642	0	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0113		Period: From 02/01/2018 To 09/30/2018		Worksheet S-2 Part I Date/Time Prepared: 2/28/2019 1:34 pm		
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00 Street: 1400 WEST PARK STREET		PO Box:		Zip Code: 61801		County: CHAMPAIGN				
2.00 City: URBANA		State: IL								
Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:										
3.00 Hospital		OSF HEART OF MARY MEDICAL CENTER	140113	16580	1	07/01/1966	N	P	O	3.00
4.00 Subprovider - IPF										4.00
5.00 Subprovider - IRF		OSF HEART OF MARY MEDICAL CENTER	14T113	16580	5	10/01/1983	N	P	O	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)						02/01/2018	09/30/2018		20.00	
21.00 Type of Control (see instructions)						2			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				
22.01 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				
22.02 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				
22.03 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		N		22.03
23.00 Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						2	N		23.00	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00 If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.		703	1,459	0	0	826	59		24.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0113			Period: From 02/01/2018 To 09/30/2018		Worksheet S-2 Part I Date/Time Prepared: 2/28/2019 1:34 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.	138	119	0	0	151		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.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					2	08/31/2018	27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginning:	Ending:		
						1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
						Y/N	Y/N		
						1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (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	N	40.00	
						V	XVII	XIX	
						1.00	2.00	3.00	
<u>Prospective Payment System (PPS)-Capital</u>									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
<u>Teaching Hospitals</u>									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					Y			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification 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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0113		Period: From 02/01/2018 To 09/30/2018		Worksheet S-2 Part I Date/Time Prepared: 2/28/2019 1:34 pm	
	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0113

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet S-2  
Part I  
Date/Time Prepared:  
2/28/2019 1:34 pm

		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			
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010 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	
Inpatient Rehabilitation Facility PPS									
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.					Y		75.00	
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					N	N	0	76.00

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						1.00			
<b>Long Term Care Hospital PPS</b>									
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N				80.00		
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N				81.00		
<b>TEFRA Providers</b>									
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N				85.00		
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						86.00		
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N				87.00		
						V	XIX		
						1.00	2.00		
<b>Title V and XIX Services</b>									
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		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		Y		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		
<b>Rural Providers</b>									
105.00	Does this hospital qualify as a CAH?		N				105.00		
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)						106.00		
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.						107.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N				108.00		
						Physical	Occupational	Speech	Respiratory
						1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.		N		N		N		109.00
						1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N			110.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0113	Period: From 02/01/2018 To 09/30/2018	Worksheet S-2 Part I Date/Time Prepared: 2/28/2019 1:34 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			
<b>Miscellaneous Cost Reporting Information</b>						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2				118.00
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	600,000	0			118.01
		1.00	2.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02
119.00	DO NOT USE THIS LINE					119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N				122.00
<b>Transplant Center Information</b>						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00
<b>All Providers</b>						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		149006		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0113		Period: From 02/01/2018 To 09/30/2018		Worksheet S-2 Part I Date/Time Prepared: 2/28/2019 1:34 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: WPS		Contractor's Number: 00131		141.00		
142.00	Street: 800 N. E. GLEN OAK AVENUE	PO Box:				142.00		
143.00	City: PEORIA	State: IL		Zip Code: 61603		143.00		
144.00 Are provider based physicians' costs included in Worksheet A?								
						1.00	144.00	
						Y		
145.00 If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.								
						1.00	145.00	
						Y		
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.						2.00	146.00
						N		
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.								
						1.00	147.00	
						N		
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.								
						1.00	148.00	
						N		
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.								
						1.00	149.00	
						N		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								
		Part A	Part B	Title V	Title XIX			
		1.00	2.00	3.00	4.00			
155.00	Hospital	N	N	N	N			
156.00	Subprovider - IPF	N	N	N	N			
157.00	Subprovider - IRF	N	N	N	N			
158.00	SUBPROVIDER							
159.00	SNF	N	N	N	N			
160.00	HOME HEALTH AGENCY	N	N	N	N			
161.00	CMHC		N	N	N			
165.00 Multi campus								
Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						1.00	165.00	
						N		
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	
167.00 Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.						1.00	167.00	
						Y		
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						2.00	168.00
						0		
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)						168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						9.99	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)			02/01/2018	09/30/2018			
171.00 If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)								
						1.00	171.00	
						N		

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0113		Period: From 02/01/2018 To 09/30/2018		Worksheet S-2 Part II Date/Time Prepared: 2/28/2019 1:34 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)	Y	02/01/2018			1.00	
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N				2.00	
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y				3.00	
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	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.	N				5.00	
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N				6.00	
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N				7.00	
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N				8.00	
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y				9.00	
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N				10.00	
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N				11.00	
		Y/N					
		1.00					
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y			12.00	
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N			13.00	
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N			14.00	
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N			15.00	
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N		16.00	
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	01/29/2019	Y	01/29/2019	17.00	
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N		18.00	
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N		19.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0113

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet S-2  
Part II  
Date/Time Prepared:  
2/28/2019 1:34 pm

		Description		Y/N	Y/N	
		0		1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	20.00
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			N	N	21.00
					1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>						
<b>Capital Related Cost</b>						
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions					22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.					23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions					24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.					25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.					26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.					27.00
<b>Interest Expense</b>						
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.					28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions					29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.					30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.					31.00
<b>Purchased Services</b>						
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.					32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.					33.00
<b>Provider-Based Physicians</b>						
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.					34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.					35.00
				Y/N	Date	
				1.00	2.00	
<b>Home Office Costs</b>						
36.00	Were home office costs claimed on the cost report?					36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.					37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.					38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.					39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.					40.00
				1.00	2.00	
<b>Cost Report Preparer Contact Information</b>						
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	PATRICIA		RACHELL		41.00
42.00	Enter the employer/company name of the cost report preparer.	BKD, LLP				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	3142315544		PRACHELL@BKD.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0113

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet S-2  
Part II  
Date/Time Prepared:  
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		3.00	
<b>Cost Report Preparer Contact Information</b>			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0113

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet S-3  
Part I  
Date/Time Prepared:  
2/28/2019 1:34 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	156	37,752	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		156	37,752	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	13	3,146	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		169	40,898	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	25	6,050		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		194				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		6	1,452			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0113

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet S-3  
Part I  
Date/Time Prepared:  
2/28/2019 1:34 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	4,118	564	11,227			1.00
2.00 HMO and other (see instructions)	2,240	2,285				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	191	270				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)	4,118	564	11,227			7.00
8.00 INTENSIVE CARE UNIT	799	95	1,787			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		44	838			13.00
14.00 Total (see instructions)	4,917	703	13,852	6.02	380.39	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	1,285	138	2,629	0.00	12.74	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)				6.02	393.13	27.00
28.00 Observation Bed Days		256	1,799			28.00
29.00 Ambulance Trips	2,403					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	59	149			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: 14-0113

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet S-3  
Part I  
Date/Time Prepared:  
2/28/2019 1:34 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	1,289	185	3,681	1.00
2.00 HMO and other (see instructions)			558	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	1,289	185	3,681	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	121	12	230	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 14-0113	Period: From 02/01/2018 To 09/30/2018	Worksheet S-3 Part II Date/Time Prepared: 2/28/2019 1:34 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		
<b>PART II - WAGE DATA</b>								
<b>SALARIES</b>								
1.00	Total salaries (see instructions)	200.00	24,701,404	0	24,701,404	861,561.00	28.67	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non-Physician-Part B		1,500	0	1,500	12.00	125.00	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		3,213,245	0	3,213,245	148,394.00	21.65	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11.00	Contract Labor: Direct Patient Care		839,119	0	839,119	10,392.00	80.75	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract Labor: Physician-Part A - Administrative		108,335	0	108,335	945.00	114.64	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		6,239,600	0	6,239,600	168,186.00	37.10	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
<b>WAGE-RELATED COSTS</b>								
17.00	Wage-related costs (core) (see instructions)		5,876,702	0	5,876,702			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		878,834	0	878,834			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		410	0	410			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related (core)		1,955,618	0	1,955,618			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26.00	Employee Benefits Department	4.00	0	0	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	1,429,818	0	1,429,818	40,124.00	35.63	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0113

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet S-3  
Part II  
Date/Time Prepared:  
2/28/2019 1:34 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.)		454,106	0	454,106	3,564.00	127.41	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	525,665	0	525,665	16,501.00	31.86	30.00
31.00	Laundry & Linen Service	8.00	37,719	0	37,719	2,141.00	17.62	31.00
32.00	Housekeeping	9.00	553,152	0	553,152	36,664.00	15.09	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	386,095	-226,843	159,252	11,068.00	14.39	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	226,843	226,843	15,942.00	14.23	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	844,425	0	844,425	26,255.00	32.16	38.00
39.00	Central Services and Supply	14.00	487,238	0	487,238	22,620.00	21.54	39.00
40.00	Pharmacy	15.00	888,182	0	888,182	17,353.00	51.18	40.00
41.00	Medical Records & Medical Records Library	16.00	302,098	0	302,098	15,875.00	19.03	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0113

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet S-3  
Part III  
Date/Time Prepared:  
2/28/2019 1:34 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjusted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	25,154,010	0	25,154,010	865,113.00	29.08	1.00
2.00	Excluded area salaries (see instructions)	3,213,245	0	3,213,245	148,394.00	21.65	2.00
3.00	Subtotal salaries (line 1 minus line 2)	21,940,765	0	21,940,765	716,719.00	30.61	3.00
4.00	Subtotal other wages & related costs (see inst.)	7,187,054	0	7,187,054	179,523.00	40.03	4.00
5.00	Subtotal wage-related costs (see inst.)	7,832,320	0	7,832,320	0.00	35.70	5.00
6.00	Total (sum of lines 3 thru 5)	36,960,139	0	36,960,139	896,242.00	41.24	6.00
7.00	Total overhead cost (see instructions)	5,908,498	0	5,908,498	208,107.00	28.39	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0113	Period: From 02/01/2018 To 09/30/2018	Worksheet S-3 Part IV Date/Time Prepared: 2/28/2019 1:34 pm
				Amount Reported
				1.00
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions			794,799 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			0 4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)			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)			3,875,073 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)			0 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			400,000 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
<b>TAXES</b>				
17.00	FICA-Employers Portion Only			1,611,743 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			0 19.00
20.00	State or Federal Unemployment Taxes			3,625 20.00
<b>OTHER</b>				
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			70,705 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			6,755,945 24.00
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 14-0113	Period: From 02/01/2018 To 09/30/2018	Worksheet S-3 Part V Date/Time Prepared: 2/28/2019 1:34 pm
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost		839,119	6,755,945
2.00	Hospital		839,119	6,755,945
3.00	Subprovider - IPF			
4.00	Subprovider - IRF		0	0
5.00	Subprovider - (Other)		0	0
6.00	Swing Beds - SNF		0	0
7.00	Swing Beds - NF		0	0
8.00	Hospital-Based SNF			
9.00	Hospital-Based NF			
10.00	Hospital-Based OLTC			
11.00	Hospital-Based HHA			
12.00	Separately Certified ASC			
13.00	Hospital-Based Hospice			
14.00	Hospital-Based Health Clinic RHC			
15.00	Hospital-Based Health Clinic FQHC			
16.00	Hospital-Based-CMHC			
17.00	Renal Dialysis		0	0
18.00	Other		0	0

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-0113	Period: From 02/01/2018 To 09/30/2018	Worksheet S-10 Date/Time Prepared: 2/28/2019 1:34 pm
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			1.00		
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.194291	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		8,903,059	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		46,385,224	6.00	
7.00	Medicaid cost (line 1 times line 6)		9,012,232	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)		109,173	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)		109,173	19.00	
			Uninsured patients	Insured patients	Total (col. 1 + col. 2)
			1.00	2.00	3.00
<b>Uncompensated Care (see instructions for each line)</b>					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	5,544,200	823,503	6,367,703	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,077,188	823,503	1,900,691	21.00
22.00	Payments received from patients for amounts previously written off as charity care	27,656	0	27,656	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,049,532	823,503	1,873,035	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)		7,591,298		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		205,100		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		315,539		27.01
28.00	Non-Medicare bad debt expense (see instructions)		7,275,759		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		1,524,053		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		3,397,088		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		3,506,261		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 14-0113		Period: From 02/01/2018 To 09/30/2018		Worksheet A	
Date/Time Prepared: 2/28/2019 1:34 pm							
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)		
	1.00	2.00	3.00	4.00	5.00		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100	CAP REL COSTS-BLDG & FIXT		3,422,435	3,422,435	352,929	3,775,364	1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		1,435,820	1,435,820	170,417	1,606,237	2.00
3.00 00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	7,723,679	7,723,679	1,301,051	9,024,730	4.00
5.01 00540	NONPATIENT TELEPHONE	0	0	0	0	0	5.01
5.02 00550	DATA PROCESSING	0	0	0	0	0	5.02
5.03 00560	PURCH RCVING STORING	0	0	0	0	0	5.03
5.04 00570	ADMINITTING	0	0	0	0	0	5.04
5.05 00580	CASHIERING A/R	0	0	0	0	0	5.05
5.06 00590	OTHER ADMIN & GEN	1,429,818	20,764,677	22,194,495	-1,597,446	20,597,049	5.06
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	525,665	2,562,006	3,087,671	93,418	3,181,089	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	37,719	290,377	328,096	0	328,096	8.00
9.00 00900	HOUSEKEEPING	553,152	147,662	700,814	0	700,814	9.00
10.00 01000	DIETARY	386,095	732,091	1,118,186	-656,969	461,217	10.00
11.00 01100	CAFETERIA	0	0	0	656,969	656,969	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	844,425	101,375	945,800	0	945,800	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	487,238	-693,905	-206,667	1,100,407	893,740	14.00
15.00 01500	PHARMACY	888,182	2,874,637	3,762,819	-1,855,154	1,907,665	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	302,098	35,078	337,176	0	337,176	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	657,013	657,013	-199,104	457,909	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	303,649	303,649	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000	ADULTS & PEDIATRICS	5,654,967	747,333	6,402,300	-1,044,751	5,357,549	30.00
31.00 03100	INTENSIVE CARE UNIT	1,354,748	713,588	2,068,336	-164,089	1,904,247	31.00
41.00 04100	SUBPROVIDER - I&R	809,392	1,107,629	1,917,021	-493,946	1,423,075	41.00
43.00 04300	NURSERY	225,543	713,157	938,700	-16,717	921,983	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000	OPERATING ROOM	1,855,108	5,557,755	7,412,863	-4,463,522	2,949,341	50.00
50.01 03330	ENDOSCOPY	556,479	496,606	1,053,085	-260,158	792,927	50.01
51.00 05100	RECOVERY ROOM	319,142	26,846	345,988	-19,365	326,623	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	666,224	666,224	52.00
53.00 05300	ANESTHESIOLOGY	20,609	1,675,920	1,696,529	-184,063	1,512,466	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	513,133	39,891	553,024	-101,321	451,703	54.00
54.01 03630	ULTRASOUND	147,769	18,768	166,537	3,720	170,257	54.01
54.02 03440	MAMMOGRAPHY	38,848	34,050	72,898	-10,160	62,738	54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 03480	ONCOLOGY	0	0	0	0	0	55.01
56.00 05600	RADIOISOTOPE	56,374	150,314	206,688	-9,740	196,948	56.00
57.00 05700	CT SCAN	217,763	73,821	291,584	-44,026	247,558	57.00
58.00 05800	MRI	73,124	5,465	78,589	16,766	95,355	58.00
59.00 05900	CARDIAC CATHETERIZATION	731,397	2,779,324	3,510,721	-2,697,413	813,308	59.00
60.00 06000	LABORATORY	1,031,939	1,562,500	2,594,439	65,823	2,660,262	60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00 06300	BLOOD STORING PROCESSING & TRANS.	0	233,291	233,291	-4,589	228,702	63.00
64.00 06400	INTRAVENOUS THERAPY	131,738	38,697	170,435	-38,233	132,202	64.00
65.00 06500	RESPIRATORY THERAPY	562,584	163,006	725,590	-92,718	632,872	65.00
66.00 06600	PHYSICAL THERAPY	0	299,364	299,364	258,015	557,379	66.00
67.00 06700	OCCUPATIONAL THERAPY	128,425	259,819	388,244	226,891	615,135	67.00
68.00 06800	SPEECH PATHOLOGY	0	51,493	51,493	55,562	107,055	68.00
69.01 03140	CARDIOLOGY	270,471	19,417	289,888	-17,638	272,250	69.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	-32,872	-32,872	4,183,222	4,150,350	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	3,438,385	3,438,385	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	2,111,130	2,111,130	73.00
74.00 07400	RENAL DIALYSIS	91,435	121,647	213,082	-29,578	183,504	74.00
76.97 07697	CARDIAC REHABILITATION	251,516	5,353	256,869	-2,561	254,308	76.97
76.98 07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699	LI THOTRI PSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00 09100	EMERGENCY	1,800,655	718,899	2,519,554	-146,442	2,373,112	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00 09500	AMBULANCE SERVICES	2,109,813	1,286,466	3,396,279	-196,365	3,199,914	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00 11300	INTEREST EXPENSE		341,284	341,284	-341,284	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	24,407,364	59,261,776	83,669,140	317,226	83,986,366	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0113

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet A  
Date/Time Prepared:  
2/28/2019 1:34 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	27,822	41,174	68,996	0	68,996	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	0	4,864	4,864	-3,350	1,514	192.01
192.02	19202	REAL ESTATE	0	712,001	712,001	-313,635	398,366	192.02
192.03	19203	FOUNDATION	0	141,806	141,806	0	141,806	192.03
192.04	19204	OUTREACH PROGRAMS	266,218	86,959	353,177	-241	352,936	192.04
192.05	19205	UNASSIGNED	0	0	0	0	0	192.05
200.00		TOTAL (SUM OF LINES 118 through 199)	24,701,404	60,248,580	84,949,984	0	84,949,984	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0113

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet A  
Date/Time Prepared:  
2/28/2019 1:34 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,300,848	5,076,212	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,472,891	3,079,128	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	9,024,730	4.00
5.01	00540	NONPATIENT TELEPHONE	0	0	5.01
5.02	00550	DATA PROCESSING	0	0	5.02
5.03	00560	PURCH RCVING STORING	0	0	5.03
5.04	00570	ADMINING	0	0	5.04
5.05	00580	CASHIERING A/R	0	0	5.05
5.06	00590	OTHER ADMIN & GEN	-9,927,458	10,669,591	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	3,181,089	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	328,096	8.00
9.00	00900	HOUSEKEEPING	0	700,814	9.00
10.00	01000	DIETARY	-140,783	320,434	10.00
11.00	01100	CAFETERIA	0	656,969	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	391,569	1,337,369	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	893,740	14.00
15.00	01500	PHARMACY	0	1,907,665	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-1,012	336,164	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	457,909	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	303,649	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-90,004	5,267,545	30.00
31.00	03100	INTENSIVE CARE UNIT	-232,994	1,671,253	31.00
41.00	04100	SUBPROVIDER - IRF	-17,600	1,405,475	41.00
43.00	04300	NURSERY	-603,168	318,815	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-111,357	2,837,984	50.00
50.01	03330	ENDOSCOPY	0	792,927	50.01
51.00	05100	RECOVERY ROOM	0	326,623	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	666,224	52.00
53.00	05300	ANESTHESIOLOGY	-1,486,922	25,544	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,098	450,605	54.00
54.01	03630	ULTRASOUND	0	170,257	54.01
54.02	03440	MAMMOGRAPHY	0	62,738	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
55.01	03480	ONCOLOGY	0	0	55.01
56.00	05600	RADIOISOTOPE	0	196,948	56.00
57.00	05700	CT SCAN	0	247,558	57.00
58.00	05800	MRI	0	95,355	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	813,308	59.00
60.00	06000	LABORATORY	30,085	2,690,347	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	228,702	63.00
64.00	06400	INTRAVENOUS THERAPY	0	132,202	64.00
65.00	06500	RESPIRATORY THERAPY	-3,459	629,413	65.00
66.00	06600	PHYSICAL THERAPY	-490	556,889	66.00
67.00	06700	OCCUPATIONAL THERAPY	-15	615,120	67.00
68.00	06800	SPEECH PATHOLOGY	0	107,055	68.00
69.01	03140	CARDIOLOGY	0	272,250	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	4,150,350	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,438,385	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,111,130	73.00
74.00	07400	RENAL DIALYSIS	-1,865	181,639	74.00
76.97	07697	CARDIAC REHABILITATION	-4,464	249,844	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100	EMERGENCY	-406,024	1,967,088	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES	-33,211	3,166,703	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-9,866,531	74,119,835	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	68,996	190.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0113

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet A  
Date/Time Prepared:  
2/28/2019 1:34 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	0	1,514	192.01
192.02	19202	REAL ESTATE	0	398,366	192.02
192.03	19203	FOUNDATION	0	141,806	192.03
192.04	19204	OUTREACH PROGRAMS	0	352,936	192.04
192.05	19205	UNASSIGNED	0	0	192.05
200.00		TOTAL (SUM OF LINES 118 through 199)	-9,866,531	75,083,453	200.00

RECLASSIFICATIONS

Provider CCN: 14-0113

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet A-6  
Date/Time Prepared:  
2/28/2019 1:34 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - PHARMACY</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	2,111,130	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
0			0	2,111,130	
<b>B - REHAB SERVICES</b>					
1.00	PHYSICAL THERAPY	66.00	0	226,613	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0	185,707	2.00
3.00	SPEECH PATHOLOGY	68.00	0	49,671	3.00
0			0	461,991	
<b>C - INTEREST EXPENSE</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	240,420	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	100,864	2.00
0			0	341,284	
<b>D - INSURANCE EXPENSE</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	112,509	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	69,553	2.00
	TOTALS		0	182,062	
<b>E - CLINICAL ENGINEERING</b>					
1.00	LABORATORY	60.00	0	97,185	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	11,791	2.00
	TOTALS		0	108,976	
<b>F - MEDICAL SUPPLIES</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	5,343,930	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00

RECLASSIFICATIONS

Provider CCN: 14-0113

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet A-6

Date/Time Prepared:  
2/28/2019 1:34 pm

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
			0	5,343,930	
<b>G - LABOR &amp; DELIVERY</b>					
1.00	DELIVERY ROOM & LABOR ROOM	52.00	634,006	32,218	1.00
2.00	NURSERY	43.00	206	10	2.00
			634,212	32,228	
<b>H - MINISTRY ALLOCATIONS</b>					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,301,051	1.00
2.00	OPERATION OF PLANT	7.00	0	202,394	2.00
3.00	PHARMACY	15.00	0	105,816	3.00
4.00	PHYSICAL THERAPY	66.00	0	34,333	4.00
5.00	OCCUPATIONAL THERAPY	67.00	0	44,527	5.00
6.00	SPEECH PATHOLOGY	68.00	0	5,906	6.00
	TOTALS		0	1,694,027	
<b>I - INTERNS &amp; RESIDENTS</b>					
1.00	I&R SERVICES-OTHER PRGM	22.00	0	199,104	1.00
	COSTS APPRV				
			0	199,104	
<b>J - RADIOLOGY SHARED SERVICES</b>					
1.00	ULTRASOUND	54.01	20,002	122	1.00
2.00	MAMMOGRAPHY	54.02	20,002	122	2.00
3.00	RADIOISOTOPE	56.00	20,002	122	3.00
4.00	CT SCAN	57.00	20,002	122	4.00
5.00	MRI	58.00	20,002	122	5.00
			100,010	610	
<b>M - RECLASSIFICATION OF MOB EXPENSE</b>					
1.00	I&R SERVICES-OTHER PRGM	22.00	0	104,545	1.00
	COSTS APPRV				
2.00	OTHER ADMIN & GEN	5.06	0	209,090	2.00
			0	313,635	
<b>N - DIETARY RECLASSIFICATION</b>					
1.00	CAFETERIA	11.00	226,843	430,126	1.00
			226,843	430,126	
<b>P - IMPLANT SUPPLIES</b>					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	3,438,385	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
			0	3,438,385	
<b>Q - INVENTORY ADJUSTMENT</b>					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,160,198	1.00
	TOTALS		0	1,160,198	
500.00	Grand Total: Increases		961,065	15,817,686	500.00

RECLASSIFICATIONS

Provider CCN: 14-0113

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet A-6  
Date/Time Prepared:  
2/28/2019 1:34 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
<b>A - PHARMACY</b>							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,491	0		1.00
2.00	PHARMACY	15.00	0	1,953,574	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	12,654	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	4,694	0		4.00
5.00	SUBPROVIDER - IRF	41.00	0	323	0		5.00
6.00	NURSERY	43.00	0	14	0		6.00
7.00	OPERATING ROOM	50.00	0	5,081	0		7.00
8.00	ENDOSCOPY	50.01	0	3,952	0		8.00
9.00	RECOVERY ROOM	51.00	0	1,006	0		9.00
10.00	ANESTHESIOLOGY	53.00	0	32,268	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	595	0		11.00
12.00	ULTRASOUND	54.01	0	12	0		12.00
13.00	MAMMOGRAPHY	54.02	0	48	0		13.00
14.00	RADIOISOTOPE	56.00	0	27,285	0		14.00
15.00	CT SCAN	57.00	0	12,410	0		15.00
16.00	MRI	58.00	0	445	0		16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	11,625	0		17.00
18.00	LABORATORY	60.00	0	1,041	0		18.00
19.00	BLOOD STORING PROCESSING & TRANS.	63.00	0	23	0		19.00
20.00	INTRAVENOUS THERAPY	64.00	0	143	0		20.00
21.00	RESPIRATORY THERAPY	65.00	0	370	0		21.00
22.00	CARDIOLOGY	69.01	0	7,996	0		22.00
23.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	510	0		23.00
24.00	RENAL DIALYSIS	74.00	0	6,732	0		24.00
25.00	EMERGENCY	91.00	0	5,484	0		25.00
26.00	AMBULANCE SERVICES	95.00	0	18,004	0		26.00
27.00	COVENANT OUTPATIENT PHARMACY	192.01	0	3,350	0		27.00
O			0	2,111,130			
<b>B - REHAB SERVICES</b>							
1.00	SUBPROVIDER - IRF	41.00	0	461,991	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
O			0	461,991			
<b>C - INTEREST EXPENSE</b>							
1.00	INTEREST EXPENSE	113.00	0	341,284	11		1.00
2.00		0.00	0	0	11		2.00
O			0	341,284			
<b>D - INSURANCE EXPENSE</b>							
1.00	OTHER ADMIN & GEN	5.06	0	112,509	12		1.00
2.00	AMBULANCE SERVICES	95.00	0	69,553	12		2.00
TOTALS			0	182,062			
<b>E - CLINICAL ENGINEERING</b>							
1.00	OPERATION OF PLANT	7.00	0	108,976	0		1.00
2.00		0.00	0	0	0		2.00
TOTALS			0	108,976			
<b>F - MEDICAL SUPPLIES</b>							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	55,464	0		1.00
2.00	PHARMACY	15.00	0	7,396	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	365,330	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	158,011	0		4.00
5.00	SUBPROVIDER - IRF	41.00	0	31,632	0		5.00
6.00	NURSERY	43.00	0	16,919	0		6.00
7.00	OPERATING ROOM	50.00	0	2,628,431	0		7.00
8.00	ENDOSCOPY	50.01	0	231,286	0		8.00
9.00	RECOVERY ROOM	51.00	0	18,359	0		9.00
10.00	ANESTHESIOLOGY	53.00	0	151,795	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	11,897	0		11.00
12.00	ULTRASOUND	54.01	0	16,392	0		12.00
13.00	MAMMOGRAPHY	54.02	0	30,236	0		13.00
14.00	RADIOISOTOPE	56.00	0	2,579	0		14.00
15.00	CT SCAN	57.00	0	51,740	0		15.00
16.00	MRI	58.00	0	2,913	0		16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	1,106,880	0		17.00
18.00	LABORATORY	60.00	0	30,321	0		18.00
19.00	BLOOD STORING PROCESSING & TRANS.	63.00	0	4,566	0		19.00
20.00	INTRAVENOUS THERAPY	64.00	0	38,090	0		20.00
21.00	RESPIRATORY THERAPY	65.00	0	92,348	0		21.00
22.00	PHYSICAL THERAPY	66.00	0	2,931	0		22.00
23.00	OCCUPATIONAL THERAPY	67.00	0	3,343	0		23.00
24.00	SPEECH PATHOLOGY	68.00	0	15	0		24.00

RECLASSIFICATIONS

Provider CCN: 14-0113

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet A-6

Date/Time Prepared:  
2/28/2019 1:34 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
25.00	CARDIOLOGY	69.01	0	9,642	0		25.00
26.00	RENAL DIALYSIS	74.00	0	22,846	0		26.00
27.00	CARDIAC REHABILITATION	76.97	0	2,561	0		27.00
28.00	EMERGENCY	91.00	0	140,958	0		28.00
29.00	AMBULANCE SERVICES	95.00	0	108,808	0		29.00
30.00	OUTREACH PROGRAMS	192.04	0	241	0		30.00
			0	5,343,930			
<b>G - LABOR &amp; DELIVERY</b>							
1.00	ADULTS & PEDIATRICS	30.00	634,212	32,228	0		1.00
2.00		0.00	0	0	0		2.00
			634,212	32,228			
<b>H - MINISTRY ALLOCATIONS</b>							
1.00	OTHER ADMIN & GEN	5.06	0	1,694,027	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
	TOTALS		0	1,694,027			
<b>I - INTERNS &amp; RESIDENTS</b>							
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	199,104	0		1.00
			0	199,104			
<b>J - RADIOLOGY SHARED SERVICES</b>							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	100,010	610	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
			100,010	610			
<b>M - RECLASSIFICATION OF MOB EXPENSE</b>							
1.00	REAL ESTATE	192.02	0	313,635	0		1.00
2.00		0.00	0	0	0		2.00
			0	313,635			
<b>N - DIETARY RECLASSIFICATION</b>							
1.00	DIETARY	10.00	226,843	430,126	0		1.00
			226,843	430,126			
<b>P - IMPLANT SUPPLIES</b>							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,836	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	327	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	1,384	0		3.00
4.00	OPERATING ROOM	50.00	0	1,830,010	0		4.00
5.00	ENDOSCOPY	50.01	0	24,920	0		5.00
6.00	CARDIAC CATHETERIZATION	59.00	0	1,578,908	0		6.00
			0	3,438,385			
<b>Q - INVENTORY ADJUSTMENT</b>							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,160,198	0		1.00
			0	1,160,198			
500.00	Grand Total: Decreases		961,065	15,817,686			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0113

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet A-7  
Part I  
Date/Time Prepared:  
2/28/2019 1:34 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	5,554,070	10,920,930	0	10,920,930	0 1.00
2.00	Land Improvements	4,970,446	0	0	0	3,311,446 2.00
3.00	Buildings and Fixtures	59,576,390	0	0	0	3,124,390 3.00
4.00	Building Improvements	1,460,938	0	0	0	1,460,938 4.00
5.00	Fixed Equipment	0	0	0	0	0 5.00
6.00	Movable Equipment	68,685,333	0	0	0	54,169,477 6.00
7.00	HIT designated Assets	0	0	0	0	0 7.00
8.00	Subtotal (sum of lines 1-7)	140,247,177	10,920,930	0	10,920,930	62,066,251 8.00
9.00	Reconciling Items	0	487,530	0	487,530	0 9.00
10.00	Total (line 8 minus line 9)	140,247,177	10,433,400	0	10,433,400	62,066,251 10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	16,475,000	0			1.00
2.00	Land Improvements	1,659,000	0			2.00
3.00	Buildings and Fixtures	56,452,000	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	14,515,856	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	89,101,856	0			8.00
9.00	Reconciling Items	487,530	0			9.00
10.00	Total (line 8 minus line 9)	88,614,326	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0113

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet A-7  
Part II  
Date/Time Prepared:  
2/28/2019 1:34 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	3,422,435	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1,435,820	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	4,858,255	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	3,422,435				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	1,435,820				2.00
3.00	Total (sum of lines 1-2)	0	4,858,255				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0113

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet A-7  
Part III  
Date/Time Prepared:  
2/28/2019 1:34 pm

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	74,586,000	0	74,586,000	0.837087	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	14,515,856	0	14,515,856	0.162913	0	2.00
3.00	Total (sum of lines 1-2)	89,101,856	0	89,101,856	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col.s. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	4,226,025	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2,700,159	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	6,926,184	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 col.s. 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	737,678	112,509	0	0	5,076,212	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	309,416	69,553	0	0	3,079,128	2.00
3.00	Total (sum of lines 1-2)	1,047,094	182,062	0	0	8,155,340	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0113

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet A-8

Date/Time Prepared:  
2/28/2019 1:34 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	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-32	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-77	CAP REL COSTS-MVBLE EQUIP	2.00	11	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0	ADULTS & PEDIATRICS	30.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-31,827	OTHER ADMIN & GEN	5.06	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	-4,404,208			0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-1,534,470			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-140,783	DIETARY	10.00	0	14.00
15.00 Rental of quarters to employee and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00 Sale of drugs to other than patients		0		0.00	0	17.00
18.00 Sale of medical records and abstracts	B	-1,012	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines		0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT	A	1,588,750	CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant		0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00 DONATIONS	A	-45	OTHER ADMIN & GEN	5.06	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0113

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet A-8

Date/Time Prepared:  
2/28/2019 1:34 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		
34.00 ADVERTISING	A	-110	AMBULANCE SERVICES	95.00	0	34.00
35.00 ADVERTISING	A	-490	PHYSICAL THERAPY	66.00	0	35.00
36.00 ADVERTISING	A	-15	OCCUPATIONAL THERAPY	67.00	0	36.00
37.00 LOBBYING FEES	A	-22,039	OTHER ADMIN & GEN	5.06	0	37.00
38.00 MEDICAID TAX ASSESSMENT -	A	-5,216,703	OTHER ADMIN & GEN	5.06	0	38.00
39.00 MISCELLANEOUS REVENUE	A	-159	OTHER ADMIN & GEN	5.06	0	39.00
40.00 MISCELLANEOUS REVENUE	B	36,085	LABORATORY	60.00	0	40.00
41.00 MISCELLANEOUS REVENUE	B	-4,464	CARDIAC REHABILITATION	76.97	0	41.00
42.00 MISCELLANEOUS REVENUE	B	-33,101	AMBULANCE SERVICES	95.00	0	42.00
43.00 MISCELLANEOUS REVENUE	B	-101,831	EMERGENCY	91.00	0	43.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-9,866,531				50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7.

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

Provider CCN: 14-0113

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet A-8-1

Date/Time Prepared:  
2/28/2019 1:34 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		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR HOME OFFICE COSTS:</b>						
1.00	1.00	CAP REL COSTS-BLDG & FIXT	CAPITAL BLDG HO BLDG CAPITA	288,525	1,073,685	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	CAPITAL MME HO MME CAPITAL	1,264,339	0	2.00
3.00	5.06	OTHER ADMIN & GEN	HO POOLED - ADMIN & GENERAL	4,760,934	9,989,311	3.00
3.01	4.00	EMPLOYEE BENEFITS DEPARTMENT	MINISTRY ALLOCATION	1,301,051	1,301,051	3.01
3.02	7.00	OPERATION OF PLANT	MINISTRY ALLOCATION	202,394	202,394	3.02
3.03	31.00	INTENSIVE CARE UNIT	MINISTRY ALLOCATION	228,698	228,698	3.03
3.04	66.00	PHYSICAL THERAPY	MINISTRY ALLOCATION	34,333	34,333	3.04
3.05	67.00	OCCUPATIONAL THERAPY	MINISTRY ALLOCATION	44,527	44,527	3.05
3.06	68.00	SPEECH PATHOLOGY	MINISTRY ALLOCATION	5,906	5,906	3.06
3.07	15.00	PHARMACY	MINISTRY ALLOCATION	582,010	582,010	3.07
4.00	1.00	CAP REL COSTS-BLDG & FIXT	HO INTEREST (OPERATING)	497,290	0	4.00
4.01	2.00	CAP REL COSTS-MVBLE EQUIP	HO INTEREST (OPERATING)	208,629	0	4.01
4.02	13.00	NURSING ADMINISTRATION	HO FUNCTIONAL - NURSING ADMIN	391,569	0	4.02
4.03	5.06	OTHER ADMIN & GEN	HO FUNCTIONAL - ADMIN & GEN	2,117,240	0	4.03
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			11,927,445	13,461,915	5.00

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

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

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

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

6.00	B	0.00	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: 14-0113

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet A-8-1

Date/Time Prepared:  
2/28/2019 1:34 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	-785,160	9		1.00
2.00	1,264,339	9		2.00
3.00	-5,228,377	0		3.00
3.01	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
3.06	0	0		3.06
3.07	0	0		3.07
4.00	497,290	11		4.00
4.01	208,629	11		4.01
4.02	391,569	0		4.02
4.03	2,117,240	0		4.03
5.00	-1,534,470			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	HOME OFFICE		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: 14-0113

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet A-8-2

Date/Time Prepared:  
2/28/2019 1:34 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	5.06	OTHER ADMIN & GEN	1,584,187	1,541,632	42,555	211,500	380	1.00
2.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	8,000	0	8,000	211,500	84	2.00
3.00	30.00	ADULTS & PEDIATRICS	90,004	90,004	0	0	0	3.00
4.00	31.00	INTENSIVE CARE UNIT	232,994	232,994	0	0	0	4.00
5.00	41.00	SUBPROVIDER - IRF	17,600	17,600	0	0	0	5.00
6.00	43.00	NURSERY	603,168	603,168	0	0	0	6.00
7.00	50.00	OPERATING ROOM	111,357	111,357	0	0	0	7.00
8.00	53.00	ANESTHESIOLOGY	1,486,922	1,486,922	0	0	0	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	16,000	0	16,000	271,900	114	9.00
10.00	60.00	LABORATORY	25,800	6,000	19,800	260,300	203	10.00
11.00	65.00	RESPIRATORY THERAPY	12,000	0	12,000	211,500	84	11.00
12.00	74.00	RENAL DIALYSIS	10,000	0	10,000	211,500	80	12.00
13.00	91.00	EMERGENCY	304,193	304,193	0	211,500	0	13.00
200.00			4,502,225	4,393,870	108,355		945	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.06	OTHER ADMIN & GEN	38,639	1,932	0	0	0	1.00
2.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	8,541	427	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	3.00
4.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	4.00
5.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	5.00
6.00	43.00	NURSERY	0	0	0	0	0	6.00
7.00	50.00	OPERATING ROOM	0	0	0	0	0	7.00
8.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	14,902	745	0	0	0	9.00
10.00	60.00	LABORATORY	25,404	1,270	0	0	0	10.00
11.00	65.00	RESPIRATORY THERAPY	8,541	427	0	0	0	11.00
12.00	74.00	RENAL DIALYSIS	8,135	407	0	0	0	12.00
13.00	91.00	EMERGENCY	0	0	0	0	0	13.00
200.00			104,162	5,208	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.06	OTHER ADMIN & GEN	0	38,639	3,916	1,545,548		1.00
2.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	8,541	0	0		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	90,004		3.00
4.00	31.00	INTENSIVE CARE UNIT	0	0	0	232,994		4.00
5.00	41.00	SUBPROVIDER - IRF	0	0	0	17,600		5.00
6.00	43.00	NURSERY	0	0	0	603,168		6.00
7.00	50.00	OPERATING ROOM	0	0	0	111,357		7.00
8.00	53.00	ANESTHESIOLOGY	0	0	0	1,486,922		8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	0	14,902	1,098	1,098		9.00
10.00	60.00	LABORATORY	0	25,404	0	6,000		10.00
11.00	65.00	RESPIRATORY THERAPY	0	8,541	3,459	3,459		11.00
12.00	74.00	RENAL DIALYSIS	0	8,135	1,865	1,865		12.00
13.00	91.00	EMERGENCY	0	0	0	304,193		13.00
200.00			0	104,162	10,338	4,404,208		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0113

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet B  
Part I  
Date/Time Prepared:  
2/28/2019 1:34 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONE	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT	5,076,212	5,076,212				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP	3,079,128		3,079,128			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	9,024,730	8,380	0	9,033,110		4.00
5.01 00540 NONPATIENT TELEPHONE	0	0	0	0	0	5.01
5.02 00550 DATA PROCESSING	0	0	0	0	0	5.02
5.03 00560 PURCH RCVING STORING	0	0	0	0	0	5.03
5.04 00570 ADMIN TTING	0	0	0	0	0	5.04
5.05 00580 CASHIERING A/R	0	0	0	0	0	5.05
5.06 00590 OTHER ADMIN & GEN	10,669,591	474,464	1,703,225	522,873		5.06
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700 OPERATION OF PLANT	3,181,089	1,267,357	0	192,231	0	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	328,096	12,700	0	13,794	0	8.00
9.00 00900 HOUSEKEEPING	700,814	72,064	1,512	202,283	0	9.00
10.00 01000 DIETARY	320,434	157,859	0	58,237	0	10.00
11.00 01100 CAFETERIA	656,969	33,663	0	82,955	0	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	1,337,369	28,024	129,904	308,799	0	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	893,740	149,453	31,390	178,179	0	14.00
15.00 01500 PHARMACY	1,907,665	59,455	0	324,801	0	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	336,164	91,173	0	110,475	0	16.00
17.00 01700 SOCIAL SERVICE	0	0	0	0	0	17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	457,909	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	303,649	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	5,267,545	719,488	7,413	1,836,053	0	30.00
31.00 03100 INTENSIVE CARE UNIT	1,671,253	105,322	31,036	495,421	0	31.00
41.00 04100 SUBPROVIDER - I&R	1,405,475	223,670	0	295,988	0	41.00
43.00 04300 NURSERY	318,815	50,057	0	82,555	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	2,837,984	361,101	575,173	678,398	0	50.00
50.01 03330 ENDOSCOPY	792,927	61,713	2,464	203,500	0	50.01
51.00 05100 RECOVERY ROOM	326,623	34,250	10,337	116,708	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	666,224	278,348	64,212	231,851	0	52.00
53.00 05300 ANESTHESIOLOGY	25,544	10,051	3,855	7,537	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	450,605	118,649	55,365	151,076	0	54.00
54.01 03630 ULTRASOUND	170,257	9,476	3,322	61,353	0	54.01
54.02 03440 MAMMOGRAPHY	62,738	51,023	1,693	21,521	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 03480 ONCOLOGY	0	0	0	0	0	55.01
56.00 05600 RADIOISOTOPE	196,948	18,887	0	27,930	0	56.00
57.00 05700 CT SCAN	247,558	13,810	49,285	86,949	0	57.00
58.00 05800 MRI	95,355	13,196	33,347	34,055	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	813,308	81,161	284,992	267,466	0	59.00
60.00 06000 LABORATORY	2,690,347	128,647	1,942	377,372	0	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00 06300 BLOOD STORING PROCESSING & TRANS.	228,702	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	132,202	0	17,949	48,176	0	64.00
65.00 06500 RESPIRATORY THERAPY	629,413	19,187	0	205,732	0	65.00
66.00 06600 PHYSICAL THERAPY	556,889	46,859	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	615,120	30,387	0	46,964	0	67.00
68.00 06800 SPEECH PATHOLOGY	107,055	2,480	0	0	0	68.00
69.01 03140 RADIOLOGY	272,250	23,664	0	98,909	0	69.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	4,150,350	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	3,438,385	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	2,111,130	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	181,639	12,844	5,871	33,437	0	74.00
76.97 07697 CARDIAC REHABILITATION	249,844	41,259	0	91,977	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 LI THOTRIPSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100 EMERGENCY	1,967,088	151,881	29,269	658,485	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500 AMBULANCE SERVICES	3,166,703	0	35,572	771,542	0	95.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0113

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet B  
Part I  
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2/28/2019 1:34 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONE			
		BLDG & FIXT	MVBLE EQUIP					
	0	1.00	2.00	4.00	5.01			
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE				113.00		
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	74,119,835	4,962,002	3,079,128	8,925,582	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	68,996	17,203	0	10,174	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	1,514	0	0	0	0	192.01
192.02	19202	REAL ESTATE	398,366	0	0	0	0	192.02
192.03	19203	FOUNDATION	141,806	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	352,936	97,007	0	97,354	0	192.04
192.05	19205	UNASSIGNED	0	0	0	0	0	192.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	75,083,453	5,076,212	3,079,128	9,033,110	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0113		Period: From 02/01/2018 To 09/30/2018		Worksheet B Part I Date/Time Prepared: 2/28/2019 1:34 pm	
Cost Center Description			DATA PROCESSING	PURCH RCVING STORING	ADMINING	CASHIERING A/R	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONE						5.01
5.02	00550	DATA PROCESSING	0					5.02
5.03	00560	PURCH RCVING STORING	0	0				5.03
5.04	00570	ADMINING	0	0	0			5.04
5.05	00580	CASHIERING A/R	0	0	0	0		5.05
5.06	00590	OTHER ADMIN & GEN	0	0	0	0	13,370,153	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	4,640,677	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	354,590	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	976,673	9.00
10.00	01000	DIETARY	0	0	0	0	536,530	10.00
11.00	01100	CAFETERIA	0	0	0	0	773,587	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	1,804,096	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	1,252,762	14.00
15.00	01500	PHARMACY	0	0	0	0	2,291,921	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	537,812	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	457,909	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	303,649	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	7,830,499	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	2,303,032	31.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	1,925,133	41.00
43.00	04300	NURSERY	0	0	0	0	451,427	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	0	4,452,656	50.00
50.01	03330	ENDOSCOPY	0	0	0	0	1,060,604	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	487,918	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	1,240,635	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	46,987	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	775,695	54.00
54.01	03630	ULTRASOUND	0	0	0	0	244,408	54.01
54.02	03440	MAMMOGRAPHY	0	0	0	0	136,975	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	03480	ONCOLOGY	0	0	0	0	0	55.01
56.00	05600	RADIOISOTOPE	0	0	0	0	243,765	56.00
57.00	05700	CT SCAN	0	0	0	0	397,602	57.00
58.00	05800	MRI	0	0	0	0	175,953	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	1,446,927	59.00
60.00	06000	LABORATORY	0	0	0	0	3,198,308	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	228,702	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	198,327	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	854,332	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	603,748	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	692,471	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	109,535	68.00
69.01	03140	CARDIOLOGY	0	0	0	0	394,823	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	4,150,350	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	3,438,385	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	2,111,130	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	233,791	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	383,080	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	0	0	0	0	2,806,723	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	3,973,817	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	73,898,097	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	96,373	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0113

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet B  
Part I  
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Cost Center Description			DATA PROCESSING	PURCH RCVING STORING	ADMI TTING	CASHI ERING A/R	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
192.01	19201	COVENANT OUTPATIENT PHARMACY	0	0	0	0	1,514	192.01
192.02	19202	REAL ESTATE	0	0	0	0	398,366	192.02
192.03	19203	FOUNDATION	0	0	0	0	141,806	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	547,297	192.04
192.05	19205	UNASSIGNED	0	0	0	0	0	192.05
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	0	0	75,083,453	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0113	Period: From 02/01/2018 To 09/30/2018	Worksheet B Part I Date/Time Prepared: 2/28/2019 1:34 pm		
Cost Center Description			OTHER ADMIN & GEN	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
			5.06	6.00	7.00	8.00	9.00
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONE					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCH RCVING STORING					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING A/R					5.05
5.06	00590	OTHER ADMIN & GEN	13,370,153				5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00
7.00	00700	OPERATION OF PLANT	1,011,932	0	5,652,609		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	77,321	0	21,584	453,495	8.00
9.00	00900	HOUSEKEEPING	212,970	0	122,473	0	1,312,116
10.00	01000	DIETARY	116,994	0	268,283	0	63,904
11.00	01100	CAFETERIA	168,686	0	57,210	0	13,627
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	393,396	0	47,627	0	11,345
14.00	01400	CENTRAL SERVICES & SUPPLY	273,174	0	253,998	0	60,501
15.00	01500	PHARMACY	499,769	0	101,044	0	24,068
16.00	01600	MEDICAL RECORDS & LIBRARY	117,274	0	154,950	0	36,908
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	99,850	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	66,213	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	1,707,495	0	1,222,784	125,118	291,263
31.00	03100	INTENSIVE CARE UNIT	502,192	0	178,996	24,051	42,636
41.00	04100	SUBPROVIDER - I&R	419,789	0	380,131	32,980	90,546
43.00	04300	NURSERY	98,437	0	85,073	879	20,264
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	970,933	0	613,698	73,251	146,181
50.01	03330	ENDOSCOPY	231,272	0	104,882	24,193	24,983
51.00	05100	RECOVERY ROOM	106,394	0	58,209	8,624	13,865
52.00	05200	DELIVERY ROOM & LABOR ROOM	270,529	0	473,056	25,544	112,680
53.00	05300	ANESTHESIOLOGY	10,246	0	17,081	0	4,069
54.00	05400	RADIOLOGY-DIAGNOSTIC	169,146	0	201,645	7,096	48,031
54.01	03630	ULTRASOUND	53,295	0	16,105	2,468	3,836
54.02	03440	MAMMOGRAPHY	29,868	0	86,714	976	20,655
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
55.01	03480	ONCOLOGY	0	0	0	0	0
56.00	05600	RADIOISOTOPE	53,155	0	32,099	2,616	7,646
57.00	05700	CT SCAN	86,700	0	23,470	4,248	5,590
58.00	05800	MRI	38,368	0	22,427	1,805	5,342
59.00	05900	CARDIAC CATHETERIZATION	315,513	0	137,935	21,036	32,856
60.00	06000	LABORATORY	697,413	0	218,638	0	52,079
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
63.00	06300	BLOOD STORING PROCESSING & TRANS.	49,870	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	43,247	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	186,293	0	32,609	0	7,767
66.00	06600	PHYSICAL THERAPY	131,651	0	79,638	2,500	18,969
67.00	06700	OCCUPATIONAL THERAPY	150,998	0	51,642	1,621	12,301
68.00	06800	SPEECH PATHOLOGY	23,885	0	4,215	133	1,004
69.01	03140	CARDIOLOGY	86,094	0	40,218	3,354	9,580
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	905,013	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	749,764	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	460,347	0	0	0	0
74.00	07400	RENAL DIALYSIS	50,980	0	21,828	1,206	5,199
76.97	07697	CARDIAC REHABILITATION	83,533	0	70,121	617	16,703
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	612,026	0	258,124	70,416	61,484
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	866,519	0	0	18,753	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	13,198,544	0	5,458,507	453,485	1,265,882
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	21,015	0	29,237	0	6,964
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0113

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet B  
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Cost Center Description			OTHER ADMIN & GEN	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
192.01	19201	COVENANT OUTPATIENT PHARMACY	330	0	0	0	0	192.01
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	30,922	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	119,342	0	164,865	10	39,270	192.04
192.05	19205	UNASSIGNED	0	0	0	0	0	192.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	13,370,153	0	5,652,609	453,495	1,312,116	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0113	Period: From 02/01/2018 To 09/30/2018	Worksheet B Part I Date/Time Prepared: 2/28/2019 1:34 pm		
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
			10.00	11.00	12.00	13.00	14.00
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONE					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCH RCVING STORING					5.03
5.04	00570	ADMINITTING					5.04
5.05	00580	CASHIERING A/R					5.05
5.06	00590	OTHER ADMIN & GEN					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY	985,711				10.00
11.00	01100	CAFETERIA	0	1,013,110			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	0	36,666	0	2,293,130	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	31,698	0	90,181	1,962,314
15.00	01500	PHARMACY	0	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	22,284	0	63,400	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	718,670	237,571	0	675,901	0
31.00	03100	INTENSIVE CARE UNIT	67,731	55,435	0	157,714	0
41.00	04100	SUBPROVIDER - I RF	199,310	37,015	0	105,308	0
43.00	04300	NURSERY	0	8,135	0	23,145	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	82,281	0	234,091	0
50.01	03330	ENDOSCOPY	0	22,401	0	63,730	0
51.00	05100	RECOVERY ROOM	0	12,784	0	36,370	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	26,584	0	75,633	0
53.00	05300	ANESTHESIOLOGY	0	1,801	0	5,125	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	19,205	0	54,638	0
54.01	03630	ULTRASOUND	0	4,649	0	13,225	0
54.02	03440	MAMMOGRAPHY	0	2,034	0	5,786	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
55.01	03480	ONCOLOGY	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	2,557	0	7,274	0
57.00	05700	CT SCAN	0	9,791	0	27,856	0
58.00	05800	MRI	0	2,731	0	7,770	0
59.00	05900	CARDIAC CATHETERIZATION	0	28,734	0	81,750	0
60.00	06000	LABORATORY	0	64,645	0	183,917	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	2,557	0	7,274	0
65.00	06500	RESPIRATORY THERAPY	0	26,061	0	74,145	0
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	4,474	0	12,730	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.01	03140	CARDIOLOGY	0	11,070	0	31,493	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	1,194,045
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	768,269
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	4,126	0	11,738	0
76.97	07697	CARDIAC REHABILITATION	0	9,501	0	27,030	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	0	75,889	0	215,906	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	150,383	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	985,711	993,062	0	2,293,130	1,962,314
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	1,976	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0113

Period:  
From 02/01/2018  
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Cost Center Description		DI ETARY	CAFETERIA	MAI NTENANCE OF PERSONNEL	NURSI NG ADMI NI STRATION	CENTRAL SERVI CES & SUPPLY		
		10.00	11.00	12.00	13.00	14.00		
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	0	0	0	0	0	192.01
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	18,072	0	0	0	192.04
192.05	19205	UNASSIGNED	0	0	0	0	0	192.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	985,711	1,013,110	0	2,293,130	1,962,314	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0113	Period: From 02/01/2018 To 09/30/2018	Worksheet B Part I Date/Time Prepared: 2/28/2019 1:34 pm		
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL
			15.00	16.00	17.00	19.00	20.00
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONE					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCH RCVING STORING					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING A/R					5.05
5.06	00590	OTHER ADMIN & GEN					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY	2,916,802				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	932,628			16.00
17.00	01700	SOCIAL SERVICE	0	0	0		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0		22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	92,951	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	15,200	0	0	31.00
41.00	04100	SUBPROVIDER - I RF	0	8,801	0	0	41.00
43.00	04300	NURSERY	0	5,413	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	149,860	0	0	50.00
50.01	03330	ENDOSCOPY	0	33,954	0	0	50.01
51.00	05100	RECOVERY ROOM	0	5,683	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	6,009	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	54,613	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	10,287	0	0	54.00
54.01	03630	ULTRASOUND	0	6,501	0	0	54.01
54.02	03440	MAMMOGRAPHY	0	1,685	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01	03480	ONCOLOGY	0	0	0	0	55.01
56.00	05600	RADIOISOTOPE	0	5,477	0	0	56.00
57.00	05700	CT SCAN	0	46,869	0	0	57.00
58.00	05800	MRI	0	9,534	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	55,995	0	0	59.00
60.00	06000	LABORATORY	0	96,357	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	2,332	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	1,981	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	22,111	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	10,972	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	8,415	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,726	0	0	68.00
69.01	03140	CARDIOLOGY	0	18,107	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	18,352	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	46,965	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,916,802	86,400	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	3,819	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	1,617	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	0	74,811	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	29,831	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,916,802	932,628	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:  
From 02/01/2018  
To 09/30/2018

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	0	0	0	0	0	192.01
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	0	192.04
192.05	19205	UNASSIGNED	0	0	0	0	0	192.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,916,802	932,628	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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From 02/01/2018  
To 09/30/2018

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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONE						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 PURCH RCVING STORING						5.03
5.04 00570 ADMITTING						5.04
5.05 00580 CASHIERING A/R						5.05
5.06 00590 OTHER ADMIN & GEN						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS						19.00
20.00 02000 NURSING SCHOOL						20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	557,759					21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV		369,862				22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)			0			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	548,594	363,785	0	13,814,631	-912,379	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	3,346,987	0	31.00
41.00 04100 SUBPROVIDER - I RF	0	0	0	3,199,013	0	41.00
43.00 04300 NURSERY	0	0	0	692,773	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	6,722,951	0	50.00
50.01 03330 ENDOSCOPY	0	0	0	1,566,019	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	729,847	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	2,230,670	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	139,922	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	1,285,743	0	54.00
54.01 03630 ULTRASOUND	0	0	0	344,487	0	54.01
54.02 03440 MAMMOGRAPHY	0	0	0	284,693	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 03480 ONCOLOGY	0	0	0	0	0	55.01
56.00 05600 RADIOISOTOPE	0	0	0	354,589	0	56.00
57.00 05700 CT SCAN	0	0	0	602,126	0	57.00
58.00 05800 MRI	0	0	0	263,930	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	2,120,746	0	59.00
60.00 06000 LABORATORY	0	0	0	4,511,357	0	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00 06300 BLOOD STORING PROCESSING & TRANS.	0	0	0	280,904	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	253,386	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	1,203,318	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	847,478	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	934,652	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	140,498	0	68.00
69.01 03140 RADIOLOGY	9,165	6,077	0	609,981	-15,242	69.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	6,267,760	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	5,003,383	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	5,574,679	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	332,687	0	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	592,202	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 LI THOTRIPSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100 EMERGENCY	0	0	0	4,175,379	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500 AMBULANCE SERVICES	0	0	0	5,039,303	0	95.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0113

Period:  
From 02/01/2018  
To 09/30/2018

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2/28/2019 1:34 pm

Cost Center Description	INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments			
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV						
	21.00	22.00						
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE				113.00		
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	557,759	369,862	0	73,466,094	-927,621	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	155,565	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	0	0	0	1,844	0	192.01
192.02	19202	REAL ESTATE	0	0	0	398,366	0	192.02
192.03	19203	FOUNDATION	0	0	0	172,728	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	888,856	0	192.04
192.05	19205	UNASSIGNED	0	0	0	0	0	192.05
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	557,759	369,862	0	75,083,453	-927,621	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 14-0113	Period: From 02/01/2018 To 09/30/2018	Worksheet B Part I Date/Time Prepared: 2/28/2019 1:34 pm
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Cost Center Description		Total	
		26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540 NONPATIENT TELEPHONE		5.01
5.02	00550 DATA PROCESSING		5.02
5.03	00560 PURCH RCVING STORING		5.03
5.04	00570 ADMITTING		5.04
5.05	00580 CASHIERING A/R		5.05
5.06	00590 OTHER ADMIN & GEN		5.06
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
12.00	01200 MAINTENANCE OF PERSONNEL		12.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
19.00	01900 NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000 NURSING SCHOOL		20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000 ADULTS & PEDIATRICS	12,902,252	30.00
31.00	03100 INTENSIVE CARE UNIT	3,346,987	31.00
41.00	04100 SUBPROVIDER - I RF	3,199,013	41.00
43.00	04300 NURSERY	692,773	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	6,722,951	50.00
50.01	03330 ENDOSCOPY	1,566,019	50.01
51.00	05100 RECOVERY ROOM	729,847	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,230,670	52.00
53.00	05300 ANESTHESIOLOGY	139,922	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,285,743	54.00
54.01	03630 ULTRASOUND	344,487	54.01
54.02	03440 MAMMOGRAPHY	284,693	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	55.00
55.01	03480 ONCOLOGY	0	55.01
56.00	05600 RADIOISOTOPE	354,589	56.00
57.00	05700 CT SCAN	602,126	57.00
58.00	05800 MRI	263,930	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,120,746	59.00
60.00	06000 LABORATORY	4,511,357	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	62.30
63.00	06300 BLOOD STORING PROCESSING & TRANS.	280,904	63.00
64.00	06400 INTRAVENOUS THERAPY	253,386	64.00
65.00	06500 RESPIRATORY THERAPY	1,203,318	65.00
66.00	06600 PHYSICAL THERAPY	847,478	66.00
67.00	06700 OCCUPATIONAL THERAPY	934,652	67.00
68.00	06800 SPEECH PATHOLOGY	140,498	68.00
69.01	03140 CARDIOLOGY	594,739	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	6,267,760	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	5,003,383	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	5,574,679	73.00
74.00	07400 RENAL DIALYSIS	332,687	74.00
76.97	07697 CARDIAC REHABILITATION	592,202	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	76.98
76.99	07699 LI THOTRI PSY	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>			
91.00	09100 EMERGENCY	4,175,379	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
95.00	09500 AMBULANCE SERVICES	5,039,303	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>			
113.00	11300 INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	72,538,473	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	19000 GIFT FLOWER COFFEE SHOP & CANTEEN	155,565	190.00
192.00	19200 PHYSICIANS PRIVATE OFFICES	0	192.00
192.01	19201 COVENANT OUTPATIENT PHARMACY	1,844	192.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0113

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet B  
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Cost Center Description		Total	
		26.00	
192.02	19202 REAL ESTATE	398,366	192.02
192.03	19203 FOUNDATION	172,728	192.03
192.04	19204 OUTREACH PROGRAMS	888,856	192.04
192.05	19205 UNASSIGNED	0	192.05
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118 through 201)	74,155,832	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0113	Period: From 02/01/2018 To 09/30/2018	Worksheet B Part II Date/Time Prepared: 2/28/2019 1:34 pm
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	8,380	0	8,380	4.00
5.01 00540	NONPATIENT TELEPHONE	0	0	0	0	5.01
5.02 00550	DATA PROCESSING	0	0	0	0	5.02
5.03 00560	PURCH RCVING STORING	0	0	0	0	5.03
5.04 00570	ADMITTING	0	0	0	0	5.04
5.05 00580	CASHIERING A/R	0	0	0	0	5.05
5.06 00590	OTHER ADMIN & GEN	0	474,464	1,703,225	2,177,689	5.06
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	0	1,267,357	0	1,267,357	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	12,700	0	12,700	8.00
9.00 00900	HOUSEKEEPING	0	72,064	1,512	73,576	9.00
10.00 01000	DIETARY	0	157,859	0	157,859	10.00
11.00 01100	CAFETERIA	0	33,663	0	33,663	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	0	28,024	129,904	157,928	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	149,453	31,390	180,843	14.00
15.00 01500	PHARMACY	0	59,455	0	59,455	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	91,173	0	91,173	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	719,488	7,413	726,901	30.00
31.00 03100	INTENSIVE CARE UNIT	0	105,322	31,036	136,358	31.00
41.00 04100	SUBPROVIDER - IRF	0	223,670	0	223,670	41.00
43.00 04300	NURSERY	0	50,057	0	50,057	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	361,101	575,173	936,274	50.00
50.01 03330	ENDOSCOPY	0	61,713	2,464	64,177	50.01
51.00 05100	RECOVERY ROOM	0	34,250	10,337	44,587	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	278,348	64,212	342,560	52.00
53.00 05300	ANESTHESIOLOGY	0	10,051	3,855	13,906	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	118,649	55,365	174,014	54.00
54.01 03630	ULTRASOUND	0	9,476	3,322	12,798	54.01
54.02 03440	MAMMOGRAPHY	0	51,023	1,693	52,716	54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01 03480	ONCOLOGY	0	0	0	0	55.01
56.00 05600	RADIOISOTOPE	0	18,887	0	18,887	56.00
57.00 05700	CT SCAN	0	13,810	49,285	63,095	57.00
58.00 05800	MRI	0	13,196	33,347	46,543	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	81,161	284,992	366,153	59.00
60.00 06000	LABORATORY	0	128,647	1,942	130,589	60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00 06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	17,949	17,949	64.00
65.00 06500	RESPIRATORY THERAPY	0	19,187	0	19,187	65.00
66.00 06600	PHYSICAL THERAPY	0	46,859	0	46,859	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	30,387	0	30,387	67.00
68.00 06800	SPEECH PATHOLOGY	0	2,480	0	2,480	68.00
69.01 03140	CARDIOLOGY	0	23,664	0	23,664	69.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	12,844	5,871	18,715	74.00
76.97 07697	CARDIAC REHABILITATION	0	41,259	0	41,259	76.97
76.98 07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	76.98
76.99 07699	LI THOTRI PSY	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100	EMERGENCY	0	151,881	29,269	181,150	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500	AMBULANCE SERVICES	0	0	35,572	35,572	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					113.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0113

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT			
		BLDG & FIXT	MVBLE EQUIP					
		1.00	2.00					
118.00	0	4,962,002	3,079,128	8,041,130	8,281	118.00		
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	17,203	0	17,203	9	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	0	0	0	0	0	192.01
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	97,007	0	97,007	90	192.04
192.05	19205	UNASSIGNED	0	0	0	0	0	192.05
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers				0		201.00
202.00		TOTAL (sum lines 118 through 201)	0	5,076,212	3,079,128	8,155,340	8,380	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0113	Period: From 02/01/2018 To 09/30/2018	Worksheet B Part II Date/Time Prepared: 2/28/2019 1:34 pm		
Cost Center Description			NONPATIENT TELEPHONE	DATA PROCESSING	PURCH RCVING STORING	ADMI TTING	CASHI ERING A/R
			5.01	5.02	5.03	5.04	5.05
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONE	0				5.01
5.02	00550	DATA PROCESSING	0	0			5.02
5.03	00560	PURCH RCVING STORING	0	0	0		5.03
5.04	00570	ADMI TTING	0	0	0	0	5.04
5.05	00580	CASHI ERING A/R	0	0	0	0	5.05
5.06	00590	OTHER ADMIN & GEN	0	0	0	0	5.06
6.00	00600	MAI NTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	9.00
10.00	01000	DI ETARY	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
12.00	01200	MAI NTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSI NG ADM I NISTRATION	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCI AL SERVI CE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSI NG SCHOOL	0	0	0	0	20.00
21.00	02100	I & R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I & R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.01	03330	ENDOSCOPY	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	03630	ULTRASOUND	0	0	0	0	54.01
54.02	03440	MAMMOGRAPHY	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01	03480	ONCOLOGY	0	0	0	0	55.01
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.01	03140	CARDIOLOGY	0	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0113			Period: From 02/01/2018 To 09/30/2018		Worksheet B Part II Date/Time Prepared: 2/28/2019 1:34 pm	
Cost Center Description			NONPATIENT TELEPHONE	DATA PROCESSING	PURCH RCVING STORING	ADM TTING	CASHIERING A/R		
			5.01	5.02	5.03	5.04	5.05		
192.01	19201	COVENANT OUTPATIENT PHARMACY	0	0	0	0	0	0	192.01
192.02	19202	REAL ESTATE	0	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	0	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	0	0	192.04
192.05	19205	UNASSIGNED	0	0	0	0	0	0	192.05
200.00		Cross Foot Adjustments							200.00
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	0	0	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0113	Period: From 02/01/2018 To 09/30/2018	Worksheet B Part II Date/Time Prepared: 2/28/2019 1:34 pm				
Cost Center Description		OTHER ADMIN & GEN	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.06	6.00	7.00	8.00	9.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00		
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00		
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00		
5.01	00540	NONPATIENT TELEPHONE				5.01		
5.02	00550	DATA PROCESSING				5.02		
5.03	00560	PURCH RCVING STORING				5.03		
5.04	00570	ADMITTING				5.04		
5.05	00580	CASHIERING A/R				5.05		
5.06	00590	OTHER ADMIN & GEN	2,178,174			5.06		
6.00	00600	MAINTENANCE & REPAIRS	0	0		6.00		
7.00	00700	OPERATION OF PLANT	164,855	0	1,432,390	7.00		
8.00	00800	LAUNDRY & LINEN SERVICE	12,596	0	5,470	30,779	8.00	
9.00	00900	HOUSEKEEPING	34,695	0	31,035	0	139,494	9.00
10.00	01000	DIETARY	19,060	0	67,984	0	6,794	10.00
11.00	01100	CAFETERIA	27,481	0	14,497	0	1,449	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	64,089	0	12,069	0	1,206	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	44,503	0	64,364	0	6,432	14.00
15.00	01500	PHARMACY	81,418	0	25,605	0	2,559	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	19,105	0	39,265	0	3,924	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	16,267	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	10,787	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	278,193	0	309,861	8,489	30,962	30.00
31.00	03100	INTENSIVE CARE UNIT	81,813	0	45,358	1,632	4,533	31.00
41.00	04100	SUBPROVIDER - I&R	68,388	0	96,326	2,238	9,626	41.00
43.00	04300	NURSERY	16,036	0	21,558	60	2,154	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	158,176	0	155,513	4,972	15,541	50.00
50.01	03330	ENDOSCOPY	37,677	0	26,577	1,642	2,656	50.01
51.00	05100	RECOVERY ROOM	17,333	0	14,750	585	1,474	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	44,072	0	119,874	1,734	11,979	52.00
53.00	05300	ANESTHESIOLOGY	1,669	0	4,328	0	433	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,556	0	51,098	482	5,106	54.00
54.01	03630	ULTRASOUND	8,682	0	4,081	168	408	54.01
54.02	03440	MAMMOGRAPHY	4,866	0	21,974	66	2,196	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	03480	ONCOLOGY	0	0	0	0	0	55.01
56.00	05600	RADIOISOTOPE	8,660	0	8,134	178	813	56.00
57.00	05700	CT SCAN	14,124	0	5,947	288	594	57.00
58.00	05800	MRI	6,251	0	5,683	123	568	58.00
59.00	05900	CARDIAC CATHETERIZATION	51,401	0	34,953	1,428	3,493	59.00
60.00	06000	LABORATORY	113,617	0	55,403	0	5,537	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	8,124	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	7,045	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	30,349	0	8,263	0	826	65.00
66.00	06600	PHYSICAL THERAPY	21,448	0	20,180	170	2,017	66.00
67.00	06700	OCCUPATIONAL THERAPY	24,599	0	13,086	110	1,308	67.00
68.00	06800	SPEECH PATHOLOGY	3,891	0	1,068	9	107	68.00
69.01	03140	CARDIOLOGY	14,026	0	10,191	228	1,018	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	147,437	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	122,145	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	74,996	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	8,305	0	5,531	82	553	74.00
76.97	07697	CARDIAC REHABILITATION	13,609	0	17,769	42	1,776	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	99,706	0	65,409	4,779	6,537	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	141,166	0	0	1,273	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,150,216	0	1,383,204	30,778	134,579	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	3,424	0	7,409	0	740	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0113

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet B  
Part II  
Date/Time Prepared:  
2/28/2019 1:34 pm

Cost Center Description			OTHER ADMIN & GEN	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
192.01	19201	COVENANT OUTPATIENT PHARMACY	54	0	0	0	0	192.01
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	5,038	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	19,442	0	41,777	1	4,175	192.04
192.05	19205	UNASSIGNED	0	0	0	0	0	192.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,178,174	0	1,432,390	30,779	139,494	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0113		Period: From 02/01/2018 To 09/30/2018		Worksheet B Part II Date/Time Prepared: 2/28/2019 1:34 pm	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONE						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCH RCVING STORING						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING A/R						5.05
5.06	00590	OTHER ADMIN & GEN						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	251,751					10.00
11.00	01100	CAFETERIA	0	77,167				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	2,793	0	238,371		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,414	0	9,374	308,095	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,697	0	6,590	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	183,548	18,097	0	70,260	0	30.00
31.00	03100	INTENSIVE CARE UNIT	17,299	4,222	0	16,394	0	31.00
41.00	04100	SUBPROVIDER - I RF	50,904	2,819	0	10,947	0	41.00
43.00	04300	NURSERY	0	620	0	2,406	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	6,267	0	24,334	0	50.00
50.01	03330	ENDOSCOPY	0	1,706	0	6,625	0	50.01
51.00	05100	RECOVERY ROOM	0	974	0	3,781	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,025	0	7,862	0	52.00
53.00	05300	ANESTHESIOLOGY	0	137	0	533	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,463	0	5,680	0	54.00
54.01	03630	ULTRASOUND	0	354	0	1,375	0	54.01
54.02	03440	MAMMOGRAPHY	0	155	0	601	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	03480	ONCOLOGY	0	0	0	0	0	55.01
56.00	05600	RADIOISOTOPE	0	195	0	756	0	56.00
57.00	05700	CT SCAN	0	746	0	2,896	0	57.00
58.00	05800	MRI	0	208	0	808	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,189	0	8,498	0	59.00
60.00	06000	LABORATORY	0	4,924	0	19,118	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	195	0	756	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,985	0	7,707	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	341	0	1,323	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.01	03140	CARDIOLOGY	0	843	0	3,274	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	187,473	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	120,622	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	314	0	1,220	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	724	0	2,810	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	0	5,780	0	22,443	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	11,454	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	251,751	75,641	0	238,371	308,095	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	150	0	0	0	190.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0113		Period: From 02/01/2018 To 09/30/2018		Worksheet B Part II Date/Time Prepared: 2/28/2019 1:34 pm		
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY		
			10.00	11.00	12.00	13.00	14.00		
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	0	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	0	0	0	0	0	0	192.01
192.02	19202	REAL ESTATE	0	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	0	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	1,376	0	0	0	0	192.04
192.05	19205	UNASSIGNED	0	0	0	0	0	0	192.05
200.00		Cross Foot Adjustments							200.00
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	251,751	77,167	0	238,371	308,095	202.00	

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0113	Period: From 02/01/2018 To 09/30/2018	Worksheet B Part II Date/Time Prepared: 2/28/2019 1:34 pm		
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL
			15.00	16.00	17.00	19.00	20.00
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONE					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCH RCVING STORING					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING A/R					5.05
5.06	00590	OTHER ADMIN & GEN					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY	169,338				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	161,856			16.00
17.00	01700	SOCIAL SERVICE	0	0	0		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0		22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	16,149	0		30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,641	0		31.00
41.00	04100	SUBPROVIDER - I RF	0	1,529	0		41.00
43.00	04300	NURSERY	0	940	0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	25,861	0		50.00
50.01	03330	ENDOSCOPY	0	5,899	0		50.01
51.00	05100	RECOVERY ROOM	0	987	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,044	0		52.00
53.00	05300	ANESTHESIOLOGY	0	9,488	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,787	0		54.00
54.01	03630	ULTRASOUND	0	1,129	0		54.01
54.02	03440	MAMMOGRAPHY	0	293	0		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
55.01	03480	ONCOLOGY	0	0	0		55.01
56.00	05600	RADIOISOTOPE	0	951	0		56.00
57.00	05700	CT SCAN	0	8,143	0		57.00
58.00	05800	MRI	0	1,656	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	9,729	0		59.00
60.00	06000	LABORATORY	0	16,741	0		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0		62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	405	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	344	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	3,842	0		65.00
66.00	06600	PHYSICAL THERAPY	0	1,906	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,462	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	300	0		68.00
69.01	03140	CARDIOLOGY	0	3,146	0		69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,188	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	8,160	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	169,338	15,011	0		73.00
74.00	07400	RENAL DIALYSIS	0	663	0		74.00
76.97	07697	CARDIAC REHABILITATION	0	281	0		76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0		76.98
76.99	07699	LITHOTRI PSY	0	0	0		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	0	12,998	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	5,183	0		95.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	169,338	161,856	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0		190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0113

Period:  
From 02/01/2018  
To 09/30/2018

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0			192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	0	0	0			192.01
192.02	19202	REAL ESTATE	0	0	0			192.02
192.03	19203	FOUNDATION	0	0	0			192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0			192.04
192.05	19205	UNASSIGNED	0	0	0			192.05
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	169,338	161,856	0	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0113

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	NONPATIENT TELEPHONE					5.01
5.02 00550	DATA PROCESSING					5.02
5.03 00560	PURCH RCVING STORING					5.03
5.04 00570	ADMINI TTING					5.04
5.05 00580	CASHIERING A/R					5.05
5.06 00590	OTHER ADMIN & GEN					5.06
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL					20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	16,267				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		10,787			22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)			0		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS			1,644,167	0	30.00
31.00 03100	INTENSIVE CARE UNIT			310,709	0	31.00
41.00 04100	SUBPROVIDER - I RF			466,721	0	41.00
43.00 04300	NURSERY			93,908	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM			1,327,567	0	50.00
50.01 03330	ENDOSCOPY			147,148	0	50.01
51.00 05100	RECOVERY ROOM			84,579	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM			531,365	0	52.00
53.00 05300	ANESTHESIOLOGY			30,501	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC			267,326	0	54.00
54.01 03630	ULTRASOUND			29,052	0	54.01
54.02 03440	MAMMOGRAPHY			82,887	0	54.02
55.00 05500	RADIOLOGY-THERAPEUTIC			0	0	55.00
55.01 03480	ONCOLOGY			0	0	55.01
56.00 05600	RADIOISOTOPE			38,600	0	56.00
57.00 05700	CT SCAN			95,914	0	57.00
58.00 05800	MRI			61,872	0	58.00
59.00 05900	CARDIAC CATHETERIZATION			478,092	0	59.00
60.00 06000	LABORATORY			346,279	0	60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS			0	0	62.30
63.00 06300	BLOOD STORING PROCESSING & TRANS.			8,529	0	63.00
64.00 06400	INTRAVENOUS THERAPY			26,334	0	64.00
65.00 06500	RESPIRATORY THERAPY			72,350	0	65.00
66.00 06600	PHYSICAL THERAPY			92,580	0	66.00
67.00 06700	OCCUPATIONAL THERAPY			72,660	0	67.00
68.00 06800	SPEECH PATHOLOGY			7,855	0	68.00
69.01 03140	CARDIOLOGY			56,482	0	69.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT			338,098	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS			250,927	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS			259,345	0	73.00
74.00 07400	RENAL DIALYSIS			35,414	0	74.00
76.97 07697	CARDIAC REHABILITATION			78,355	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY			0	0	76.98
76.99 07699	LITHOTRIPSY			0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100	EMERGENCY			399,412	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500	AMBULANCE SERVICES			195,363	0	95.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0113

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet B  
Part II  
Date/Time Prepared:  
2/28/2019 1:34 pm

Cost Center Description	INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300	INTEREST EXPENSE				113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		0	0	0	7,930,391
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN			28,935	0
192.00	19200	PHYSICIANS PRIVATE OFFICES			0	0
192.01	19201	COVENANT OUTPATIENT PHARMACY			54	0
192.02	19202	REAL ESTATE			0	0
192.03	19203	FOUNDATION			5,038	0
192.04	19204	OUTREACH PROGRAMS			163,868	0
192.05	19205	UNASSIGNED			0	0
200.00		Cross Foot Adjustments	16,267	10,787	0	27,054
201.00		Negative Cost Centers	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	16,267	10,787	0	8,155,340

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0113	Period: From 02/01/2018 To 09/30/2018	Worksheet B Part II Date/Time Prepared: 2/28/2019 1:34 pm
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Cost Center Description		Total	
		26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540 NONPATIENT TELEPHONE		5.01
5.02	00550 DATA PROCESSING		5.02
5.03	00560 PURCH RCVING STORING		5.03
5.04	00570 ADMITTING		5.04
5.05	00580 CASHIERING A/R		5.05
5.06	00590 OTHER ADMIN & GEN		5.06
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
12.00	01200 MAINTENANCE OF PERSONNEL		12.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
19.00	01900 NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000 NURSING SCHOOL		20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000 ADULTS & PEDIATRICS	1,644,167	30.00
31.00	03100 INTENSIVE CARE UNIT	310,709	31.00
41.00	04100 SUBPROVIDER - IRF	466,721	41.00
43.00	04300 NURSERY	93,908	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	1,327,567	50.00
50.01	03330 ENDOSCOPY	147,148	50.01
51.00	05100 RECOVERY ROOM	84,579	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	531,365	52.00
53.00	05300 ANESTHESIOLOGY	30,501	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	267,326	54.00
54.01	03630 ULTRASOUND	29,052	54.01
54.02	03440 MAMMOGRAPHY	82,887	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	55.00
55.01	03480 ONCOLOGY	0	55.01
56.00	05600 RADIOISOTOPE	38,600	56.00
57.00	05700 CT SCAN	95,914	57.00
58.00	05800 MRI	61,872	58.00
59.00	05900 CARDIAC CATHETERIZATION	478,092	59.00
60.00	06000 LABORATORY	346,279	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	62.30
63.00	06300 BLOOD STORING PROCESSING & TRANS.	8,529	63.00
64.00	06400 INTRAVENOUS THERAPY	26,334	64.00
65.00	06500 RESPIRATORY THERAPY	72,350	65.00
66.00	06600 PHYSICAL THERAPY	92,580	66.00
67.00	06700 OCCUPATIONAL THERAPY	72,660	67.00
68.00	06800 SPEECH PATHOLOGY	7,855	68.00
69.01	03140 CARDIOLOGY	56,482	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	338,098	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	250,927	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	259,345	73.00
74.00	07400 RENAL DIALYSIS	35,414	74.00
76.97	07697 CARDIAC REHABILITATION	78,355	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	76.98
76.99	07699 LI THOTRI PSY	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>			
91.00	09100 EMERGENCY	399,412	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
95.00	09500 AMBULANCE SERVICES	195,363	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>			
113.00	11300 INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	7,930,391	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	19000 GIFT FLOWER COFFEE SHOP & CANTEEN	28,935	190.00
192.00	19200 PHYSICIANS PRIVATE OFFICES	0	192.00
192.01	19201 COVENANT OUTPATIENT PHARMACY	54	192.01

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0113	Period: From 02/01/2018 To 09/30/2018	Worksheet B Part II Date/Time Prepared: 2/28/2019 1:34 pm
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Cost Center Description		Total	
		26.00	
192.02	19202 REAL ESTATE	0	192.02
192.03	19203 FOUNDATION	5,038	192.03
192.04	19204 OUTREACH PROGRAMS	163,868	192.04
192.05	19205 UNASSIGNED	0	192.05
200.00	Cross Foot Adjustments	27,054	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118 through 201)	8,155,340	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0113

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet B-1  
Date/Time Prepared:  
2/28/2019 1:34 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONE (N LINES)	DATA PROCESSING (N DEVICES)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	388,903				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		1,425,581			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	642	0	24,701,404		4.00
5.01 00540	NONPATIENT TELEPHONE	0	0	0	0	5.01
5.02 00550	DATA PROCESSING	0	0	0	0	5.02
5.03 00560	PURCH RCVING STORING	0	0	0	0	5.03
5.04 00570	ADMITTING	0	0	0	0	5.04
5.05 00580	CASHIERING A/R	0	0	0	0	5.05
5.06 00590	OTHER ADMIN & GEN	36,350	788,563	1,429,818	0	5.06
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	97,096	0	525,665	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	973	0	37,719	0	8.00
9.00 00900	HOUSEKEEPING	5,521	700	553,152	0	9.00
10.00 01000	DIETARY	12,094	0	159,252	0	10.00
11.00 01100	CAFETERIA	2,579	0	226,843	0	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	2,147	60,143	844,425	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	11,450	14,533	487,238	0	14.00
15.00 01500	PHARMACY	4,555	0	888,182	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	6,985	0	302,098	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
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	55,122	3,432	5,020,755	0	30.00
31.00 03100	INTENSIVE CARE UNIT	8,069	14,369	1,354,748	0	31.00
41.00 04100	SUBPROVIDER - I&R	17,136	0	809,392	0	41.00
43.00 04300	NURSERY	3,835	0	225,749	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	27,665	266,295	1,855,108	0	50.00
50.01 03330	ENDOSCOPY	4,728	1,141	556,479	0	50.01
51.00 05100	RECOVERY ROOM	2,624	4,786	319,142	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	21,325	29,729	634,006	0	52.00
53.00 05300	ANESTHESIOLOGY	770	1,785	20,609	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	9,090	25,633	413,123	0	54.00
54.01 03630	ULTRASOUND	726	1,538	167,771	0	54.01
54.02 03440	MAMMOGRAPHY	3,909	784	58,850	0	54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01 03480	ONCOLOGY	0	0	0	0	55.01
56.00 05600	RADIOISOTOPE	1,447	0	76,376	0	56.00
57.00 05700	CT SCAN	1,058	22,818	237,765	0	57.00
58.00 05800	MRI	1,011	15,439	93,126	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	6,218	131,946	731,397	0	59.00
60.00 06000	LABORATORY	9,856	899	1,031,939	0	60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00 06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	8,310	131,738	0	64.00
65.00 06500	RESPIRATORY THERAPY	1,470	0	562,584	0	65.00
66.00 06600	PHYSICAL THERAPY	3,590	0	0	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	2,328	0	128,425	0	67.00
68.00 06800	SPEECH PATHOLOGY	190	0	0	0	68.00
69.01 03140	CARDIOLOGY	1,813	0	270,471	0	69.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	984	2,718	91,435	0	74.00
76.97 07697	CARDIAC REHABILITATION	3,161	0	251,516	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100	EMERGENCY	11,636	13,551	1,800,655	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500	AMBULANCE SERVICES	0	16,469	2,109,813	0	95.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0113

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet B-1

Date/Time Prepared:  
2/28/2019 1:34 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONE (N LINES)	DATA PROCESSING (N DEVICES)		
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					4.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE				113.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		380,153	1,425,581	24,407,364	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	1,318	0	27,822	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	0	0	0	0	192.01
192.02	19202	REAL ESTATE	0	0	0	0	192.02
192.03	19203	FOUNDATION	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	7,432	0	266,218	0	192.04
192.05	19205	UNASSIGNED	0	0	0	0	192.05
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)		5,076,212	3,079,128	9,033,110	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)		13.052643	2.159911	0.365692	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)				8,380	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)				0.000339	0.000000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0113

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet B-1  
Date/Time Prepared:  
2/28/2019 1:34 pm

Cost Center Description		PURCH RCVING STORING (SUPPLIES \$)	ADMI TTING (GROSS REVENUE)	CASHIERING A/R (GROSS REVENUE)	Reconciliation	OTHER ADMIN & GEN (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570	0					5.04
5.05	00580	0	0	0			5.05
5.06	00590	0	0	0	-13,370,153	61,314,934	5.06
6.00	00600	0	0	0	0	0	6.00
7.00	00700	0	0	0	0	4,640,677	7.00
8.00	00800	0	0	0	0	354,590	8.00
9.00	00900	0	0	0	0	976,673	9.00
10.00	01000	0	0	0	0	536,530	10.00
11.00	01100	0	0	0	0	773,587	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	0	0	0	0	1,804,096	13.00
14.00	01400	0	0	0	0	1,252,762	14.00
15.00	01500	0	0	0	0	2,291,921	15.00
16.00	01600	0	0	0	0	537,812	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	457,909	21.00
22.00	02200	0	0	0	0	303,649	22.00
23.00	02300	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	0	0	0	0	7,830,499	30.00
31.00	03100	0	0	0	0	2,303,032	31.00
41.00	04100	0	0	0	0	1,925,133	41.00
43.00	04300	0	0	0	0	451,427	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	0	0	0	4,452,656	50.00
50.01	03330	0	0	0	0	1,060,604	50.01
51.00	05100	0	0	0	0	487,918	51.00
52.00	05200	0	0	0	0	1,240,635	52.00
53.00	05300	0	0	0	0	46,987	53.00
54.00	05400	0	0	0	0	775,695	54.00
54.01	03630	0	0	0	0	244,408	54.01
54.02	03440	0	0	0	0	136,975	54.02
55.00	05500	0	0	0	0	0	55.00
55.01	03480	0	0	0	0	0	55.01
56.00	05600	0	0	0	0	243,765	56.00
57.00	05700	0	0	0	0	397,602	57.00
58.00	05800	0	0	0	0	175,953	58.00
59.00	05900	0	0	0	0	1,446,927	59.00
60.00	06000	0	0	0	0	3,198,308	60.00
62.30	06250	0	0	0	0	0	62.30
63.00	06300	0	0	0	0	228,702	63.00
64.00	06400	0	0	0	0	198,327	64.00
65.00	06500	0	0	0	0	854,332	65.00
66.00	06600	0	0	0	0	603,748	66.00
67.00	06700	0	0	0	0	692,471	67.00
68.00	06800	0	0	0	0	109,535	68.00
69.01	03140	0	0	0	0	394,823	69.01
71.00	07100	0	0	0	0	4,150,350	71.00
72.00	07200	0	0	0	0	3,438,385	72.00
73.00	07300	0	0	0	0	2,111,130	73.00
74.00	07400	0	0	0	0	233,791	74.00
76.97	07697	0	0	0	0	383,080	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	0	0	0	0	2,806,723	91.00
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	0	0	0	0	3,973,817	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	0	0	0	0	0	113.00
118.00		0	0	0	-13,370,153	60,527,944	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0113

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet B-1

Date/Time Prepared:  
2/28/2019 1:34 pm

Cost Center Description		PURCH RCVING STORING (SUPPLIES \$)	ADM TTING (GROSS REVE NUE)	CASHIERING A/R (GROSS REVE NUE)	Reconciliation	OTHER ADMIN & GEN (ACCUM. COST)		
		5.03	5.04	5.05	5A.06	5.06		
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	96,373	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	0	0	0	0	1,514	192.01
192.02	19202	REAL ESTATE	0	0	0	-398,366	0	192.02
192.03	19203	FOUNDATION	0	0	0	0	141,806	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	547,297	192.04
192.05	19205	UNASSIGNED	0	0	0	0	0	192.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	0	0		13,370,153	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000		0.218057	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	0		2,178,174	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000		0.035524	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0113

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet B-1

Date/Time Prepared:  
2/28/2019 1:34 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL MEALS)	
		6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600	0					6.00
7.00	00700	0	254,815				7.00
8.00	00800	0	973	362,505			8.00
9.00	00900	0	5,521	0	248,321		9.00
10.00	01000	0	12,094	0	12,094	49,743	10.00
11.00	01100	0	2,579	0	2,579	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	0	2,147	0	2,147	0	13.00
14.00	01400	0	11,450	0	11,450	0	14.00
15.00	01500	0	4,555	0	4,555	0	15.00
16.00	01600	0	6,985	0	6,985	0	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	0	55,122	100,014	55,122	36,267	30.00
31.00	03100	0	8,069	19,225	8,069	3,418	31.00
41.00	04100	0	17,136	26,363	17,136	10,058	41.00
43.00	04300	0	3,835	703	3,835	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	27,665	58,554	27,665	0	50.00
50.01	03330	0	4,728	19,339	4,728	0	50.01
51.00	05100	0	2,624	6,894	2,624	0	51.00
52.00	05200	0	21,325	20,419	21,325	0	52.00
53.00	05300	0	770	0	770	0	53.00
54.00	05400	0	9,090	5,672	9,090	0	54.00
54.01	03630	0	726	1,973	726	0	54.01
54.02	03440	0	3,909	780	3,909	0	54.02
55.00	05500	0	0	0	0	0	55.00
55.01	03480	0	0	0	0	0	55.01
56.00	05600	0	1,447	2,091	1,447	0	56.00
57.00	05700	0	1,058	3,396	1,058	0	57.00
58.00	05800	0	1,011	1,443	1,011	0	58.00
59.00	05900	0	6,218	16,815	6,218	0	59.00
60.00	06000	0	9,856	0	9,856	0	60.00
62.30	06250	0	0	0	0	0	62.30
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	0	1,470	0	1,470	0	65.00
66.00	06600	0	3,590	1,998	3,590	0	66.00
67.00	06700	0	2,328	1,296	2,328	0	67.00
68.00	06800	0	190	106	190	0	68.00
69.01	03140	0	1,813	2,681	1,813	0	69.01
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	984	964	984	0	74.00
76.97	07697	0	3,161	493	3,161	0	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	0	11,636	56,288	11,636	0	91.00
92.00	09200	0					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	0	0	14,990	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	0					113.00
118.00		0	246,065	362,497	239,571	49,743	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0113

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet B-1

Date/Time Prepared:  
2/28/2019 1:34 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL MEALS)		
		6.00	7.00	8.00	9.00	10.00		
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	1,318	0	1,318	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	0	0	0	0	0	192.01
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	7,432	8	7,432	0	192.04
192.05	19205	UNASSIGNED	0	0	0	0	0	192.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	5,652,609	453,495	1,312,116	985,711	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	22.183188	1.251003	5.283951	19.816075	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	1,432,390	30,779	139,494	251,751	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	5.621294	0.084906	0.561749	5.061034	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0113

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet B-1

Date/Time Prepared:  
2/28/2019 1:34 pm

Cost Center Description		CAFETERIA (TOTAL EML FTE)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (TOTAL REV EMP)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	34,870					11.00
12.00	01200	0	0				12.00
13.00	01300	1,262	0	27,742			13.00
14.00	01400	1,091	0	1,091	8,782,315		14.00
15.00	01500	0	0	0	0	2,111,130	15.00
16.00	01600	767	0	767	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	8,177	0	8,177	0	0	30.00
31.00	03100	1,908	0	1,908	0	0	31.00
41.00	04100	1,274	0	1,274	0	0	41.00
43.00	04300	280	0	280	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	2,832	0	2,832	0	0	50.00
50.01	03330	771	0	771	0	0	50.01
51.00	05100	440	0	440	0	0	51.00
52.00	05200	915	0	915	0	0	52.00
53.00	05300	62	0	62	0	0	53.00
54.00	05400	661	0	661	0	0	54.00
54.01	03630	160	0	160	0	0	54.01
54.02	03440	70	0	70	0	0	54.02
55.00	05500	0	0	0	0	0	55.00
55.01	03480	0	0	0	0	0	55.01
56.00	05600	88	0	88	0	0	56.00
57.00	05700	337	0	337	0	0	57.00
58.00	05800	94	0	94	0	0	58.00
59.00	05900	989	0	989	0	0	59.00
60.00	06000	2,225	0	2,225	0	0	60.00
62.30	06250	0	0	0	0	0	62.30
63.00	06300	0	0	0	0	0	63.00
64.00	06400	88	0	88	0	0	64.00
65.00	06500	897	0	897	0	0	65.00
66.00	06600	0	0	0	0	0	66.00
67.00	06700	154	0	154	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.01	03140	381	0	381	0	0	69.01
71.00	07100	0	0	0	5,343,930	0	71.00
72.00	07200	0	0	0	3,438,385	0	72.00
73.00	07300	0	0	0	0	2,111,130	73.00
74.00	07400	142	0	142	0	0	74.00
76.97	07697	327	0	327	0	0	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	2,612	0	2,612	0	0	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	5,176	0	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
118.00		34,180	0	27,742	8,782,315	2,111,130	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0113

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet B-1

Date/Time Prepared:  
2/28/2019 1:34 pm

Cost Center Description		CAFETERIA (TOTAL EMPL FTE)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (TOTAL REV EMP)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	68	0	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	0	0	0	0	192.01
192.02	19202	REAL ESTATE	0	0	0	0	192.02
192.03	19203	FOUNDATION	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	622	0	0	0	192.04
192.05	19205	UNASSIGNED	0	0	0	0	192.05
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,013,110	0	2,293,130	1,962,314	2,916,802
203.00		Unit cost multiplier (Wkst. B, Part I)	29.053915	0.000000	82.659145	0.223439	1.381631
204.00		Cost to be allocated (per Wkst. B, Part II)	77,167	0	238,371	308,095	169,338
205.00		Unit cost multiplier (Wkst. B, Part II)	2.212991	0.000000	8.592423	0.035081	0.080212
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0113

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet B-1  
Date/Time Prepared:  
2/28/2019 1:34 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
	16.00	17.00	19.00	20.00	21.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONE						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 PURCH RCVING STORING						5.03
5.04 00570 ADMITTING						5.04
5.05 00580 CASHIERING A/R						5.05
5.06 00590 OTHER ADMIN & GEN						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	373,350,050					16.00
17.00 01700 SOCIAL SERVICE	0	0				17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00 02000 NURSING SCHOOL	0	0		0		20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0			12,537	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0				22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0				23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	37,209,973	0	0	0	12,331	30.00
31.00 03100 INTENSIVE CARE UNIT	6,084,911	0	0	0	0	31.00
41.00 04100 SUBPROVIDER - I&R	3,523,101	0	0	0	0	41.00
43.00 04300 NURSERY	2,166,923	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	59,992,966	0	0	0	0	50.00
50.01 03330 ENDOSCOPY	13,592,470	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	2,274,874	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	2,405,613	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	21,862,622	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	4,118,282	0	0	0	0	54.00
54.01 03630 ULTRASOUND	2,602,346	0	0	0	0	54.01
54.02 03440 MAMMOGRAPHY	674,610	0	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 03480 ONCOLOGY	0	0	0	0	0	55.01
56.00 05600 RADIOISOTOPE	2,192,378	0	0	0	0	56.00
57.00 05700 CT SCAN	18,762,799	0	0	0	0	57.00
58.00 05800 MRI	3,816,462	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	22,416,073	0	0	0	0	59.00
60.00 06000 LABORATORY	38,573,532	0	0	0	0	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00 06300 BLOOD STORING PROCESSING & TRANS.	933,384	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	793,186	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	8,851,390	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	4,392,500	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	3,368,738	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	690,863	0	0	0	0	68.00
69.01 03140 RADIOLOGY	7,248,604	0	0	0	206	69.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	7,346,501	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	18,800,965	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	34,587,752	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	1,528,635	0	0	0	0	74.00
76.97 07697 CARDIAC REHABILITATION	647,227	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 LI THOTRIPSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100 EMERGENCY	29,948,415	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500 AMBULANCE SERVICES	11,941,955	0	0	0	0	95.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0113

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet B-1

Date/Time Prepared:  
2/28/2019 1:34 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
		16.00	17.00	19.00	20.00	21.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	373,350,050	0	0	0	12,537
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	0	0	0	0	192.01
192.02	19202	REAL ESTATE	0	0	0	0	192.02
192.03	19203	FOUNDATION	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	192.04
192.05	19205	UNASSIGNED	0	0	0	0	192.05
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	932,628	0	0	0	557,759
203.00		Unit cost multiplier (Wkst. B, Part I)	0.002498	0.000000	0.000000	0.000000	44.489032
204.00		Cost to be allocated (per Wkst. B, Part II)	161,856	0	0	0	16,267
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000434	0.000000	0.000000	0.000000	1.297519
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)				0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)				0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0113

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet B-1  
Date/Time Prepared:  
2/28/2019 1:34 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
	22.00	23.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00 00100 CAP REL COSTS-BLDG & FIXT			1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01 00540 NONPATIENT TELEPHONE			5.01
5.02 00550 DATA PROCESSING			5.02
5.03 00560 PURCH RCVING STORING			5.03
5.04 00570 ADMITTING			5.04
5.05 00580 CASHIERING A/R			5.05
5.06 00590 OTHER ADMIN & GEN			5.06
6.00 00600 MAINTENANCE & REPAIRS			6.00
7.00 00700 OPERATION OF PLANT			7.00
8.00 00800 LAUNDRY & LINEN SERVICE			8.00
9.00 00900 HOUSEKEEPING			9.00
10.00 01000 DIETARY			10.00
11.00 01100 CAFETERIA			11.00
12.00 01200 MAINTENANCE OF PERSONNEL			12.00
13.00 01300 NURSING ADMINISTRATION			13.00
14.00 01400 CENTRAL SERVICES & SUPPLY			14.00
15.00 01500 PHARMACY			15.00
16.00 01600 MEDICAL RECORDS & LIBRARY			16.00
17.00 01700 SOCIAL SERVICE			17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS			19.00
20.00 02000 NURSING SCHOOL			20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	12,537		22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)		0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00 03000 ADULTS & PEDIATRICS	12,331	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	31.00
41.00 04100 SUBPROVIDER - I RF	0	0	41.00
43.00 04300 NURSERY	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00 05000 OPERATING ROOM	0	0	50.00
50.01 03330 ENDOSCOPY	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 03630 ULTRASOUND	0	0	54.01
54.02 03440 MAMMOGRAPHY	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
55.01 03480 ONCOLOGY	0	0	55.01
56.00 05600 RADIOISOTOPE	0	0	56.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MRI	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
63.00 06300 BLOOD STORING PROCESSING & TRANS.	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.01 03140 CARDIOLOGY	206	0	69.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>			
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
95.00 09500 AMBULANCE SERVICES	0	0	95.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0113

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet B-1  
Date/Time Prepared:  
2/28/2019 1:34 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMETERED PRGM (ASSIGNED TIME)	
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
	22.00	23.00	
<b>SPECIAL PURPOSE COST CENTERS</b>			
113.00	11300 INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	12,537	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	19000 GIFT FLOWER COFFEE SHOP & CANTEEN	0	190.00
192.00	19200 PHYSICIANS PRIVATE OFFICES	0	192.00
192.01	19201 COVENANT OUTPATIENT PHARMACY	0	192.01
192.02	19202 REAL ESTATE	0	192.02
192.03	19203 FOUNDATION	0	192.03
192.04	19204 OUTREACH PROGRAMS	0	192.04
192.05	19205 UNASSIGNED	0	192.05
200.00	Cross Foot Adjustments		200.00
201.00	Negative Cost Centers		201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	369,862	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	29.501635	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	10,787	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.860413	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: 14-0113	Period: From 02/01/2018 To 09/30/2018	Worksheet C Part I Date/Time Prepared: 2/28/2019 1:34 pm	
			Title XVIII	Hospital	PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS		12,902,252	0	12,902,252	30.00
31.00	03100 INTENSIVE CARE UNIT		3,346,987	0	3,346,987	31.00
41.00	04100 SUBPROVIDER - I RF		3,199,013	0	3,199,013	41.00
43.00	04300 NURSERY		692,773	0	692,773	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM		6,722,951	0	6,722,951	50.00
50.01	03330 ENDOSCOPY		1,566,019	0	1,566,019	50.01
51.00	05100 RECOVERY ROOM		729,847	0	729,847	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		2,230,670	0	2,230,670	52.00
53.00	05300 ANESTHESIOLOGY		139,922	0	139,922	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		1,285,743	1,098	1,286,841	54.00
54.01	03630 ULTRASOUND		344,487	0	344,487	54.01
54.02	03440 MAMMOGRAPHY		284,693	0	284,693	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC		0	0	0	55.00
55.01	03480 ONCOLOGY		0	0	0	55.01
56.00	05600 RADIOISOTOPE		354,589	0	354,589	56.00
57.00	05700 CT SCAN		602,126	0	602,126	57.00
58.00	05800 MRI		263,930	0	263,930	58.00
59.00	05900 CARDIAC CATHETERIZATION		2,120,746	0	2,120,746	59.00
60.00	06000 LABORATORY		4,511,357	0	4,511,357	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	62.30
63.00	06300 BLOOD STORING PROCESSING & TRANS.		280,904	0	280,904	63.00
64.00	06400 INTRAVENOUS THERAPY		253,386	0	253,386	64.00
65.00	06500 RESPIRATORY THERAPY	0	1,203,318	3,459	1,206,777	65.00
66.00	06600 PHYSICAL THERAPY	0	847,478	0	847,478	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	934,652	0	934,652	67.00
68.00	06800 SPEECH PATHOLOGY	0	140,498	0	140,498	68.00
69.01	03140 RADIOLOGY		594,739	0	594,739	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		6,267,760	0	6,267,760	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		5,003,383	0	5,003,383	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		5,574,679	0	5,574,679	73.00
74.00	07400 RENAL DIALYSIS		332,687	1,865	334,552	74.00
76.97	07697 CARDIAC REHABILITATION		592,202	0	592,202	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY		0	0	0	76.98
76.99	07699 LI THOTRI PSY		0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00	09100 EMERGENCY		4,175,379	0	4,175,379	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		1,781,910	0	1,781,910	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500 AMBULANCE SERVICES		5,039,303	0	5,039,303	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)		74,320,383	6,422	74,326,805	200.00
201.00	Less Observation Beds		1,781,910		1,781,910	201.00
202.00	Total (see instructions)		72,538,473	6,422	72,544,895	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0113		Period: From 02/01/2018 To 09/30/2018		Worksheet C Part I Date/Time Prepared: 2/28/2019 1:34 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	33,748,211		33,748,211			30.00
31.00	03100	INTENSIVE CARE UNIT	6,084,911		6,084,911			31.00
41.00	04100	SUBPROVIDER - I RF	3,523,101		3,523,101			41.00
43.00	04300	NURSERY	2,166,923		2,166,923			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	24,267,333	35,725,633	59,992,966	0.112062	0.000000	50.00
50.01	03330	ENDOSCOPY	3,184,020	10,408,450	13,592,470	0.115212	0.000000	50.01
51.00	05100	RECOVERY ROOM	955,325	1,319,549	2,274,874	0.320830	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,405,613	0	2,405,613	0.927277	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	9,607,622	12,255,000	21,862,622	0.006400	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,720,933	2,397,349	4,118,282	0.312204	0.000000	54.00
54.01	03630	ULTRASOUND	1,364,239	1,238,107	2,602,346	0.132376	0.000000	54.01
54.02	03440	MAMMOGRAPHY	1,867	672,743	674,610	0.422011	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
55.01	03480	ONCOLOGY	0	0	0	0.000000	0.000000	55.01
56.00	05600	RADIOISOTOPE	807,730	1,384,648	2,192,378	0.161737	0.000000	56.00
57.00	05700	CT SCAN	6,561,237	12,201,562	18,762,799	0.032091	0.000000	57.00
58.00	05800	MRI	2,118,492	1,697,970	3,816,462	0.069156	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,307,697	15,108,376	22,416,073	0.094608	0.000000	59.00
60.00	06000	LABORATORY	18,878,195	19,695,337	38,573,532	0.116955	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	718,958	214,426	933,384	0.300952	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	158,589	634,597	793,186	0.319453	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	8,193,575	657,815	8,851,390	0.135947	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	3,127,639	1,264,861	4,392,500	0.192938	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,623,547	745,191	3,368,738	0.277449	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	571,984	118,879	690,863	0.203366	0.000000	68.00
69.01	03140	CARDIOLOGY	3,573,258	3,675,346	7,248,604	0.082049	0.000000	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,699,537	4,646,964	7,346,501	0.853163	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,004,808	8,796,157	18,800,965	0.266124	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	21,325,858	13,261,894	34,587,752	0.161175	0.000000	73.00
74.00	07400	RENAL DIALYSIS	1,528,635	0	1,528,635	0.217637	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	288,717	358,510	647,227	0.914983	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	6,715,803	23,232,612	29,948,415	0.139419	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,223,340	2,238,422	3,461,762	0.514741	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	11,941,955	11,941,955	0.421983	0.000000	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	187,457,697	185,892,353	373,350,050			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	187,457,697	185,892,353	373,350,050			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0113	Period: From 02/01/2018 To 09/30/2018	Worksheet C Part I Date/Time Prepared: 2/28/2019 1:34 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.112062		50.00
50.01	03330 ENDOSCOPY	0.115212		50.01
51.00	05100 RECOVERY ROOM	0.320830		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.927277		52.00
53.00	05300 ANESTHESIOLOGY	0.006400		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.312470		54.00
54.01	03630 ULTRASOUND	0.132376		54.01
54.02	03440 MAMMOGRAPHY	0.422011		54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
55.01	03480 ONCOLOGY	0.000000		55.01
56.00	05600 RADIOISOTOPE	0.161737		56.00
57.00	05700 CT SCAN	0.032091		57.00
58.00	05800 MRI	0.069156		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.094608		59.00
60.00	06000 LABORATORY	0.116955		60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
63.00	06300 BLOOD STORING PROCESSING & TRANS.	0.300952		63.00
64.00	06400 INTRAVENOUS THERAPY	0.319453		64.00
65.00	06500 RESPIRATORY THERAPY	0.136338		65.00
66.00	06600 PHYSICAL THERAPY	0.192938		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.277449		67.00
68.00	06800 SPEECH PATHOLOGY	0.203366		68.00
69.01	03140 RADIOLOGY	0.082049		69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.853163		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.266124		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.161175		73.00
74.00	07400 RENAL DIALYSIS	0.218857		74.00
76.97	07697 CARDIAC REHABILITATION	0.914983		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699 LI THOTRI PSY	0.000000		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00	09100 EMERGENCY	0.139419		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.514741		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500 AMBULANCE SERVICES	0.421983		95.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0113		Period: From 02/01/2018 To 09/30/2018		Worksheet C Part I Date/Time Prepared: 2/28/2019 1:34 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		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS		12,902,252		0	12,902,252	30.00
31.00	03100 INTENSIVE CARE UNIT		3,346,987		0	3,346,987	31.00
41.00	04100 SUBPROVIDER - I RF		3,199,013		0	3,199,013	41.00
43.00	04300 NURSERY		692,773		0	692,773	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM		6,722,951		0	6,722,951	50.00
50.01	03330 ENDOSCOPY		1,566,019		0	1,566,019	50.01
51.00	05100 RECOVERY ROOM		729,847		0	729,847	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		2,230,670		0	2,230,670	52.00
53.00	05300 ANESTHESIOLOGY		139,922		0	139,922	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		1,285,743		1,098	1,286,841	54.00
54.01	03630 ULTRASOUND		344,487		0	344,487	54.01
54.02	03440 MAMMOGRAPHY		284,693		0	284,693	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC		0		0	0	55.00
55.01	03480 ONCOLOGY		0		0	0	55.01
56.00	05600 RADIOISOTOPE		354,589		0	354,589	56.00
57.00	05700 CT SCAN		602,126		0	602,126	57.00
58.00	05800 MRI		263,930		0	263,930	58.00
59.00	05900 CARDIAC CATHETERIZATION		2,120,746		0	2,120,746	59.00
60.00	06000 LABORATORY		4,511,357		0	4,511,357	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS		0		0	0	62.30
63.00	06300 BLOOD STORING PROCESSING & TRANS.		280,904		0	280,904	63.00
64.00	06400 INTRAVENOUS THERAPY		253,386		0	253,386	64.00
65.00	06500 RESPIRATORY THERAPY	0	1,203,318		3,459	1,206,777	65.00
66.00	06600 PHYSICAL THERAPY	0	847,478		0	847,478	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	934,652		0	934,652	67.00
68.00	06800 SPEECH PATHOLOGY	0	140,498		0	140,498	68.00
69.01	03140 RADIOLOGY		594,739		0	594,739	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		6,267,760		0	6,267,760	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		5,003,383		0	5,003,383	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		5,574,679		0	5,574,679	73.00
74.00	07400 RENAL DIALYSIS		332,687		1,865	334,552	74.00
76.97	07697 CARDIAC REHABILITATION		592,202		0	592,202	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY		0		0	0	76.98
76.99	07699 LI THOTRI PSY		0		0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100 EMERGENCY		4,175,379		0	4,175,379	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		1,781,910		0	1,781,910	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES		5,039,303		0	5,039,303	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)		74,320,383	0	6,422	74,326,805	200.00
201.00	Less Observation Beds		1,781,910			1,781,910	201.00
202.00	Total (see instructions)		72,538,473	0	6,422	72,544,895	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0113		Period: From 02/01/2018 To 09/30/2018		Worksheet C Part I Date/Time Prepared: 2/28/2019 1:34 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	33,748,211		33,748,211			30.00
31.00	03100	INTENSIVE CARE UNIT	6,084,911		6,084,911			31.00
41.00	04100	SUBPROVIDER - IRF	3,523,101		3,523,101			41.00
43.00	04300	NURSERY	2,166,923		2,166,923			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	24,267,333	35,725,633	59,992,966	0.112062	0.000000	50.00
50.01	03330	ENDOSCOPY	3,184,020	10,408,450	13,592,470	0.115212	0.000000	50.01
51.00	05100	RECOVERY ROOM	955,325	1,319,549	2,274,874	0.320830	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,405,613	0	2,405,613	0.927277	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	9,607,622	12,255,000	21,862,622	0.006400	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,720,933	2,397,349	4,118,282	0.312204	0.000000	54.00
54.01	03630	ULTRASOUND	1,364,239	1,238,107	2,602,346	0.132376	0.000000	54.01
54.02	03440	MAMMOGRAPHY	1,867	672,743	674,610	0.422011	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
55.01	03480	ONCOLOGY	0	0	0	0.000000	0.000000	55.01
56.00	05600	RADIOISOTOPE	807,730	1,384,648	2,192,378	0.161737	0.000000	56.00
57.00	05700	CT SCAN	6,561,237	12,201,562	18,762,799	0.032091	0.000000	57.00
58.00	05800	MRI	2,118,492	1,697,970	3,816,462	0.069156	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,307,697	15,108,376	22,416,073	0.094608	0.000000	59.00
60.00	06000	LABORATORY	18,878,195	19,695,337	38,573,532	0.116955	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	718,958	214,426	933,384	0.300952	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	158,589	634,597	793,186	0.319453	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	8,193,575	657,815	8,851,390	0.135947	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	3,127,639	1,264,861	4,392,500	0.192938	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,623,547	745,191	3,368,738	0.277449	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	571,984	118,879	690,863	0.203366	0.000000	68.00
69.01	03140	CARDIOLOGY	3,573,258	3,675,346	7,248,604	0.082049	0.000000	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,699,537	4,646,964	7,346,501	0.853163	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,004,808	8,796,157	18,800,965	0.266124	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	21,325,858	13,261,894	34,587,752	0.161175	0.000000	73.00
74.00	07400	RENAL DIALYSIS	1,528,635	0	1,528,635	0.217637	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	288,717	358,510	647,227	0.914983	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	6,715,803	23,232,612	29,948,415	0.139419	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,223,340	2,238,422	3,461,762	0.514741	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	11,941,955	11,941,955	0.421983	0.000000	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	187,457,697	185,892,353	373,350,050			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	187,457,697	185,892,353	373,350,050			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0113	Period: From 02/01/2018 To 09/30/2018	Worksheet C Part I Date/Time Prepared: 2/28/2019 1:34 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.000000		50.00
50.01	03330 ENDOSCOPY	0.000000		50.01
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	03630 ULTRASOUND	0.000000		54.01
54.02	03440 MAMMOGRAPHY	0.000000		54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
55.01	03480 ONCOLOGY	0.000000		55.01
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
63.00	06300 BLOOD STORING PROCESSING & TRANS.	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.01	03140 RADIOLOGY	0.000000		69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699 LI THOTRI PSY	0.000000		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 14-0113		Period: From 02/01/2018 To 09/30/2018		Worksheet D Part I Date/Time Prepared: 2/28/2019 1:34 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)	PPS
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	1,644,167	0	1,644,167	13,026	126.22	30.00
31.00	INTENSIVE CARE UNIT	310,709	0	310,709	1,787	173.87	31.00
41.00	SUBPROVIDER - IRF	466,721	0	466,721	2,629	177.53	41.00
43.00	NURSERY	93,908		93,908	838	112.06	43.00
200.00	Total (lines 30 through 199)	2,515,505		2,515,505	18,280		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	4,118	519,774				
31.00	INTENSIVE CARE UNIT	799	138,922				
41.00	SUBPROVIDER - IRF	1,285	228,126				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	6,202	886,822				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0113	Period: From 02/01/2018 To 09/30/2018	Worksheet D Part II Date/Time Prepared: 2/28/2019 1:34 pm
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Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,327,567	59,992,966	0.022129	9,517,923	210,622	50.00
50.01	03330	ENDOSCOPY	147,148	13,592,470	0.010826	1,361,545	14,740	50.01
51.00	05100	RECOVERY ROOM	84,579	2,274,874	0.037180	371,448	13,810	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	531,365	2,405,613	0.220885	0	0	52.00
53.00	05300	ANESTHESIOLOGY	30,501	21,862,622	0.001395	3,443,535	4,804	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	267,326	4,118,282	0.064912	760,985	49,397	54.00
54.01	03630	ULTRASOUND	29,052	2,602,346	0.011164	562,178	6,276	54.01
54.02	03440	MAMMOGRAPHY	82,887	674,610	0.122867	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
55.01	03480	ONCOLOGY	0	0	0.000000	0	0	55.01
56.00	05600	RADIOISOTOPE	38,600	2,192,378	0.017606	482,063	8,487	56.00
57.00	05700	CT SCAN	95,914	18,762,799	0.005112	2,907,771	14,865	57.00
58.00	05800	MRI	61,872	3,816,462	0.016212	859,081	13,927	58.00
59.00	05900	CARDIAC CATHETERIZATION	478,092	22,416,073	0.021328	2,866,806	61,143	59.00
60.00	06000	LABORATORY	346,279	38,573,532	0.008977	7,354,920	66,025	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	8,529	933,384	0.009138	389,677	3,561	63.00
64.00	06400	INTRAVENOUS THERAPY	26,334	793,186	0.033200	93,775	3,113	64.00
65.00	06500	RESPIRATORY THERAPY	72,350	8,851,390	0.008174	3,466,053	28,332	65.00
66.00	06600	PHYSICAL THERAPY	92,580	4,392,500	0.021077	597,495	12,593	66.00
67.00	06700	OCCUPATIONAL THERAPY	72,660	3,368,738	0.021569	421,029	9,081	67.00
68.00	06800	SPEECH PATHOLOGY	7,855	690,863	0.011370	99,390	1,130	68.00
69.01	03140	CARDIOLOGY	56,482	7,248,604	0.007792	1,638,362	12,766	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	338,098	7,346,501	0.046022	1,213,789	55,861	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	250,927	18,800,965	0.013346	4,366,119	58,270	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	259,345	34,587,752	0.007498	7,825,952	58,679	73.00
74.00	07400	RENAL DIALYSIS	35,414	1,528,635	0.023167	798,649	18,502	74.00
76.97	07697	CARDIAC REHABILITATION	78,355	647,227	0.121063	136,910	16,575	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0.000000	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	399,412	29,948,415	0.013337	3,029,310	40,402	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	227,074	3,461,762	0.065595	616,130	40,415	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	5,446,597	315,884,949		55,180,895	823,376	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0113	Period: From 02/01/2018 To 09/30/2018	Worksheet D Part III Date/Time Prepared: 2/28/2019 1:34 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	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	13,026	0.00	4,118	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	1,787	0.00	799	31.00	
41.00	04100	SUBPROVIDER - IRF	0	0	2,629	0.00	1,285	41.00	
43.00	04300	NURSERY	0	0	838	0.00	0	43.00	
200.00		Total (lines 30 through 199)	0	0	18,280		6,202	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
41.00	04100	SUBPROVIDER - IRF	0						41.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0113

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet D  
Part IV  
Date/Time Prepared:  
2/28/2019 1:34 pm

Cost Center Description		Title XVIII			Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
		1.00	2A	2.00	3A	3.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	03330	ENDOSCOPY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630	ULTRASOUND	0	0	0	0	0	54.01
54.02	03440	MAMMOGRAPHY	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	03480	ONCOLOGY	0	0	0	0	0	55.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.01	03140	CARDIOLOGY	0	0	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0113	Period: From 02/01/2018 To 09/30/2018	Worksheet D Part IV Date/Time Prepared: 2/28/2019 1:34 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			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	59,992,966	0.000000	50.00
50.01	03330	ENDOSCOPY	0	0	0	13,592,470	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	2,274,874	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,405,613	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	21,862,622	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	4,118,282	0.000000	54.00
54.01	03630	ULTRASOUND	0	0	0	2,602,346	0.000000	54.01
54.02	03440	MAMMOGRAPHY	0	0	0	674,610	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
55.01	03480	ONCOLOGY	0	0	0	0	0.000000	55.01
56.00	05600	RADIOISOTOPE	0	0	0	2,192,378	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	18,762,799	0.000000	57.00
58.00	05800	MRI	0	0	0	3,816,462	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	22,416,073	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	38,573,532	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	933,384	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	793,186	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	8,851,390	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	4,392,500	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,368,738	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	690,863	0.000000	68.00
69.01	03140	CARDIOLOGY	0	0	0	7,248,604	0.000000	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	7,346,501	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	18,800,965	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	34,587,752	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,528,635	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	647,227	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0.000000	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	0	0	0	29,948,415	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	3,461,762	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	315,884,949		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0113	Period: From 02/01/2018 To 09/30/2018	Worksheet D Part IV Date/Time Prepared: 2/28/2019 1:34 pm
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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 before Geo Recl assi fi cation	Outpatient Program Charges on/after Geo Recl assi fi cation	
	9.00	10.00	11.00	12.00	12.01	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0.000000	9,517,923	0	8,150,996	0	50.00
50.01 03330 ENDOSCOPY	0.000000	1,361,545	0	2,347,450	0	50.01
51.00 05100 RECOVERY ROOM	0.000000	371,448	0	242,587	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.000000	3,443,535	0	2,636,691	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.000000	760,985	0	496,527	0	54.00
54.01 03630 ULTRASOUND	0.000000	562,178	0	261,911	0	54.01
54.02 03440 MAMMOGRAPHY	0.000000	0	0	63,191	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
55.01 03480 ONCOLOGY	0.000000	0	0	0	0	55.01
56.00 05600 RADIOISOTOPE	0.000000	482,063	0	353,950	0	56.00
57.00 05700 CT SCAN	0.000000	2,907,771	0	2,439,712	0	57.00
58.00 05800 MRI	0.000000	859,081	0	231,216	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.000000	2,866,806	0	5,553,563	0	59.00
60.00 06000 LABORATORY	0.000000	7,354,920	0	4,711,720	0	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.00 06300 BLOOD STORING PROCESSING & TRANS.	0.000000	389,677	0	96,907	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0.000000	93,775	0	525,366	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.000000	3,466,053	0	145,537	0	65.00
66.00 06600 PHYSICAL THERAPY	0.000000	597,495	0	28,084	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.000000	421,029	0	15,511	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.000000	99,390	0	2,000	0	68.00
69.01 03140 RADIOLOGY	0.000000	1,638,362	0	932,543	0	69.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	1,213,789	0	1,641,994	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	4,366,119	0	2,519,892	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.000000	7,825,952	0	4,097,229	0	73.00
74.00 07400 RENAL DIALYSIS	0.000000	798,649	0	0	0	74.00
76.97 07697 CARDIAC REHABILITATION	0.000000	136,910	0	120,955	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100 EMERGENCY	0.000000	3,029,310	0	4,241,451	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	616,130	0	384,026	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500 AMBULANCE SERVICES						95.00
200.00	Total (Lines 50 through 199)		55,180,895	0	42,241,009	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0113	Period: From 02/01/2018 To 09/30/2018	Worksheet D Part IV Date/Time Prepared: 2/28/2019 1:34 pm
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Cost Center Description		Outpatient Program Pass-Through Costs (col. 9 x col. 12) before Geographical Reclassification	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after Geographical Reclassification	
		13.00	13.01	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0	0	50.00
50.01	03330 ENDOSCOPY	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	03630 ULTRASOUND	0	0	54.01
54.02	03440 MAMMOGRAPHY	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
55.01	03480 ONCOLOGY	0	0	55.01
56.00	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MRI	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
63.00	06300 BLOOD STORING PROCESSING & TRANS.	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.01	03140 RADIOLOGY	0	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500 AMBULANCE SERVICES			95.00
200.00	Total (lines 50 through 199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0113	Period: From 02/01/2018 To 09/30/2018	Worksheet D Part V Date/Time Prepared: 2/28/2019 1:34 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.112062	8,150,996	0	0	913,417	50.00
50.01	03330	ENDOSCOPY	0.115212	2,347,450	0	0	270,454	50.01
51.00	05100	RECOVERY ROOM	0.320830	242,587	0	0	77,829	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.927277	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.006400	2,636,691	0	0	16,875	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.312204	496,527	0	0	155,018	54.00
54.01	03630	ULTRASOUND	0.132376	261,911	0	0	34,671	54.01
54.02	03440	MAMMOGRAPHY	0.422011	63,191	0	0	26,667	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
55.01	03480	ONCOLOGY	0.000000	0	0	0	0	55.01
56.00	05600	RADIOISOTOPE	0.161737	353,950	0	0	57,247	56.00
57.00	05700	CT SCAN	0.032091	2,439,712	0	0	78,293	57.00
58.00	05800	MRI	0.069156	231,216	0	0	15,990	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.094608	5,553,563	0	0	525,411	59.00
60.00	06000	LABORATORY	0.116955	4,711,720	0	0	551,059	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.300952	96,907	0	0	29,164	63.00
64.00	06400	INTRAVENOUS THERAPY	0.319453	525,366	0	0	167,830	64.00
65.00	06500	RESPIRATORY THERAPY	0.135947	145,537	0	0	19,785	65.00
66.00	06600	PHYSICAL THERAPY	0.192938	28,084	0	0	5,418	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.277449	15,511	0	0	4,304	67.00
68.00	06800	SPEECH PATHOLOGY	0.203366	2,000	0	0	407	68.00
69.01	03140	CARDIOLOGY	0.082049	932,543	0	0	76,514	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.853163	1,641,994	0	0	1,400,889	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.266124	2,519,892	0	0	670,604	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.161175	4,097,229	0	20,970	660,371	73.00
74.00	07400	RENAL DIALYSIS	0.217637	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.914983	120,955	0	0	110,672	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	0.139419	4,241,451	0	0	591,339	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.514741	384,026	0	0	197,674	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0.421983		0	0		95.00
200.00		Subtotal (see instructions)		42,241,009	0	20,970	6,657,902	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00		Net Charges (line 200 - line 201)		42,241,009	0	20,970	6,657,902	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0113	Period: From 02/01/2018 To 09/30/2018	Worksheet D Part V Date/Time Prepared: 2/28/2019 1:34 pm
Title XVIII		Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 03330 ENDOSCOPY	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 03630 ULTRASOUND	0	0		54.01
54.02 03440 MAMMOGRAPHY	0	0		54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
55.01 03480 ONCOLOGY	0	0		55.01
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
63.00 06300 BLOOD STORING PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.01 03140 RADIOLOGY	0	0		69.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	3,380		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99 07699 LI THOTRI PSY	0	0		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	0	3,380		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0		201.00
202.00 Net Charges (line 200 - line 201)	0	3,380		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0113 Component CCN: 14-T113	Period: From 02/01/2018 To 09/30/2018	Worksheet D Part II Date/Time Prepared: 2/28/2019 1:34 pm
Title XVIII			Subprovider - IRF	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,327,567	59,992,966	0.022129	644	14 50.00
50.01	03330	ENDOSCOPY	147,148	13,592,470	0.010826	47,871	518 50.01
51.00	05100	RECOVERY ROOM	84,579	2,274,874	0.037180	3,529	131 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	531,365	2,405,613	0.220885	0	0 52.00
53.00	05300	ANESTHESIOLOGY	30,501	21,862,622	0.001395	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	267,326	4,118,282	0.064912	28,433	1,846 54.00
54.01	03630	ULTRASOUND	29,052	2,602,346	0.011164	9,230	103 54.01
54.02	03440	MAMMOGRAPHY	82,887	674,610	0.122867	0	0 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0 55.00
55.01	03480	ONCOLOGY	0	0	0.000000	0	0 55.01
56.00	05600	RADIOISOTOPE	38,600	2,192,378	0.017606	10,263	181 56.00
57.00	05700	CT SCAN	95,914	18,762,799	0.005112	68,288	349 57.00
58.00	05800	MRI	61,872	3,816,462	0.016212	40,041	649 58.00
59.00	05900	CARDIAC CATHETERIZATION	478,092	22,416,073	0.021328	5,866	125 59.00
60.00	06000	LABORATORY	346,279	38,573,532	0.008977	423,479	3,802 60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0 62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	8,529	933,384	0.009138	2,908	27 63.00
64.00	06400	INTRAVENOUS THERAPY	26,334	793,186	0.033200	849	28 64.00
65.00	06500	RESPIRATORY THERAPY	72,350	8,851,390	0.008174	315,183	2,576 65.00
66.00	06600	PHYSICAL THERAPY	92,580	4,392,500	0.021077	937,106	19,751 66.00
67.00	06700	OCCUPATIONAL THERAPY	72,660	3,368,738	0.021569	848,320	18,297 67.00
68.00	06800	SPEECH PATHOLOGY	7,855	690,863	0.011370	169,658	1,929 68.00
69.01	03140	CARDIOLOGY	56,482	7,248,604	0.007792	30,309	236 69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	338,098	7,346,501	0.046022	7,705	355 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	250,927	18,800,965	0.013346	3,064	41 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	259,345	34,587,752	0.007498	666,941	5,001 73.00
74.00	07400	RENAL DIALYSIS	35,414	1,528,635	0.023167	128,091	2,967 74.00
76.97	07697	CARDIAC REHABILITATION	78,355	647,227	0.121063	5,385	652 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0 76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0 76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	399,412	29,948,415	0.013337	401	5 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	3,461,762	0.000000	0	0 92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					
200.00		Total (lines 50 through 199)	5,219,523	315,884,949		3,753,564	59,583 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0113 Component CCN: 14-T113	Period: From 02/01/2018 To 09/30/2018	Worksheet D Part IV Date/Time Prepared: 2/28/2019 1:34 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	03330 ENDOSCOPY	0	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630 ULTRASOUND	0	0	0	0	0	54.01
54.02	03440 MAMMOGRAPHY	0	0	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	03480 ONCOLOGY	0	0	0	0	0	55.01
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300 BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.01	03140 RADIOLOGY	0	0	0	0	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0113 Component CCN: 14-T113	Period: From 02/01/2018 To 09/30/2018	Worksheet D Part IV Date/Time Prepared: 2/28/2019 1:34 pm
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Title XVIII		Subprovider - IRF	PPS
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Cost Center Description			All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 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	59,992,966	0.000000	50.00
50.01	03330	ENDOSCOPY	0	0	0	13,592,470	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	2,274,874	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,405,613	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	21,862,622	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	4,118,282	0.000000	54.00
54.01	03630	ULTRASOUND	0	0	0	2,602,346	0.000000	54.01
54.02	03440	MAMMOGRAPHY	0	0	0	674,610	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
55.01	03480	ONCOLOGY	0	0	0	0	0.000000	55.01
56.00	05600	RADIOISOTOPE	0	0	0	2,192,378	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	18,762,799	0.000000	57.00
58.00	05800	MRI	0	0	0	3,816,462	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	22,416,073	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	38,573,532	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	933,384	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	793,186	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	8,851,390	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	4,392,500	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,368,738	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	690,863	0.000000	68.00
69.01	03140	CARDIOLOGY	0	0	0	7,248,604	0.000000	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	7,346,501	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	18,800,965	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	34,587,752	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,528,635	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	647,227	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	29,948,415	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	3,461,762	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0			95.00
200.00		Total (lines 50 through 199)	0	0	0	315,884,949		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0113 Component CCN: 14-T113	Period: From 02/01/2018 To 09/30/2018	Worksheet D Part IV Date/Time Prepared: 2/28/2019 1:34 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges before Geo Recl assi fi cation	Outpatient Program Charges on/after Geo Recl assi fi cation	
	9.00	10.00	11.00	12.00	12.01	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0.000000	644	0	0	0	50.00
50.01 03330 ENDOSCOPY	0.000000	47,871	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0.000000	3,529	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.000000	28,433	0	0	0	54.00
54.01 03630 ULTRASOUND	0.000000	9,230	0	0	0	54.01
54.02 03440 MAMMOGRAPHY	0.000000	0	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
55.01 03480 ONCOLOGY	0.000000	0	0	0	0	55.01
56.00 05600 RADIO SOTOPE	0.000000	10,263	0	0	0	56.00
57.00 05700 CT SCAN	0.000000	68,288	0	0	0	57.00
58.00 05800 MRI	0.000000	40,041	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.000000	5,866	0	0	0	59.00
60.00 06000 LABORATORY	0.000000	423,479	0	0	0	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.00 06300 BLOOD STORING PROCESSING & TRANS.	0.000000	2,908	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0.000000	849	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.000000	315,183	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.000000	937,106	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.000000	848,320	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.000000	169,658	0	0	0	68.00
69.01 03140 RADIOLOGY	0.000000	30,309	0	0	0	69.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	7,705	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	3,064	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.000000	666,941	0	105	0	73.00
74.00 07400 RENAL DIALYSIS	0.000000	128,091	0	0	0	74.00
76.97 07697 CARDIAC REHABILITATION	0.000000	5,385	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100 EMERGENCY	0.000000	401	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		3,753,564	0	105	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0113 Component CCN: 14-T113	Period: From 02/01/2018 To 09/30/2018	Worksheet D Part IV Date/Time Prepared: 2/28/2019 1:34 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Outpatient Program Pass-Through Costs (col. 9 x col. 12) before Geo Reclassification	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after Geo Reclassification	
		13.00	13.01	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0	0	50.00
50.01	03330 ENDOSCOPY	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	03630 ULTRASOUND	0	0	54.01
54.02	03440 MAMMOGRAPHY	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
55.01	03480 ONCOLOGY	0	0	55.01
56.00	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MRI	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
63.00	06300 BLOOD STORING PROCESSING & TRANS.	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.01	03140 RADIOLOGY	0	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500 AMBULANCE SERVICES			95.00
200.00	Total (lines 50 through 199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0113 Component CCN: 14-T113	Period: From 02/01/2018 To 09/30/2018	Worksheet D Part V Date/Time Prepared: 2/28/2019 1:34 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0.112062	0	0	0	0	50.00
50.01 03330 ENDOSCOPY	0.115212	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0.320830	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.927277	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.006400	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.312204	0	0	0	0	54.00
54.01 03630 ULTRASOUND	0.132376	0	0	0	0	54.01
54.02 03440 MAMMOGRAPHY	0.422011	0	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
55.01 03480 ONCOLOGY	0.000000	0	0	0	0	55.01
56.00 05600 RADIOISOTOPE	0.161737	0	0	0	0	56.00
57.00 05700 CT SCAN	0.032091	0	0	0	0	57.00
58.00 05800 MRI	0.069156	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.094608	0	0	0	0	59.00
60.00 06000 LABORATORY	0.116955	0	0	0	0	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.00 06300 BLOOD STORING PROCESSING & TRANS.	0.300952	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0.319453	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.135947	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.192938	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.277449	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.203366	0	0	0	0	68.00
69.01 03140 RADIOLOGY	0.082049	0	0	0	0	69.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.853163	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.266124	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.161175	105	0	137	17	73.00
74.00 07400 RENAL DIALYSIS	0.217637	0	0	0	0	74.00
76.97 07697 CARDIAC REHABILITATION	0.914983	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100 EMERGENCY	0.139419	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.514741	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500 AMBULANCE SERVICES	0.421983		0			95.00
200.00	Subtotal (see instructions)		105	0	137	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 - line 201)		105	0	137	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0113 Component CCN: 14-T113	Period: From 02/01/2018 To 09/30/2018	Worksheet D Part V Date/Time Prepared: 2/28/2019 1:34 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 03330 ENDOSCOPY	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 03630 ULTRASOUND	0	0		54.01
54.02 03440 MAMMOGRAPHY	0	0		54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
55.01 03480 ONCOLOGY	0	0		55.01
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
63.00 06300 BLOOD STORING PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.01 03140 RADIOLOGY	0	0		69.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	22		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99 07699 LI THOTRI PSY	0	0		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00 09500 AMBULANCE SERVICES	0			95.00
200.00 Subtotal (see instructions)	0	22		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	0	22		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0113	Period: From 02/01/2018 To 09/30/2018	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 2/28/2019 1:34 pm
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		13,026	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		13,026	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)		11,227	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)		4,118	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		12,902,252	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)		12,902,252	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		12,902,252	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		990.50	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,078,879	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)		4,078,879	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0113	Period: From 02/01/2018 To 09/30/2018	Worksheet D-1 Date/Time Prepared: 2/28/2019 1:34 pm		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	3,346,987	1,787	1,872.96	799	1,496,495	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)				8,543,892		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				14,119,266		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)				658,696		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				823,376		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				1,482,072		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				12,637,194		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)				1,799		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				990.50		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				1,781,910		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0113		Period: From 02/01/2018 To 09/30/2018		Worksheet D-1 Date/Time Prepared: 2/28/2019 1:34 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	1,644,167	12,902,252	0.127433	1,781,910	227,074	90.00
91.00	Nursing School cost	0	12,902,252	0.000000	1,781,910	0	91.00
92.00	Allied health cost	0	12,902,252	0.000000	1,781,910	0	92.00
93.00	All other Medical Education	0	12,902,252	0.000000	1,781,910	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0113 Component CCN: 14-T113	Period: From 02/01/2018 To 09/30/2018	Worksheet D-1 Date/Time Prepared: 2/28/2019 1:34 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,629	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,629	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)		2,629	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)		1,285	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,199,013	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)		3,199,013	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		3,199,013	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,216.82	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,563,614	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)		1,563,614	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0113 Component CCN: 14-T113		Period: From 02/01/2018 To 09/30/2018		Worksheet D-1 Date/Time Prepared: 2/28/2019 1:34 pm	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					718,704	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,282,318	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)					228,126	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					59,583	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					287,709	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					1,994,609	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0113 Component CCN: 14-T113		Period: From 02/01/2018 To 09/30/2018		Worksheet D-1 Date/Time Prepared: 2/28/2019 1:34 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	466,721	3,199,013	0.145895	0	0	90.00
91.00	Nursing School cost	0	3,199,013	0.000000	0	0	91.00
92.00	Allied health cost	0	3,199,013	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,199,013	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0113	Period: From 02/01/2018 To 09/30/2018	Worksheet D-3 Date/Time Prepared: 2/28/2019 1:34 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		11,531,919	30.00
31.00	03100	INTENSIVE CARE UNIT		2,699,840	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.112062	9,517,923	50.00
50.01	03330	ENDOSCOPY	0.115212	1,361,545	50.01
51.00	05100	RECOVERY ROOM	0.320830	371,448	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.927277	0	52.00
53.00	05300	ANESTHESIOLOGY	0.006400	3,443,535	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.312470	760,985	54.00
54.01	03630	ULTRASOUND	0.132376	562,178	54.01
54.02	03440	MAMMOGRAPHY	0.422011	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
55.01	03480	ONCOLOGY	0.000000	0	55.01
56.00	05600	RADIOISOTOPE	0.161737	482,063	56.00
57.00	05700	CT SCAN	0.032091	2,907,771	57.00
58.00	05800	MRI	0.069156	859,081	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.094608	2,866,806	59.00
60.00	06000	LABORATORY	0.116955	7,354,920	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.300952	389,677	63.00
64.00	06400	INTRAVENOUS THERAPY	0.319453	93,775	64.00
65.00	06500	RESPIRATORY THERAPY	0.136338	3,466,053	65.00
66.00	06600	PHYSICAL THERAPY	0.192938	597,495	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.277449	421,029	67.00
68.00	06800	SPEECH PATHOLOGY	0.203366	99,390	68.00
69.01	03140	CARDIOLOGY	0.082049	1,638,362	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.853163	1,213,789	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.266124	4,366,119	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.161175	7,825,952	73.00
74.00	07400	RENAL DIALYSIS	0.218857	798,649	74.00
76.97	07697	CARDIAC REHABILITATION	0.914983	136,910	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LI THOTRI PSY	0.000000	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100	EMERGENCY	0.139419	3,029,310	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.514741	616,130	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		55,180,895	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		55,180,895	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0113 Component CCN: 14-T113	Period: From 02/01/2018 To 09/30/2018	Worksheet D-3 Date/Time Prepared: 2/28/2019 1:34 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
41.00	04100 SUBPROVIDER - IRF		1,764,957	41.00
43.00	04300 NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.112062	644	72 50.00
50.01	03330 ENDOSCOPY	0.115212	47,871	5,515 50.01
51.00	05100 RECOVERY ROOM	0.320830	3,529	1,132 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.927277	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.006400	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.312470	28,433	8,884 54.00
54.01	03630 ULTRASOUND	0.132376	9,230	1,222 54.01
54.02	03440 MAMMOGRAPHY	0.422011	0	0 54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
55.01	03480 ONCOLOGY	0.000000	0	0 55.01
56.00	05600 RADIOISOTOPE	0.161737	10,263	1,660 56.00
57.00	05700 CT SCAN	0.032091	68,288	2,191 57.00
58.00	05800 MRI	0.069156	40,041	2,769 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.094608	5,866	555 59.00
60.00	06000 LABORATORY	0.116955	423,479	49,528 60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0 62.30
63.00	06300 BLOOD STORING PROCESSING & TRANS.	0.300952	2,908	875 63.00
64.00	06400 INTRAVENOUS THERAPY	0.319453	849	271 64.00
65.00	06500 RESPIRATORY THERAPY	0.136338	315,183	42,971 65.00
66.00	06600 PHYSICAL THERAPY	0.192938	937,106	180,803 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.277449	848,320	235,366 67.00
68.00	06800 SPEECH PATHOLOGY	0.203366	169,658	34,503 68.00
69.01	03140 RADIOLOGY	0.082049	30,309	2,487 69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.853163	7,705	6,574 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.266124	3,064	815 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.161175	666,941	107,494 73.00
74.00	07400 RENAL DIALYSIS	0.218857	128,091	28,034 74.00
76.97	07697 CARDIAC REHABILITATION	0.914983	5,385	4,927 76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0 76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0 76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00	09100 EMERGENCY	0.139419	401	56 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.514741	0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500 AMBULANCE SERVICES			
200.00	Total (sum of lines 50 through 94 and 96 through 98)		3,753,564	718,704 200.00
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)		3,753,564	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0113	Period: From 02/01/2018 To 09/30/2018	Worksheet E Part A Date/Time Prepared: 2/28/2019 1:34 pm
		Title XVIII	Hospital	PPS
		Before GEO Reclass	On/After GEO Reclass	
		1.00	1.01	
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
1.00	DRG Amounts Other than Outlier Payments	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	9,214,561	1,247,131	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	0	0	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)	0	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	0	1.04
2.00	Outlier payments for discharges. (see instructions)	21,949	4,137	2.00
2.01	Outlier reconciliation amount	0	0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)	0	0	2.02
3.00	Managed Care Simulated Payments	3,918,674	583,750	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	167.57		4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)	9.59		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)	0.09		7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.	0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).	0.00		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.	0.00		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)	0.00		8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)	9.50		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	6.02		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)	6.02		12.00
13.00	Total allowable FTE count for the prior year.	7.01		13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.	9.03		14.00
15.00	Sum of lines 12 through 14 divided by 3.	7.35		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	7.35		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.043862		19.00
20.00	Prior year resident to bed ratio (see instructions)	0.051579		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.043862		21.00
22.00	IME payment adjustment (see instructions)	218,164	29,527	22.00
22.01	IME payment adjustment - Managed Care (see instructions)	92,779	13,821	22.01
<b>Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).	0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)	-3.48		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	0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)	0	0	28.01
29.00	Total IME payment ( sum of lines 22 and 28)	218,164	29,527	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	92,779	13,821	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	5.78		30.00
31.00	Percentage of Medicaid patient days (see instructions)	21.76		31.00
32.00	Sum of lines 30 and 31	27.54		32.00
33.00	Allowable disproportionate share percentage (see instructions)	11.94	11.94	33.00
34.00	Disproportionate share adjustment (see instructions)	275,055	37,227	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0113	Period: From 02/01/2018 To 09/30/2018	Worksheet E Part A Date/Time Prepared: 2/28/2019 1:34 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
<b>Uncompensated Care Adjustment</b>				
35.00	Total uncompensated care amount (see instructions)		0	0 35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,069,190	0	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	708,888	0	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	708,888		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
			Before GEO Recl ass	On/After GEO Recl ass
			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)	10,438,617	1,318,022	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	0 48.00
				<b>Amount</b>
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		11,863,239	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		919,829	50.00
51.00	Exception on 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).		263,060	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)		13,046,128	59.00
60.00	Primary payer payments		5,431	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		13,040,697	61.00
62.00	Deductibles billed to program beneficiaries		1,175,180	62.00
63.00	Coinurance billed to program beneficiaries		28,810	63.00
64.00	Allowable bad debts (see instructions)		192,640	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		125,216	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		154,027	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		11,961,923	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)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		-5,162	70.93
70.94	HRR adjustment amount (see instructions)		-82,647	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0113	Period: From 02/01/2018 To 09/30/2018	Worksheet E Part A Date/Time Prepared: 2/28/2019 1:34 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)		Amount	
		0		1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			11,874,114	71.00
71.01	Sequestration adjustment (see instructions)			237,482	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
72.00	Interim payments			11,598,517	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)			38,115	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			317,507	75.00
<b>TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)</b>					
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	
<b>HSP Bonus Payment Amount</b>					
100.00	HSP bonus amount (see instructions)			0	100.00
<b>HVBP Adjustment for HSP Bonus Payment</b>					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
<b>HRR Adjustment for HSP Bonus Payment</b>					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
<b>Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment</b>					
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
<b>Cost Reimbursement</b>					
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
<b>Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)</b>					
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
<b>Adjustment to Medicare Part A Inpatient Reimbursement</b>					
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
<b>Comparison of PPS versus Cost Reimbursement</b>					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0113

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
2/28/2019 1:34 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	10,461,692	0	10,461,692		10,461,692	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	0	0		0	0	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	26,086	0	26,086	0	26,086	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	4,502,424	0	4,502,424	0	4,502,424	4.00
<b>Indirect Medical Education Adjustment</b>								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.043862	0.043862	0.043862	0.043862		5.00
6.00	IME payment adjustment (see instructions)	22.00	247,691	0	247,691	0	247,691	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	106,600	0	106,600	0	106,600	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	247,691	0	247,691	0	247,691	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	106,600	0	106,600	0	106,600	9.01
<b>Disproportionate Share Adjustment</b>								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1194	0.1194	0.1194	0.1194		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	312,282	0	312,282	0	312,282	11.00
11.01	Uncompensated care payments	36.00	708,888	0	708,888	0	708,888	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	11,756,639	0	11,756,639	0	11,756,639	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	11,863,239	0	11,863,239	0	11,863,239	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	919,829	0	919,829	0	919,829	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0113

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
2/28/2019 1:34 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	12,783,068	0	12,783,068	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	743,563	0	743,563	0	743,563	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	676	0	676	0	676	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0388	0.0388	0.0388	0.0388		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	32,737	0	32,737	0	32,737	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0574	0.0574	0.0574	0.0574		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	42,681	0	42,681	0	42,681	25.00
26.00	Total prospective capital payments (see instructions)	12.00	919,829	0	919,829	0	919,829	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		N					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 14-0113		Period: From 02/01/2018 To 09/30/2018		Worksheet E Part A Exhibit 5 Date/Time Prepared: 2/28/2019 1:34 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	10,461,692	10,461,692		10,461,692	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	0	0	0	0	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	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	26,086	26,086	0	26,086	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	4,502,424	4,502,424	0	4,502,424	4.00
<b>Indirect Medical Education Adjustment</b>							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.043862	0.043862	0.043862		5.00
6.00	IME payment adjustment (see instructions)	22.00	247,691	247,691	0	247,691	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	106,600	106,600	0	106,600	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	247,691	247,691	0	247,691	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	106,600	106,600	0	106,600	9.01
<b>Disproportionate Share Adjustment</b>							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1194	0.1194	0.1194		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	312,282	312,282	0	312,282	11.00
11.01	Uncompensated care payments	36.00	708,888	708,888	0	708,888	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	11,756,639	11,756,639	0	11,756,639	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	11,863,239	11,863,239	0	11,863,239	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	919,829	919,829	0	919,829	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	<b>SUBTOTAL</b>			12,783,068	0	12,783,068	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0113

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet E  
Part A Exhibit 5  
Date/Time Prepared:  
2/28/2019 1:34 pm

		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	743,563	743,563	0	743,563	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	676	676	0	676	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	0.0388	0.0388	0.0388		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	32,737	32,737	0	32,737	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0574	0.0574	0.0574		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	42,681	42,681	0	42,681	25.00
26.00	Total prospective capital payments (see instructions)	12.00	919,829	919,829	0	919,829	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	-5,162	-5,162	0	-5,162	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-82,647	-82,647	0	-82,647	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0113	Period: From 02/01/2018 To 09/30/2018	Worksheet E Part B Date/Time Prepared: 2/28/2019 1:34 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)			3,380 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			6,657,902 2.00
3.00	OPPS payments			4,847,306 3.00
4.00	Outlier payment (see instructions)			93,733 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)			3,380 11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges			20,970 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)			20,970 14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)			0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000 17.00
18.00	Total customary charges (see instructions)			20,970 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			17,590 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)			3,380 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)			4,941,039 24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
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)			873,958 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)			4,070,461 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)			106,863 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)			4,177,324 30.00
31.00	Primary payer payments			665 31.00
32.00	Subtotal (line 30 minus line 31)			4,176,659 32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)			122,899 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			79,884 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			103,814 36.00
37.00	Subtotal (see instructions)			4,256,543 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)			4,256,543 40.00
40.01	Sequestration adjustment (see instructions)			85,131 40.01
40.02	Demonstration payment adjustment amount after sequestration			0 40.02
41.00	Interim payments			4,203,066 41.00
42.00	Tentative settlement (for contractors use only)			0 42.00
43.00	Balance due provider/program (see instructions)			-31,654 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money			0.00 92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0113 Component CCN: 14-T113	Period: From 02/01/2018 To 09/30/2018	Worksheet E Part B Date/Time Prepared: 2/28/2019 1:34 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		22	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		17	2.00
3.00	OPPS payments		38	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)		22	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		137	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)		137	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		137	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		115	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)		22	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)		38	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
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)		0	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		60	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)		60	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		60	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		60	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	
39.97	Demonstration payment adjustment before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		60	40.00
40.01	Sequestration adjustment (see instructions)		1	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		47	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		12	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 14-0113		Period: From 02/01/2018 To 09/30/2018		Worksheet E-1 Part I Date/Time Prepared: 2/28/2019 1:34 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		11,598,517		4,203,066	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)		11,598,517		4,203,066	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		38,115		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		31,654	6.02	
7.00	Total Medicare program liability (see instructions)		11,636,632		4,171,412	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

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

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet E-1  
Part I  
Date/Time Prepared:  
2/28/2019 1:34 pm

Title XVIII

Subprovider -  
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					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		2,055,381		47	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)		2,055,381		47	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		23,093		12	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,078,474		59	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 14-0113	Period: From 02/01/2018 To 09/30/2018	Worksheet E-1 Part II Date/Time Prepared: 2/28/2019 1:34 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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0113 Component CCN: 14-T113	Period: From 02/01/2018 To 09/30/2018	Worksheet E-3 Part III Date/Time Prepared: 2/28/2019 1:34 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>				
1.00	Net Federal PPS Payment (see instructions)			2,041,383 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0356 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			116,359 3.00
4.00	Outlier Payments			0 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			10.863636 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			2,157,742 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			2,157,742 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			2,157,742 19.00
20.00	Deductibles			18,760 20.00
21.00	Subtotal (line 19 minus line 20)			2,138,982 21.00
22.00	Coinsurance			18,090 22.00
23.00	Subtotal (line 21 minus line 22)			2,120,892 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			2,120,892 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			2,120,892 32.00
32.01	Sequestration adjustment (see instructions)			42,418 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			2,055,381 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			23,093 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			0 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0113	Period: From 02/01/2018 To 09/30/2018	Worksheet E-4 Date/Time Prepared: 2/28/2019 1:34 pm	
		Title XVIII	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			8.70	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			8.70	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			3.99	6.00
7.00	Enter the lesser of line 5 or line 6			3.99	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	2.76	1.20	3.96	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	2.76	1.20	3.96	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	2.76	1.20		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	7.61	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	8.70	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	6.36	0.40		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	6.36	0.40		17.00
18.00	Per resident amount	104,577.95	99,026.10		18.00
19.00	Approved amount for resident costs	665,116	39,610	704,726	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			1.99	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			704,726	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days (see instructions)	6,202	2,431		26.00
27.00	Total Inpatient Days (see instructions)	15,792	15,792		27.00
28.00	Ratio of inpatient days to total inpatient days	0.392730	0.153939		28.00
29.00	Program direct GME amount	276,767	108,485		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		15,329		30.00
31.00	Net Program direct GME amount			369,923	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0113	Period: From 02/01/2018 To 09/30/2018	Worksheet E-4 Date/Time Prepared: 2/28/2019 1:34 pm
		Title XVIII	Hospital	PPS
				1.00
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		1,528,635	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)		16,401,584	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		5,431	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		16,396,153	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		6,661,321	42.00
43.00	Primary payer payments (see instructions)		665	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		6,660,656	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		23,056,809	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.711120	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.288880	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		369,923	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		263,060	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		106,863	50.00

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

Provider CCN: 14-0113

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet G  
Date/Time Prepared:  
2/28/2019 1:34 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	2,269,859	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	108,381,009	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-83,951,500	0	0	0	6.00
7.00	Inventory	4,165,476	0	0	0	7.00
8.00	Prepaid expenses	250,084	0	0	0	8.00
9.00	Other current assets	243,702	0	0	0	9.00
10.00	Due from other funds	646,041	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	32,004,671	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	16,475,000	0	0	0	12.00
13.00	Land improvements	1,659,000	0	0	0	13.00
14.00	Accumulated depreciation	-138,250	0	0	0	14.00
15.00	Buildings	56,635,500	0	0	0	15.00
16.00	Accumulated depreciation	-2,210,500	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	14,515,856	0	0	0	23.00
24.00	Accumulated depreciation	-1,435,819	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	487,530	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	85,988,317	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	130,386	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	8,352,704	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	8,483,090	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	126,476,078	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	4,876,724	0	0	0	37.00
38.00	Salaries, wages, and fees payable	2,431,163	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	77,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	13,293,390	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	20,678,277	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	7,126,593	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	7,126,593	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	27,804,870	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	98,671,208				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)	98,671,208	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	126,476,078	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0113

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet G-1

Date/Time Prepared:  
2/28/2019 1:34 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		123,183,687		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		2,371,415			2.00
3.00	Total (sum of line 1 and line 2)		125,555,102		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		125,555,102		0	11.00
12.00	TRANSFERS	26,883,894		0		12.00
13.00		0		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)		26,883,894		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		98,671,208		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			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	TRANSFERS		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0113

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
2/28/2019 1:34 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	35,915,135		35,915,135	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	3,523,101		3,523,101	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)	39,438,236		39,438,236	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	6,084,911		6,084,911	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)	6,084,911		6,084,911	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	45,523,147		45,523,147	17.00
18.00	Ancillary services	131,589,795	150,884,977	282,474,772	18.00
19.00	Outpatient services	7,939,143	25,471,034	33,410,177	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	11,941,955	11,941,955	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	1,530	0	1,530	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	185,053,615	188,297,966	373,351,581	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		84,949,984		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)		84,949,984		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0113

Period:  
From 02/01/2018  
To 09/30/2018

Worksheet G-3

Date/Time Prepared:  
2/28/2019 1:34 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	373,351,581	1.00
2.00	Less contractual allowances and discounts on patients' accounts	286,665,580	2.00
3.00	Net patient revenues (line 1 minus line 2)	86,686,001	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	84,949,984	4.00
5.00	Net income from service to patients (line 3 minus line 4)	1,736,017	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	123,493	6.00
7.00	Income from investments	6,990	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	140,783	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	37,460	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	1,743,741	24.00
25.00	Total other income (sum of lines 6-24)	2,052,467	25.00
26.00	Total (line 5 plus line 25)	3,788,484	26.00
27.00	EQUITY XFER	1,417,069	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	1,417,069	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	2,371,415	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0113	Period: From 02/01/2018 To 09/30/2018	Worksheet L Parts I-III Date/Time Prepared: 2/28/2019 1:34 pm	
		Title XVIII	Hospital	PPS	
			Urban	Rural	
			1.00	1.01	
<b>PART I - FULLY PROSPECTIVE METHOD</b>					
<b>CAPITAL FEDERAL AMOUNT</b>					
1.00	Capital DRG other than outlier		743,563	100,172	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	0	1.01
2.00	Capital DRG outlier payments		676		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)		54.39		3.00
4.00	Number of interns & residents (see instructions)		7.35		4.00
5.00	Indirect medical education percentage (see instructions)		3.88		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)		32,737		6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.78		7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		21.76		8.00
9.00	Sum of lines 7 and 8		27.54		9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.74		10.00
11.00	Disproportionate share adjustment (see instructions)		42,681		11.00
12.00	Total prospective capital payments (see instructions)		919,829		12.00
				1.00	
<b>PART II - PAYMENT UNDER REASONABLE COST</b>					
1.00	Program inpatient routine capital cost (see instructions)			0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)			0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)			0	3.00
4.00	Capital cost payment factor (see instructions)			0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)			0	5.00
				1.00	
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>					
1.00	Program inpatient capital costs (see instructions)			0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)			0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)			0	3.00
4.00	Applicable exception percentage (see instructions)			0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)			0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)			0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)			0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)			0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)			0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)			0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)			0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)			0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)			0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)			0	14.00
15.00	Current year allowable operating and capital payment (see instructions)			0	15.00
16.00	Current year operating and capital costs (see instructions)			0	16.00
17.00	Current year exception offset amount (see instructions)			0	17.00