

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: 14-0116	Period: From 07/01/2017 To 06/30/2018	Worksheet S Parts I-III Date/Time Prepared: 11/16/2018 9:02 am
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**PART I - COST REPORT STATUS**

Provider use only 1.  Electronically filed cost report Date: 11/16/2018 Time: 9:02 am  
 2.  Manually submitted cost report  
 3.  If this is an amended report enter the number of times the provider resubmitted this cost report  
 4.  Medicare Utilization. Enter "F" for full or "L" for low.

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

**PART II - CERTIFICATION**

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

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by NORTHERN ILLINOIS MEDICAL CENTER ( 14-0116 ) for the cost reporting period beginning 07/01/2017 and ending 06/30/2018 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.

Encryption Information

ECR: Date: 11/16/2018 Time: 9:02 am  
 S4nE7Ls8v1JWYR2rygbA2BTwdE4oo0  
 LyHcp0vyj EaXcqzXTu6d6tmwswubP2  
 bkru1rKctW033y: G  
 PI: Date: 11/16/2018 Time: 9:02 am  
 tu6dePi uMH8B3. p6vVP6Rx41hsYoXO  
 q72oWOG: CreVEzbbY: Eo1MsF2HI FUq  
 .Uro0vuDxZ0BHZg7

(Signed)

\_\_\_\_\_  
 Officer or Administrator of Provider(s)

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

	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	1,068,000	403,688	0	1.00
2.00	Subprovider - IPF	0	0	0	0	2.00
3.00	Subprovider - IRF	0	-13,934	0	0	3.00
5.00	Swing bed - SNF	0	0	0	0	5.00
6.00	Swing bed - NF	0	0	0	0	6.00
9.00	HOME HEALTH AGENCY I	0	0	-1,695	0	9.00
200.00	Total	0	1,054,066	401,993	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-MEDI CARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA					Provider CCN: 14-0116		Period: From 07/01/2017 To 06/30/2018		Worksheet S-2 Part I Date/Time Prepared: 11/16/2018 8:25 am			
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 4201 MEDICAL CENTER DRIVE			PO Box:				1.00				
2.00	City: MCHENRY			State: IL		Zip Code: 60050-		County: MC HENRY			2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:												
3.00	Hospital		NORTHERN ILLINOIS MEDICAL CENTER		140116	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF											4.00
5.00	Subprovider - IRF		NIMC REHABILITATION UNIT		14T116	16974	5	07/01/1985	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		NIMC HOME HEALTH AGENCY		147455	16974		07/01/1986	N	P	N	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)						07/01/2017		06/30/2018		20.00	
21.00	Type of Control (see instructions)						2				21.00	
Inpatient PPS Information												
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.						Y		N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						Y		Y		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N		N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N		N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						1		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.			1,367	2,592	0	7	5,213	39		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.			97	116	0	0	99			25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0116	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part I Date/Time Prepared: 11/16/2018 8:25 am			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.		1				26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.		1				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.		0				35.00
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.		0				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.						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)		N				37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.						38.00
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)		N	N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)		N	N		40.00	
		V	XVIII	XIX			
		1.00	2.00	3.00			
<b>Prospective Payment System (PPS)-Capital</b>							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)		N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.		N	N		46.00	
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.		N	N		47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.		N	N		48.00	
<b>Teaching Hospitals</b>							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.		Y			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.		N			57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.		N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.		N			59.00	
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)		N			60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)		N	0.00		61.00	
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)					61.01	
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)					61.02	
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)					61.03	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0116		Period: From 07/01/2017 To 06/30/2018		Worksheet S-2 Part I Date/Time Prepared: 11/16/2018 8:25 am		
	Y/N	IME	Direct GME	IME	Direct GME			
	1.00	2.00	3.00	4.00	5.00			
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04	
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05	
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06	
	Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count			
	1.00		2.00	3.00	4.00			
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.						61.10	0.00 0.00
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.						61.20	0.00 0.00
							1.00	
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)						62.00	0.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions) <u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>						62.01	0.00
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)						63.00	N
	Program Name		Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
	1.00		2.00	3.00	4.00	5.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)						64.00	0.00 0.00 0.000000

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0116

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet S-2  
Part I  
Date/Time Prepared:  
11/16/2018 8:25 am

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))			
		1.00	2.00	3.00	4.00	5.00			
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00		
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))			
				1.00	2.00	3.00			
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010									
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	66.00		
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))			
		1.00	2.00	3.00	4.00	5.00			
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00		
						1.00	2.00	3.00	
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.					N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)							0	71.00
75.00	Inpatient Rehabilitation Facility PPS Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.					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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0116		Period: From 07/01/2017 To 06/30/2018		Worksheet S-2 Part I Date/Time Prepared: 11/16/2018 8:25 am			
						1.00			
<b>Long Term Care Hospital PPS</b>									
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.					N		81.00	
<b>TEFRA Providers</b>									
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.							86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.					N		87.00	
						V	XIX		
						1.00	2.00		
<b>Title V and XIX Services</b>									
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.					Y	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.					N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.						N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.					N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.					N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.					0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.					N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.					0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					Y	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.					Y	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					Y	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					Y	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					Y	Y	98.06	
<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)					N		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.					N		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	N
						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: 14-0116	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part I Date/Time Prepared: 11/16/2018 8:25 am		
		1.00	2.00			
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00
		1.00	2.00	3.00		
<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.	1				118.00
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	2,388,022	209,430			0118.01
		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		14H122		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0116		Period: From 07/01/2017 To 06/30/2018		Worksheet S-2 Part I Date/Time Prepared: 11/16/2018 8:25 am							
1.00		2.00		3.00									
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.													
141.00	Name: CENTEGRA HEALTH SYSTEM	Contractor's Name: NATIONAL GOVERNMENT SERVICES		Contractor's Number: 00131				141.00					
142.00	Street: 385 MILLENNIUM DR	PO Box:						142.00					
143.00	City: CRYSTAL LAKE	State: IL		Zip Code: 60012-3761				143.00					
144.00 Are provider based physicians' costs included in Worksheet A?													
Y								144.00					
145.00 If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.								145.00					
146.00 Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.								146.00					
N								146.00					
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.								147.00					
N								147.00					
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.								148.00					
N								148.00					
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.								149.00					
N								149.00					
		Part A		Part B		Title V		Title XIX					
		1.00		2.00		3.00		4.00					
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)													
155.00	Hospital	N		N		N		N		155.00			
156.00	Subprovider - IPF	N		N		N		N		156.00			
157.00	Subprovider - IRF	N		N		N		N		157.00			
158.00	SUBPROVIDER	N		N		N		N		158.00			
159.00	SNF	N		N		N		N		159.00			
160.00	HOME HEALTH AGENCY	N		N		N		N		160.00			
161.00	CMHC	N		N		N		N		161.00			
Multi campus													
165.00 Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.													
N													
		Name		County		State		Zip Code		CBSA		FTE/Campus	
		0		1.00		2.00		3.00		4.00		5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)												166.00
													0.00
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act													
167.00 Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.										Y		167.00	
168.00 If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)												168.00	
168.01 If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)												168.01	
169.00 If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)										0.00		169.00	
								Beginning		Ending			
								1.00		2.00			
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)												170.00
								10/01/2017		12/31/2017			
171.00 If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)										N		171.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0116		Period: From 07/01/2017 To 06/30/2018		Worksheet S-2 Part II Date/Time Prepared: 11/16/2018 8:25 am	
				Y/N	Date		
				1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)			N			1.00
				Y/N	Date	V/I	
				1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.			N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)			Y			3.00
				Y/N	Type	Date	
				1.00	2.00	3.00	
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.			Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.			N			5.00
				Y/N	Legal Oper.		
				1.00	2.00		
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?			N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.			N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.			N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.			Y			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.			N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.			N			11.00
						Y/N	
						1.00	
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.					N	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					Y	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	
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	10/16/2018	Y	10/16/2018
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: 14-0116

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet S-2  
Part II  
Date/Time Prepared:  
11/16/2018 8:25 am

		Description		Y/N	Y/N	
		0		1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	20.00
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			N		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				N	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.				N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				N	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.				N	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				N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				N	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.				N	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.				N	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.				N	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.				N	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?				N	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.				N	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				N	40.00
					1.00	2.00
<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.	ANNA		BURACKER		41.00
42.00	Enter the employer/company name of the cost report preparer.	CENTEGRA HEALTH SYSTEM				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(815)759-8037		ABURACKER@CENTEGRA.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0116	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part II Date/Time Prepared: 11/16/2018 8:25 am
		3.00		
<b>Cost Report Preparer Contact Information</b>				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SENIOR REIMBURSEMENT ANALYST		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

VOLUNTARY CONTACT INFORMATION

Provider CCN: 14-0116

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet S-2  
Part V  
Date/Time Prepared:  
11/16/2018 8:25 am

		1.00	
<b>Cost Report Preparer Contact Information</b>			
1.00	First Name	ANNA	1.00
2.00	Last Name	BURACKER	2.00
3.00	Title	SENIOR REIMBURSEMENT ANALYST	3.00
4.00	Employer	CENTEGRA HEALTH SYSTEM	4.00
5.00	Phone Number	(815)759-8037	5.00
6.00	E-mail Address	ABURACKER@CENTEGRA.COM	6.00
7.00	Department	FINANCE	7.00
8.00	Mailing Address 1	527 W. SOUTH STREET	8.00
9.00	Mailing Address 2		9.00
10.00	City	WOODSTOCK	10.00
11.00	State	IL	11.00
12.00	Zip	60098	12.00
<b>Officer or Administrator of Provider Contact Information</b>			
13.00	First Name	MICHAEL	13.00
14.00	Last Name	EESLEY	14.00
15.00	Title	CHIEF EXECUTIVE OFFICER	15.00
16.00	Employer	CENTEGRA HEALTH SYSTEM	16.00
17.00	Phone Number	(815)788-5800	17.00
18.00	E-mail Address	MEESLEY@CENTEGRA.COM	18.00
19.00	Department	ADMINISTRATION	19.00
20.00	Mailing Address 1	385 MELLENNIUM DRIVE	20.00
21.00	Mailing Address 2		21.00
22.00	City	CRYSTAL LAKE	22.00
23.00	State	IL	23.00
24.00	Zip	60012	24.00

HFS Supplemental Information		Provider CCN: 14-0116	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part IX Date/Time Prepared: 11/16/2018 8:25 am
		Title V 1.00	Title XIX 2.00	
<b>TITLES V AND/OR XIX FOLLOWING MEDICARE</b>				
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98)	Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.01)	Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.02)	Y	Y	3.00
3.01	Do Title V or XIX use W/S D-1 for reimbursement?	N	N	3.01
		Inpatient 1.00	Outpatient 2.00	
<b>CRITICAL ACCESS HOSPITALS</b>				
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)	N	N	5.00
		Title V 1.00	Title XIX 2.00	
<b>RCE DISALLOWANCE</b>				
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.05)	Y	Y	6.00
<b>PASS THROUGH COST</b>				
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.06)	Y	Y	7.00
<b>RHC</b>				
8.00	Do Title V & XIX impute 20% coinsurance (M-3 Line 16.04)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	8.00
<b>FQHC</b>				
9.00	For fiscal year beginning on/after 10/01/2014, use M-series for Title V and/or Title XIX? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	9.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0116

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/16/2018 8:25 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	234	86,832	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)		234	86,832	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	30	10,458	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)		264	97,290	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	22	8,030		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	101.00				0	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)		286				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)		12	4,380			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: 14-0116

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/16/2018 8:25 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	28,998	715	54,006			1.00
2.00 HMO and other (see instructions)	5,473	7,692				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	379	201				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)	28,998	715	54,006			7.00
8.00 INTENSIVE CARE UNIT	4,286	189	7,834			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		495	4,844			13.00
14.00 Total (see instructions)	33,284	1,399	66,684	16.00	1,615.46	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	3,970	97	5,953	0.00	30.80	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	4,569	61	6,776	0.00	10.42	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				16.00	1,656.68	27.00
28.00 Observation Bed Days		68	4,274			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	39	755			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: 14-0116

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/16/2018 8:25 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	7,692	252	16,000	1.00
2.00 HMO and other (see instructions)				1,125	1,682		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					14		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	7,692	252		16,000	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF	0.00	0	298	5		461	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	0.00						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: 14-0116

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet S-3  
Part II  
Date/Time Prepared:  
11/16/2018 8:25 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	123,470,928	0	123,470,928	3,445,890.00	35.83
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		1,357,325	0	1,357,325	33,280.00	40.79
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		3,238,496	240,502	3,478,998	92,424.00	37.64
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract Labor: Direct Patient Care		24,258,539	0	24,258,539	517,624.00	46.87
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		1,060,040	0	1,060,040	8,171.00	129.73
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		42,684,113	0	42,684,113	854,723.00	49.94
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		72,346	0	72,346	931.00	77.71
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) (see instructions)		29,766,287	0	29,766,287		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		831,315	0	831,315		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		5,924,030	0	5,924,030		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits Department	4.00	2,689,922	-2,553,548	136,374	4,427.00	30.81
27.00	Administrative & General	5.00	7,038,646	-1,796,387	5,242,259	86,847.00	60.36

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0116

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet S-3  
Part II  
Date/Time Prepared:  
11/16/2018 8:25 am

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		5,252,867	0	5,252,867	237,497.00	22.12	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	2,575,032	54,480	2,629,512	97,810.00	26.88	30.00
31.00	Laundry & Linen Service	8.00	102,086	2,626	104,712	5,457.00	19.19	31.00
32.00	Housekeeping	9.00	2,647,586	42,037	2,689,623	160,627.00	16.74	32.00
33.00	Housekeeping under contract (see instructions)		654,223	0	654,223	23,100.00	28.32	33.00
34.00	Dietary	10.00	2,927,648	-1,442,218	1,485,430	74,885.00	19.84	34.00
35.00	Dietary under contract (see instructions)		271,844	0	271,844	12,863.00	21.13	35.00
36.00	Cafeteria	11.00	0	1,497,779	1,497,779	79,549.00	18.83	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	4,063,238	86,981	4,150,219	88,872.00	46.70	38.00
39.00	Central Services and Supply	14.00	1,357,501	28,430	1,385,931	67,823.00	20.43	39.00
40.00	Pharmacy	15.00	6,399,384	149,721	6,549,105	139,901.00	46.81	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	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: 14-0116

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet S-3  
Part III  
Date/Time Prepared:  
11/16/2018 8:25 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	128,292,537	0	128,292,537	3,686,070.00	34.80	1.00
2.00	Excluded area salaries (see instructions)	3,238,496	240,502	3,478,998	92,424.00	37.64	2.00
3.00	Subtotal salaries (line 1 minus line 2)	125,054,041	-240,502	124,813,539	3,593,646.00	34.73	3.00
4.00	Subtotal other wages & related costs (see inst.)	68,075,038	0	68,075,038	1,381,449.00	49.28	4.00
5.00	Subtotal wage-related costs (see inst.)	35,690,317	0	35,690,317	0.00	28.59	5.00
6.00	Total (sum of lines 3 thru 5)	228,819,396	-240,502	228,578,894	4,975,095.00	45.94	6.00
7.00	Total overhead cost (see instructions)	35,979,977	-3,930,099	32,049,878	1,079,658.00	29.69	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0116

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet S-3  
Part IV  
Date/Time Prepared:  
11/16/2018 8:25 am

		Amount Reported	
		1.00	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	-864,378	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	18,215	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)	18,168,611	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	611,063	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	264,133	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)	1,299,039	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,733,832	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	8,433,924	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	109,245	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
<b>OTHER</b>			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	376,093	22.00
23.00	Tuition Reimbursement	447,825	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	30,597,602	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: 14-0116	Period: From 07/01/2017 To 06/30/2018	Worksheet S-3 Part V Date/Time Prepared: 11/16/2018 8:25 am
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost		24,258,539	30,597,602
2.00	Hospital		24,258,539	29,766,287
3.00	Subprovider - IPF			
4.00	Subprovider - IRF		0	627,309
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		0	204,006
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			
18.00	Other		0	0

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 14-0116 Component CCN: 14-7455		Period: From 07/01/2017 To 06/30/2018		Worksheet S-4 Date/Time Prepared: 11/16/2018 8:25 am		
				Home Health Agency I		PPS		
							1.00	
0.00	County						0.00	
		Title V	Title XVIII	Title XIX	Other	Total		
		1.00	2.00	3.00	4.00	5.00		
HOME HEALTH AGENCY STATISTICAL DATA								
1.00	Home Health Aide Hours	0	355	0	77	432		1.00
2.00	Unduplicated Census Count (see instructions)	0.00	336.00	2.00	260.00	598.00		2.00
		Number of Employees (Full Time Equivalent)						
		Enter the number of hours in your normal work week			Staff	Contract	Total	
		0			1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES								
3.00	Administrator and Assistant Administrator(s)	40.00			5.33	0.00	5.33	3.00
4.00	Director(s) and Assistant Director(s)				0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel				0.00	0.00	0.00	5.00
6.00	Direct Nursing Service				2.24	0.00	2.24	6.00
7.00	Nursing Supervisor				0.00	0.00	0.00	7.00
8.00	Physical Therapy Service				1.60	0.00	1.60	8.00
9.00	Physical Therapy Supervisor				0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service				0.02	0.00	0.02	10.00
11.00	Occupational Therapy Supervisor				0.00	0.00	0.00	11.00
12.00	Speech Pathology Service				0.14	0.00	0.14	12.00
13.00	Speech Pathology Supervisor				0.00	0.00	0.00	13.00
14.00	Medical Social Service				0.23	0.00	0.23	14.00
15.00	Medical Social Service Supervisor				0.00	0.00	0.00	15.00
16.00	Home Health Aide				0.86	0.00	0.86	16.00
17.00	Home Health Aide Supervisor				0.00	0.00	0.00	17.00
18.00	Other (specify)				0.00	0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES								
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.				2			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	16974					20.00	
20.01		29404					20.01	
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)		
		Without Outliers	With Outliers	3.00	4.00	5.00		
		1.00	2.00	3.00	4.00	5.00		
PPS ACTIVITY DATA								
21.00	Skilled Nursing Visits	1,552	179	79	245	2,055		21.00
22.00	Skilled Nursing Visit Charges	315,870	35,920	16,160	49,480	417,430		22.00
23.00	Physical Therapy Visits	1,393	35	150	104	1,682		23.00
24.00	Physical Therapy Visit Charges	287,780	7,175	32,080	21,460	348,495		24.00
25.00	Occupational Therapy Visits	173	5	1	20	199		25.00
26.00	Occupational Therapy Visit Charges	35,465	1,025	205	4,100	40,795		26.00
27.00	Speech Pathology Visits	147	10	1	12	170		27.00
28.00	Speech Pathology Visit Charges	30,135	2,050	205	2,460	34,850		28.00
29.00	Medical Social Service Visits	15	1	0	1	17		29.00
30.00	Medical Social Service Visit Charges	3,750	250	0	250	4,250		30.00
31.00	Home Health Aide Visits	277	100	0	69	446		31.00
32.00	Home Health Aide Visit Charges	30,470	11,000	0	7,590	49,060		32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	3,557	330	231	451	4,569		33.00
34.00	Other Charges	0	0	0	0	0		34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	703,470	57,420	48,650	85,340	894,880		35.00
36.00	Total Number of Episodes (standard/non outlier)	243		75	20	338		36.00
37.00	Total Number of Outlier Episodes		7		5	12		37.00
38.00	Total Non-Routine Medical Supply Charges	49,144	12,072	5,077	15,289	81,582		38.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-0116	Period: From 07/01/2017 To 06/30/2018	Worksheet S-10 Date/Time Prepared: 11/16/2018 8:25 am
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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)		0.227888	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		23,711,748	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?		N	4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		106,449	5.00	
6.00	Medicaid charges		194,712,776	6.00	
7.00	Medicaid cost (line 1 times line 6)		44,372,705	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)		20,554,508	8.00	
<b>Children's Health Insurance Program (CHIP) (see instructions for each line)</b>					
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	
<b>Other state or local government indigent care program (see instructions for each line)</b>					
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	
<b>Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)</b>					
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)		20,554,508	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)	18,881,046	2,296,957	21,178,003	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	4,302,764	2,296,957	6,599,721	21.00
22.00	Payments received from patients for amounts previously written off as charity care	130,703	581,371	712,074	22.00
23.00	Cost of charity care (line 21 minus line 22)	4,172,061	1,715,586	5,887,647	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)			33,105,551	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			1,163,777	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			1,790,425	27.01
28.00	Non-Medicare bad debt expense (see instructions)			31,315,126	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			7,762,989	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			13,650,636	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			34,205,144	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0116

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet A  
Date/Time Prepared:  
11/16/2018 8:25 am

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (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		19,394,413	19,394,413	-1,271,449	18,122,964	1.00	
2.00 00200 CAP REL COSTS-MVBLE EQUIP		0	0	13,676,958	13,676,958	2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	2,689,922	28,278,266	30,968,188	-1,286,395	29,681,793	4.00	
5.00 00500 ADMIN STRATIVE & GENERAL	7,038,646	90,435,104	97,473,750	-3,513,935	93,959,815	5.00	
7.00 00700 OPERATION OF PLANT	2,575,032	4,414,835	6,989,867	54,361	7,044,228	7.00	
8.00 00800 LAUNDRY & LINEN SERVICE	102,086	1,185,987	1,288,073	2,626	1,290,699	8.00	
9.00 00900 HOUSEKEEPING	2,647,586	2,047,641	4,695,227	42,006	4,737,233	9.00	
10.00 01000 DIETARY	2,927,648	3,016,037	5,943,685	-2,825,093	3,118,592	10.00	
11.00 01100 CAFETERIA	0	0	0	2,880,600	2,880,600	11.00	
13.00 01300 NURSING ADMINISTRATION	4,063,238	519,440	4,582,678	-246,369	4,336,309	13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY	1,357,501	3,072,998	4,430,499	25,671	4,456,170	14.00	
15.00 01500 PHARMACY	6,399,384	28,706,267	35,105,651	-26,383,311	8,722,340	15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	1,357,325	1,357,325	21.00	
22.00 02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD	258,323	1,572,004	1,830,327	-1,356,147	474,180	22.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000 ADULTS & PEDIATRICS	29,814,111	11,324,936	41,139,047	-6,332,078	34,806,969	30.00	
31.00 03100 INTENSIVE CARE UNIT	5,784,267	2,854,867	8,639,134	76,403	8,715,537	31.00	
41.00 04100 SUBPROVIDER - I&R	2,306,371	166,000	2,472,371	209,557	2,681,928	41.00	
43.00 04300 NURSERY	0	0	0	4,186,646	4,186,646	43.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	10,303,005	29,485,563	39,788,568	-21,513,272	18,275,296	50.00	
51.00 05100 RECOVERY ROOM	1,895,810	181,558	2,077,368	22,912	2,100,280	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	3,940,851	3,940,851	52.00	
53.00 05300 ANESTHESIOLOGY	7,038	879,737	886,775	-49,620	837,155	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	8,454,265	4,559,678	13,013,943	-52,499	12,961,444	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	2,285,581	885,620	3,171,201	45,722	3,216,923	55.00	
56.00 05600 RADIOISOTOPE	555,964	1,369,118	1,925,082	10,407	1,935,489	56.00	
57.00 05700 CT SCAN	1,098,241	1,049,325	2,147,566	-57,917	2,089,649	57.00	
58.00 05800 MRI	558,389	384,796	943,185	12,752	955,937	58.00	
59.00 05900 CARDIAC CATHETERIZATION	1,894,606	9,025,761	10,920,367	-8,065,152	2,855,215	59.00	
60.00 06000 LABORATORY	2,766,309	12,476,371	15,242,680	-70,680	15,172,000	60.00	
65.00 06500 RESPIRATORY THERAPY	2,105,581	672,909	2,778,490	-76,412	2,702,078	65.00	
66.00 06600 PHYSICAL THERAPY	9,841,697	2,286,850	12,128,547	211,334	12,339,881	66.00	
67.00 06700 OCCUPATIONAL THERAPY	1,457,952	75,822	1,533,774	37,603	1,571,377	67.00	
68.00 06800 SPEECH PATHOLOGY	862,368	22,128	884,496	21,894	906,390	68.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	
70.01 07001 SLEEP LAB/NEUROLOGY	75,232	5,693	80,925	2,707	83,632	70.01	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	14,722,082	14,722,082	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	18,128,024	18,128,024	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	26,358,726	26,358,726	73.00	
76.00 03951 CARDIOLOGY	965,311	53,440	1,018,751	27,443	1,046,194	76.00	
76.01 03950 WOUND CARE	439,066	784,321	1,223,387	-302,873	920,514	76.01	
76.97 07697 CARDIAC REHABILITATION	581,315	346,910	928,225	15,172	943,397	76.97	
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	88,344	88,344	76.98	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000 CLINIC	487,213	26,715,643	27,202,856	-179,587	27,023,269	90.00	
90.01 09001 DIABETES CENTER	361,370	41,082	402,452	6,198	408,650	90.01	
91.00 09100 EMERGENCY	7,108,932	4,369,305	11,478,237	-15,777	11,462,460	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	469,443	877,316	1,346,759	-579,991	766,768	97.00	
101.00 10100 HOME HEALTH AGENCY	932,125	298,415	1,230,540	26,045	1,256,585	101.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00 11300 INTEREST EXPENSE		12,010,902	12,010,902	-12,010,902	0	113.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	123,470,928	305,847,058	429,317,986	910	429,318,896	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00	
192.01 19201 OCCUPATIONAL HEALTH	0	0	0	0	0	192.01	
192.02 19202 FLIGHT FOR LIFE	0	3,783	3,783	-910	2,873	192.02	
192.04 19204 WELLNESS PROGRAM	0	0	0	0	0	192.04	
200.00	TOTAL (SUM OF LINES 118 through 199)	123,470,928	305,850,841	429,321,769	0	429,321,769	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0116

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet A  
Date/Time Prepared:  
11/16/2018 8:25 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-6,982,605	11,140,359	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	13,676,958	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	29,681,793	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-18,856,070	75,103,745	5.00
7.00	00700	OPERATION OF PLANT	-709,480	6,334,748	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,290,699	8.00
9.00	00900	HOUSEKEEPING	-227,574	4,509,659	9.00
10.00	01000	DIETARY	0	3,118,592	10.00
11.00	01100	CAFETERIA	-1,510,229	1,370,371	11.00
13.00	01300	NURSING ADMINISTRATION	1,460,185	5,796,494	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	4,456,170	14.00
15.00	01500	PHARMACY	-1,386,359	7,335,981	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,962,039	1,962,039	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	1,357,325	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	-431,214	42,966	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-4,503,560	30,303,409	30.00
31.00	03100	INTENSIVE CARE UNIT	-41,170	8,674,367	31.00
41.00	04100	SUBPROVIDER - I&R	0	2,681,928	41.00
43.00	04300	NURSERY	0	4,186,646	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	211,486	18,486,782	50.00
51.00	05100	RECOVERY ROOM	0	2,100,280	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,940,851	52.00
53.00	05300	ANESTHESIOLOGY	-38,046	799,109	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-562,549	12,398,895	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-33,688	3,183,235	55.00
56.00	05600	RADIOISOTOPE	0	1,935,489	56.00
57.00	05700	CT SCAN	0	2,089,649	57.00
58.00	05800	MRI	0	955,937	58.00
59.00	05900	CARDIAC CATHETERIZATION	-18,977	2,836,238	59.00
60.00	06000	LABORATORY	-395,340	14,776,660	60.00
65.00	06500	RESPIRATORY THERAPY	0	2,702,078	65.00
66.00	06600	PHYSICAL THERAPY	-215,210	12,124,671	66.00
67.00	06700	OCCUPATIONAL THERAPY	-47,516	1,523,861	67.00
68.00	06800	SPEECH PATHOLOGY	0	906,390	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0	83,632	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	14,722,082	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	18,128,024	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	26,358,726	73.00
76.00	03951	CARDIOLOGY	0	1,046,194	76.00
76.01	03950	WOUND CARE	-1,934	918,580	76.01
76.97	07697	CARDIAC REHABILITATION	-80,955	862,442	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	88,344	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	-1,244,970	25,778,299	90.00
90.01	09001	DIABETES CENTER	1,666	410,316	90.01
91.00	09100	EMERGENCY	-2,066,741	9,395,719	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	766,768	97.00
101.00	10100	HOME HEALTH AGENCY	0	1,256,585	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-35,718,811	393,600,085	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.01	19201	OCCUPATIONAL HEALTH	0	0	192.01
192.02	19202	FLIGHT FOR LIFE	0	2,873	192.02
192.04	19204	WELLNESS PROGRAM	0	0	192.04
200.00		TOTAL (SUM OF LINES 118 through 199)	-35,718,811	393,602,958	200.00

COST CENTERS USED IN COST REPORT

Provider CCN: 14-0116

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet Non-CMS W  
Date/Time Prepared:  
11/16/2018 8:25 am

Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
	1.00	2.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00 CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00 CAP REL COSTS-MVBLE EQUIP	00200		2.00
4.00 EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.00 ADMINISTRATIVE & GENERAL	00500		5.00
7.00 OPERATION OF PLANT	00700		7.00
8.00 LAUNDRY & LINEN SERVICE	00800		8.00
9.00 HOUSEKEEPING	00900		9.00
10.00 DIETARY	01000		10.00
11.00 CAFETERIA	01100		11.00
13.00 NURSING ADMINISTRATION	01300		13.00
14.00 CENTRAL SERVICES & SUPPLY	01400		14.00
15.00 PHARMACY	01500		15.00
16.00 MEDICAL RECORDS & LIBRARY	01600		16.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	02100		21.00
22.00 I&R SERVICES-OTHER PRGM. COSTS APPRVD	02200		22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00 ADULTS & PEDIATRICS	03000		30.00
31.00 INTENSIVE CARE UNIT	03100		31.00
41.00 SUBPROVIDER - IRF	04100		41.00
43.00 NURSERY	04300		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00 OPERATING ROOM	05000		50.00
51.00 RECOVERY ROOM	05100		51.00
52.00 DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00 ANESTHESIOLOGY	05300		53.00
54.00 RADIOLOGY-DIAGNOSTIC	05400		54.00
55.00 RADIOLOGY-THERAPEUTIC	05500		55.00
56.00 RADIOISOTOPE	05600		56.00
57.00 CT SCAN	05700		57.00
58.00 MRI	05800		58.00
59.00 CARDIAC CATHETERIZATION	05900		59.00
60.00 LABORATORY	06000		60.00
65.00 RESPIRATORY THERAPY	06500		65.00
66.00 PHYSICAL THERAPY	06600		66.00
67.00 OCCUPATIONAL THERAPY	06700		67.00
68.00 SPEECH PATHOLOGY	06800		68.00
70.00 ELECTROENCEPHALOGRAPHY	07000		70.00
70.01 SLEEP LAB/NEUROLOGY	07001		70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENT	07100		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00 DRUGS CHARGED TO PATIENTS	07300		73.00
76.00 CARDIOLOGY	03951		76.00
76.01 WOUND CARE	03950		76.01
76.97 CARDIAC REHABILITATION	07697		76.97
76.98 HYPERBARIC OXYGEN THERAPY	07698		76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.00 CLINIC	09000		90.00
90.01 DIABETES CENTER	09001		90.01
91.00 EMERGENCY	09100		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART	09200		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
97.00 DURABLE MEDICAL EQUIP-SOLD	09700		97.00
101.00 HOME HEALTH AGENCY	10100		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>			
113.00 INTEREST EXPENSE	11300		113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)			118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
192.01 OCCUPATIONAL HEALTH	19201		192.01
192.02 FLIGHT FOR LIFE	19202		192.02
192.04 WELLNESS PROGRAM	19204		192.04
200.00 TOTAL (SUM OF LINES 118 through 199)			200.00

RECLASSIFICATIONS

Provider CCN: 14-0116

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet A-6

Date/Time Prepared:  
11/16/2018 8:25 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - CAPITAL RECLASS</b>					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	11,626,511	1.00
2.00		0.00	0	0	2.00
	0		0	11,626,511	
<b>B - CAFETERIA RECLASS</b>					
1.00	CAFETERIA	11.00	1,497,779	1,382,821	1.00
	0		1,497,779	1,382,821	
<b>C - MED SUPPLIES &amp; IMPLANTS</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	14,722,082	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	18,128,024	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
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
	0		0	32,850,106	
<b>D - NURSERY</b>					
1.00	NURSERY	43.00	2,293,489	1,762,578	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	2,228,340	1,712,511	2.00
	0		4,521,829	3,475,089	
<b>E - INTEREST EXPENSE</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	10,318,083	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,050,447	2.00
	0		0	12,368,530	
<b>F - CHARGABLE DRUG COSTS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	26,358,726	1.00
	0		0	26,358,726	
<b>G - ATO RECLASS</b>					
1.00	ADMINISTRATIVE & GENERAL	5.00	126,251	0	1.00
2.00	OPERATION OF PLANT	7.00	54,480	0	2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	2,626	0	3.00
4.00	HOUSEKEEPING	9.00	42,037	0	4.00
5.00	DIETARY	10.00	55,561	0	5.00
6.00	NURSING ADMINISTRATION	13.00	86,981	0	6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	28,430	0	7.00
8.00	PHARMACY	15.00	149,721	0	8.00
9.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00	1,178	0	9.00
10.00	ADULTS & PEDIATRICS	30.00	579,033	0	10.00
11.00	INTENSIVE CARE UNIT	31.00	104,336	0	11.00
12.00	SUBPROVIDER - IRF	41.00	58,507	0	12.00
13.00	OPERATING ROOM	50.00	280,658	0	13.00
14.00	RECOVERY ROOM	51.00	53,071	0	14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	187,635	0	15.00
16.00	RADIOLOGY-THERAPEUTIC	55.00	48,641	0	16.00
17.00	RADIOISOTOPE	56.00	11,716	0	17.00
18.00	CT SCAN	57.00	20,974	0	18.00

Provider CCN: 14-0116

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet A-6  
Date/Time Prepared:  
11/16/2018 8:25 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
19.00	MRI	58.00	14,496	0	19.00
20.00	CARDIAC CATHETERIZATION	59.00	37,028	0	20.00
21.00	LABORATORY	60.00	52,775	0	21.00
22.00	RESPIRATORY THERAPY	65.00	40,263	0	22.00
23.00	PHYSICAL THERAPY	66.00	232,816	0	23.00
24.00	OCCUPATIONAL THERAPY	67.00	38,306	0	24.00
25.00	SPEECH PATHOLOGY	68.00	22,103	0	25.00
26.00	SLEEP LAB/NEUROLOGY	70.01	3,857	0	26.00
27.00	CARDIOLOGY	76.00	27,483	0	27.00
28.00	WOUND CARE	76.01	11,822	0	28.00
29.00	CARDIAC REHABILITATION	76.97	15,953	0	29.00
30.00	CLINIC	90.00	12,629	0	30.00
31.00	DIABETES CENTER	90.01	8,869	0	31.00
32.00	EMERGENCY	91.00	104,560	0	32.00
33.00	DURABLE MEDICAL EQUIP-SOLD	97.00	12,707	0	33.00
34.00	HOME HEALTH AGENCY	101.00	26,045	0	34.00
			2,553,548	0	
<b>I - CASE MANAGEMENT/SOCIAL SERVICES</b>					
1.00	ADULTS & PEDIATRICS	30.00	1,434,565	41,626	1.00
2.00	INTENSIVE CARE UNIT	31.00	205,226	5,955	2.00
3.00	SUBPROVIDER - IRF	41.00	155,950	4,525	3.00
4.00	NURSERY	43.00	126,897	3,682	4.00
			1,922,638	55,788	
<b>J - WORKERS COMP INSURANCE</b>					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,267,153	1.00
			0	1,267,153	
<b>K - RESIDENT RECLASS</b>					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	1,357,325	1.00
			0	1,357,325	
<b>L - HYPERBARIC RECLASS</b>					
1.00	HYPERBARIC OXYGEN THERAPY	76.98	31,835	56,509	1.00
	TOTALS		31,835	56,509	
500.00	Grand Total: Increases		10,527,629	90,798,558	500.00

RECLASSIFICATIONS

Provider CCN: 14-0116

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet A-6  
Date/Time Prepared:  
11/16/2018 8:25 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
<b>A - CAPITAL RECLASS</b>							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	11,589,532	9		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	36,979	0		2.00
	0		0	11,626,511			
<b>B - CAFETERIA RECLASS</b>							
1.00	DIETARY	10.00	1,497,779	1,382,821	0		1.00
	0		1,497,779	1,382,821			
<b>C - MED SUPPLIES &amp; IMPLANTS</b>							
1.00	OPERATION OF PLANT	7.00	0	119	0		1.00
2.00	HOUSEKEEPING	9.00	0	31	0		2.00
3.00	DIETARY	10.00	0	54	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	333,350	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,759	0		5.00
6.00	PHARMACY	15.00	0	174,306	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	390,384	0		7.00
8.00	INTENSIVE CARE UNIT	31.00	0	239,114	0		8.00
9.00	SUBPROVIDER - IRF	41.00	0	9,425	0		9.00
10.00	OPERATING ROOM	50.00	0	21,793,930	0		10.00
11.00	RECOVERY ROOM	51.00	0	30,159	0		11.00
12.00	ANESTHESIOLOGY	53.00	0	49,620	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	240,134	0		13.00
14.00	RADIOLOGY-THERAPEUTIC	55.00	0	2,919	0		14.00
15.00	RADIOISOTOPE	56.00	0	1,309	0		15.00
16.00	CT SCAN	57.00	0	78,891	0		16.00
17.00	MRI	58.00	0	1,744	0		17.00
18.00	CARDIAC CATHETERIZATION	59.00	0	8,102,180	0		18.00
19.00	LABORATORY	60.00	0	123,455	0		19.00
20.00	RESPIRATORY THERAPY	65.00	0	116,675	0		20.00
21.00	PHYSICAL THERAPY	66.00	0	21,482	0		21.00
22.00	OCCUPATIONAL THERAPY	67.00	0	703	0		22.00
23.00	SPEECH PATHOLOGY	68.00	0	209	0		23.00
24.00	SLEEP LAB/NEUROLOGY	70.01	0	1,150	0		24.00
25.00	CARDIOLOGY	76.00	0	40	0		25.00
26.00	WOUND CARE	76.01	0	226,351	0		26.00
27.00	CARDIAC REHABILITATION	76.97	0	781	0		27.00
28.00	CLINIC	90.00	0	192,216	0		28.00
29.00	DIABETES CENTER	90.01	0	2,671	0		29.00
30.00	EMERGENCY	91.00	0	120,337	0		30.00
31.00	DURABLE MEDICAL EQUIP-SOLD	97.00	0	592,698	0		31.00
32.00	FLIGHT FOR LIFE	192.02	0	910	0		32.00
	0		0	32,850,106			
<b>D - NURSERY</b>							
1.00	ADULTS & PEDIATRICS	30.00	4,521,829	3,475,089	0		1.00
2.00	0	0.00	0	0	0		2.00
	0		4,521,829	3,475,089			
<b>E - INTEREST EXPENSE</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	357,628	11		1.00
2.00	INTEREST EXPENSE	113.00	0	12,010,902	11		2.00
	0		0	12,368,530			
<b>F - CHARGABLE DRUG COSTS</b>							
1.00	PHARMACY	15.00	0	26,358,726	0		1.00
	0		0	26,358,726			
<b>G - ATO RECLASS</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	2,553,548	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00

Provider CCN: 14-0116

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet A-6

Date/Time Prepared:  
11/16/2018 8:25 am

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
22.00	0.00	0	0	0		22.00	
23.00	0.00	0	0	0		23.00	
24.00	0.00	0	0	0		24.00	
25.00	0.00	0	0	0		25.00	
26.00	0.00	0	0	0		26.00	
27.00	0.00	0	0	0		27.00	
28.00	0.00	0	0	0		28.00	
29.00	0.00	0	0	0		29.00	
30.00	0.00	0	0	0		30.00	
31.00	0.00	0	0	0		31.00	
32.00	0.00	0	0	0		32.00	
33.00	0.00	0	0	0		33.00	
34.00	0.00	0	0	0		34.00	
0		2,553,548	0				
<b>I - CASE MANAGEMENT/SOCIAL SERVICES</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	1,922,638	55,788	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	
0		1,922,638	55,788				
<b>J - WORKERS COMP INSURANCE</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,267,153	0	1.00	
0			0	1,267,153			
<b>K - RESIDENT RECLASS</b>							
1.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00	0	1,357,325	0	1.00	
0			0	1,357,325			
<b>L - HYPERBARIC RECLASS</b>							
1.00	WOUND CARE	76.01	31,835	56,509	0	1.00	
	TOTALS		31,835	56,509			
500.00	Grand Total: Decreases		10,527,629	90,798,558		500.00	

RECLASSIFICATIONS

Provider CCN: 14-0116

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet A-6  
Non-CMS Worksheet  
Date/Time Prepared:  
11/16/2018 8:25 am

Increases					Decreases					
Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other			
2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00			
<b>A - CAPITAL RECLASS</b>										
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	11,626,511	CAP REL COSTS-BLDG & FI XT	1.00	0	11,589,532	1.00	
2.00		0.00	0		ADMINISTRATIVE & GENERAL	5.00	0	36,979	2.00	
			0	11,626,511			0	11,626,511		
<b>B - CAFETERIA RECLASS</b>										
1.00	CAFETERIA	11.00	1,497,779	1,382,821	DIETARY	10.00	1,497,779	1,382,821	1.00	
			1,497,779	1,382,821			1,497,779	1,382,821		
<b>C - MED SUPPLIES &amp; IMPLANTS</b>										
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	14,722,082	OPERATION OF PLANT	7.00	0	119	1.00	
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	18,128,024	HOUSEKEEPING	9.00	0	31	2.00	
3.00		0.00	0		DIETARY	10.00	0	54	3.00	
4.00		0.00	0		NURSING	13.00	0	333,350	4.00	
5.00		0.00	0		ADMINISTRATION		0			
6.00		0.00	0		CENTRAL SERVICES & SUPPLY	14.00	0	2,759	5.00	
7.00		0.00	0		PHARMACY	15.00	0	174,306	6.00	
8.00		0.00	0		ADULTS & PEDIATRICS	30.00	0	390,384	7.00	
9.00		0.00	0		INTENSIVE CARE UNIT	31.00	0	239,114	8.00	
10.00		0.00	0		SUBPROVIDER - I RF	41.00	0	9,425	9.00	
11.00		0.00	0		OPERATING ROOM	50.00	0	21,793,930	10.00	
12.00		0.00	0		RECOVERY ROOM	51.00	0	30,159	11.00	
13.00		0.00	0		ANESTHESIOLOGY	53.00	0	49,620	12.00	
14.00		0.00	0		RADIOLOGY-DIAGNOSTIC	54.00	0	240,134	13.00	
15.00		0.00	0		RADIOLOGY-THERAPEUTIC	55.00	0	2,919	14.00	
16.00		0.00	0		RADIOISOTOPE	56.00	0	1,309	15.00	
17.00		0.00	0		CT SCAN	57.00	0	78,891	16.00	
18.00		0.00	0		MRI	58.00	0	1,744	17.00	
19.00		0.00	0		CARDIAC CATHETERIZATION	59.00	0	8,102,180	18.00	
20.00		0.00	0		LABORATORY	60.00	0	123,455	19.00	
21.00		0.00	0		RESPIRATORY THERAPY	65.00	0	116,675	20.00	
22.00		0.00	0		PHYSICAL THERAPY	66.00	0	21,482	21.00	
23.00		0.00	0		OCCUPATIONAL THERAPY	67.00	0	703	22.00	
24.00		0.00	0		SPEECH PATHOLOGY	68.00	0	209	23.00	
25.00		0.00	0		SLEEP LAB/NEUROLOGY	70.01	0	1,159	24.00	
26.00		0.00	0		CARDIOLOGY	76.00	0	40	25.00	
27.00		0.00	0		WOUND CARE	76.01	0	226,351	26.00	
28.00		0.00	0		CARDIAC REHABILITATION	76.97	0	781	27.00	
29.00		0.00	0		CLINIC	90.00	0	192,216	28.00	
30.00		0.00	0		DIABETES CENTER	90.01	0	2,671	29.00	
31.00		0.00	0		EMERGENCY	91.00	0	120,337	30.00	
32.00		0.00	0		DURABLE MEDICAL EQUIP-SOLD	97.00	0	592,698	31.00	
		0.00	0		FLIGHT FOR LIFE	192.02	0	910	32.00	
			0	32,850,106			0	32,850,106		
<b>D - NURSERY</b>										
1.00	NURSERY	43.00	2,293,489	1,762,578	ADULTS & PEDIATRICS	30.00	4,521,829	3,475,089	1.00	
2.00	DELIVERY ROOM & LABOR ROOM	52.00	2,228,340	1,712,511		0.00	0	0	2.00	
			4,521,829	3,475,089			4,521,829	3,475,089		
<b>E - INTEREST EXPENSE</b>										
1.00	CAP REL COSTS-BLDG & FI XT	1.00	0	10,318,083	ADMINISTRATIVE & GENERAL	5.00	0	357,628	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,050,447	INTEREST EXPENSE	113.00	0	12,010,902	2.00	
			0	12,368,530			0	12,368,530		
<b>F - CHARGABLE DRUG COSTS</b>										
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	26,358,726	PHARMACY	15.00	0	26,358,726	1.00	
			0	26,358,726			0	26,358,726		
<b>G - ATO RECLASS</b>										
1.00	ADMINISTRATIVE & GENERAL	5.00	126,251	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	2,553,548	0	1.00	
2.00	OPERATION OF PLANT	7.00	54,480	0		0.00	0	0	2.00	
3.00	LAUNDRY & LINEN SERVICE	8.00	2,626	0		0.00	0	0	3.00	
4.00	HOUSEKEEPING	9.00	42,037	0		0.00	0	0	4.00	
5.00	DIETARY	10.00	55,561	0		0.00	0	0	5.00	
6.00	NURSING	13.00	86,981	0		0.00	0	0	6.00	
	ADMINISTRATIVE									

RECLASSIFICATIONS

Provider CCN: 14-0116

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet A-6  
Non-CMS Worksheet  
Date/Time Prepared:  
11/16/2018 8:25 am

Increases					Decreases				
Cost Center	Line #	Salary	Other		Cost Center	Line #	Salary	Other	
2.00	3.00	4.00	5.00		6.00	7.00	8.00	9.00	
7.00	CENTRAL SERVICES & SUPPLY	14.00	28,430	0		0.00	0	0	7.00
8.00	PHARMACY	15.00	149,721	0		0.00	0	0	8.00
9.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00	1,178	0		0.00	0	0	9.00
10.00	ADULTS & PEDIATRICS	30.00	579,033	0		0.00	0	0	10.00
11.00	INTENSIVE CARE UNIT	31.00	104,336	0		0.00	0	0	11.00
12.00	SUBPROVIDER - IRF	41.00	58,507	0		0.00	0	0	12.00
13.00	OPERATING ROOM	50.00	280,658	0		0.00	0	0	13.00
14.00	RECOVERY ROOM	51.00	53,071	0		0.00	0	0	14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	187,635	0		0.00	0	0	15.00
16.00	RADIOLOGY-THERAPEUTIC	55.00	48,641	0		0.00	0	0	16.00
17.00	RADIOISOTOPE	56.00	11,716	0		0.00	0	0	17.00
18.00	CT SCAN	57.00	20,974	0		0.00	0	0	18.00
19.00	MRI	58.00	14,496	0		0.00	0	0	19.00
20.00	CARDIAC CATHETERIZATION	59.00	37,028	0		0.00	0	0	20.00
21.00	LABORATORY	60.00	52,775	0		0.00	0	0	21.00
22.00	RESPIRATORY THERAPY	65.00	40,263	0		0.00	0	0	22.00
23.00	PHYSICAL THERAPY	66.00	232,816	0		0.00	0	0	23.00
24.00	OCCUPATIONAL THERAPY	67.00	38,306	0		0.00	0	0	24.00
25.00	SPEECH PATHOLOGY	68.00	22,103	0		0.00	0	0	25.00
26.00	SLEEP LAB/NEUROLOGY	70.01	3,857	0		0.00	0	0	26.00
27.00	CARDIOLOGY	76.00	27,483	0		0.00	0	0	27.00
28.00	WOUND CARE	76.01	11,822	0		0.00	0	0	28.00
29.00	CARDIAC REHABILITATION	76.97	15,953	0		0.00	0	0	29.00
30.00	CLINIC	90.00	12,629	0		0.00	0	0	30.00
31.00	DIABETES CENTER	90.01	8,869	0		0.00	0	0	31.00
32.00	EMERGENCY	91.00	104,560	0		0.00	0	0	32.00
33.00	DURABLE MEDICAL EQUIP-SOLD	97.00	12,707	0		0.00	0	0	33.00
34.00	HOME HEALTH AGENCY	101.00	26,045	0		0.00	0	0	34.00
			2,553,548	0			2,553,548	0	
I - CASE MANAGEMENT/SOCIAL SERVICES									
1.00	ADULTS & PEDIATRICS	30.00	1,434,565	41,626	ADMINISTRATIVE & GENERAL	5.00	1,922,638	55,788	1.00
2.00	INTENSIVE CARE UNIT	31.00	205,226	5,955		0.00	0	0	2.00
3.00	SUBPROVIDER - IRF	41.00	155,950	4,525		0.00	0	0	3.00
4.00	NURSERY	43.00	126,897	3,682		0.00	0	0	4.00
			1,922,638	55,788			1,922,638	55,788	
J - WORKERS COMP INSURANCE									
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,267,153	ADMINISTRATIVE & GENERAL	5.00	0	1,267,153	1.00
			0	1,267,153			0	1,267,153	
K - RESIDENT RECLASS									
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	1,357,325	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00	0	1,357,325	1.00
			0	1,357,325			0	1,357,325	
L - HYPERBARIC RECLASS									
1.00	HYPERBARIC OXYGEN THERAPY	76.98	31,835	56,509	WOUND CARE	76.01	31,835	56,509	1.00
	TOTALS		31,835	56,509	TOTALS		31,835	56,509	
500.00	Grand Total: Increases		10,527,629	90,798,558	Grand Total: Decreases		10,527,629	90,798,558	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0116

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet A-7  
Part I  
Date/Time Prepared:  
11/16/2018 8:25 am

	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	116,338	0	0	0	1.00
2.00	Land Improvements	14,239,154	0	0	697,066	2.00
3.00	Buildings and Fixtures	270,202,036	833,264	0	3,929,078	3.00
4.00	Building Improvements	1,744,765	486,204	0	0	4.00
5.00	Fixed Equipment	12,588,902	0	0	1,373,026	5.00
6.00	Movable Equipment	138,568,106	256,711	0	15,827,534	6.00
7.00	HIT designated Assets	9,336,651	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	446,795,952	1,576,179	0	21,826,704	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	446,795,952	1,576,179	0	21,826,704	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	116,338	0			1.00
2.00	Land Improvements	13,542,088	0			2.00
3.00	Buildings and Fixtures	267,106,222	0			3.00
4.00	Building Improvements	2,230,969	0			4.00
5.00	Fixed Equipment	11,215,876	0			5.00
6.00	Movable Equipment	122,997,283	0			6.00
7.00	HIT designated Assets	9,336,651	0			7.00
8.00	Subtotal (sum of lines 1-7)	426,545,427	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	426,545,427	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0116

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet A-7  
Part II  
Date/Time Prepared:  
11/16/2018 8:25 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	19,394,413	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	19,394,413	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	19,394,413				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	19,394,413				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0116

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet A-7  
Part III  
Date/Time Prepared:  
11/16/2018 8:25 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	282,995,617	0	282,995,617	0.663460	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	143,549,810	0	143,549,810	0.336540	0	2.00
3.00	Total (sum of lines 1-2)	426,545,427	0	426,545,427	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	7,804,881	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	11,626,511	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	19,431,392	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	3,335,478	0	0	0	11,140,359	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2,050,447	0	0	0	13,676,958	2.00
3.00	Total (sum of lines 1-2)	5,385,925	0	0	0	24,817,317	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0116

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet A-8

Date/Time Prepared:  
11/16/2018 8:25 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-4,922,642	CAP REL COSTS-BLDG & FIXT		1.00	11 1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP		2.00	0 2.00
3.00 Investment income - other (chapter 2)		0			0.00	0 3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0			0.00	0 4.00
5.00 Refunds and rebates of expenses (chapter 8)		0			0.00	0 5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00	0 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-164,144	OPERATION OF PLANT		7.00	0 7.00
8.00 Television and radio service (chapter 21)	A	-478,357	OPERATION OF PLANT		7.00	0 8.00
9.00 Parking lot (chapter 21)		0			0.00	0 9.00
10.00 Provider-based physician adjustment	A-8-2	-9,214,868				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	-7,170,089				0 12.00
13.00 Laundry and linen service		0			0.00	0 13.00
14.00 Cafeteria-employees and guests	B	-1,506,149	CAFETERIA		11.00	0 14.00
15.00 Rental of quarters to employee and others		0			0.00	0 15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00	0 16.00
17.00 Sale of drugs to other than patients		0			0.00	0 17.00
18.00 Sale of medical records and abstracts	B	-2,385	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		0	CAP REL COSTS-BLDG & FIXT		1.00	0 26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP		2.00	0 27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***		19.00	28.00
29.00 Physicians' assistant		0			0.00	0 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY		67.00	30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS		30.00	30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY		68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	0 32.00
33.00 OTHER INCOME	B	-183,210	ADMINISTRATIVE & GENERAL		5.00	0 33.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
34.00 SURGERY OTHER INCOME	B	-109,310	OPERATING ROOM	50.00	0	34.00
35.00 NURSING EDUCATION INCOME	B	-7,375	NURSING ADMINISTRATION	13.00	0	35.00
36.00 OB EDUCATION INCOME	B	-23,135	ADULTS & PEDIATRICS	30.00	0	36.00
37.00 RADIOLOGY OTHER INCOME	B	-48,575	RADIOLOGY-DIAGNOSTIC	54.00	0	37.00
38.00 EDUCATION INCOME	B	-7,175	EMERGENCY	91.00	0	38.00
39.00 EMS TUITION INCOME	B	-105,618	EMERGENCY	91.00	0	39.00
40.00 ONCOLOGY EDUCATION INCOME	B	-3,266	RADIOLOGY-THERAPEUTIC	55.00	0	40.00
41.00 PT OTHER INCOME	B	-10,165	PHYSICAL THERAPY	66.00	0	41.00
42.00 MAINTENANCE SERVICES	B	-55,942	OPERATION OF PLANT	7.00	0	42.00
43.00 HOUSEKEEPING SERVICES	B	-227,574	HOUSEKEEPING	9.00	0	43.00
44.00 PHARMACY RETAIL INCOME	B	-1,383,894	PHARMACY	15.00	0	44.00
45.00 CLINIC OTHER INCOME	B	-5,359	CLINIC	90.00	0	45.00
45.01 MEALS ON WHEELS	B	-4,080	CAFETERIA	11.00	0	45.01
45.02 IDPA PROVIDER TAX	B	-4,973,167	ADMINISTRATIVE & GENERAL	5.00	0	45.02
45.03 CHILD CARE CENTER	A	-1,016,972	ADMINISTRATIVE & GENERAL	5.00	0	45.03
45.04 2012 & 2014 INTEREST INCOME	B	58	CAP REL COSTS-BLDG & FIXT	1.00	11	45.04
45.05 2012 & 2014 INTEREST EXPENSE	A	-2,060,021	CAP REL COSTS-BLDG & FIXT	1.00	11	45.05
45.06 RELATED RENTAL - ADMIN	A	-80,597	ADMINISTRATIVE & GENERAL	5.00	0	45.06
45.07 RELATED RENTAL - POM/BIOMED	A	-10,528	OPERATION OF PLANT	7.00	0	45.07
45.08 RELATED RENTAL - ANIT-COAG	A	-2,465	PHARMACY	15.00	0	45.08
45.09 RELATED RENTAL - RADIOLOGY	A	-390,606	RADIOLOGY-DIAGNOSTIC	54.00	0	45.09
45.10 RELATED RENTAL - ONCOLOGY ADMIN	A	-27,089	RADIOLOGY-THERAPEUTIC	55.00	0	45.10
45.11 RELATED RENTAL - PHYSICAL THERAPY	A	-193,821	PHYSICAL THERAPY	66.00	0	45.11
45.12 RELATED RENTAL - OCCUPATIONAL THERAP	A	-47,516	OCCUPATIONAL THERAPY	67.00	0	45.12
45.13 RELATED RENTAL - CARDIAC REHAB	A	-80,495	CARDIAC REHABILITATION	76.97	0	45.13
45.14 RELATED RENTAL - VARIOUS CLINICS	A	-1,202,280	CLINIC	90.00	0	45.14
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-35,718,811				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: 14-0116

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet A-8-1

Date/Time Prepared:  
11/16/2018 8:25 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.00	ADMINISTRATIVE & GENERAL	CENTEGRA HEALTH SYSTEM	65,965,376	78,510,241 1.00
2.00	13.00	NURSING ADMINISTRATION	CENTEGRA HEALTH SYSTEM	1,467,560	0 2.00
3.00	16.00	MEDICAL RECORDS & LIBRARY	CENTEGRA HEALTH SYSTEM	1,964,424	0 3.00
4.00	91.00	EMERGENCY	CENTEGRA HEALTH SYSTEM	651,484	0 4.00
4.01	50.00	OPERATING ROOM	CENTEGRA HEALTH SYSTEM	1,291,308	0 4.01
5.00	0			71,340,152	78,510,241 5.00

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

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

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

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

6.00	B	0.00	CENTEGRA HEALTH	0.00	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: 14-0116

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet A-8-1

Date/Time Prepared:  
11/16/2018 8:25 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	-12,544,865	0		1.00
2.00	1,467,560	0		2.00
3.00	1,964,424	0		3.00
4.00	651,484	0		4.00
4.01	1,291,308	0		4.01
5.00	-7,170,089			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>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	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: 14-0116

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet A-8-2

Date/Time Prepared:  
11/16/2018 8:25 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	90.00	DR. BP	6,250	0	6,250	246,400	19	1.00
2.00	50.00	OPERATING ROOM	50,210	-1,292	51,502	246,400	209	2.00
3.00	30.00	ADULTS & PEDIATRICS	4,432,382	4,432,382	0	0	0	3.00
4.00	30.00	DR. BA	34,992	0	34,992	246,400	277	4.00
5.00	30.00	DR. BB	54,750	0	54,750	246,400	75	5.00
6.00	31.00	INTENSIVE CARE UNIT	72,219	-8,333	80,552	197,500	327	6.00
7.00	50.00	OPERATING ROOM	945,061	945,061	0	0	0	7.00
8.00	53.00	DR. BC	78,675	0	78,675	239,400	353	8.00
9.00	53.00	DR. BD	78,675	0	78,675	239,400	2,344	9.00
10.00	60.00	LABORATORY	461,166	388,937	72,228	260,300	526	10.00
11.00	54.00	RADIOLOGY-DIAGNOSTIC	43,703	43,703	0	0	0	11.00
12.00	54.00	DR. BE	231,393	0	231,393	271,900	1,168	12.00
13.00	54.00	DR. BF	2,000	0	2,000	271,900	8	13.00
14.00	54.00	DR. BG	34,986	0	34,986	271,900	293	14.00
15.00	54.00	DR. BH	13,900	0	13,900	271,900	118	15.00
16.00	54.00	DR. BI	8,600	0	8,600	271,900	370	16.00
17.00	59.00	DR. BR	624	0	624	271,900	3	17.00
18.00	66.00	PHYSICAL THERAPY	14,783	0	14,783	211,500	35	18.00
19.00	76.97	CARDIAC REHABILITATION	8,900	-1,000	9,900	211,500	83	19.00
20.00	90.01	DIABETES CENTER	8,334	-1,666	10,000	211,500	147	20.00
21.00	76.01	WOUND CARE	6,510	-640	7,150	211,500	45	21.00
22.00	90.00	DR. BQ	40,755	0	40,755	211,500	73	22.00
23.00	55.00	RADIOLOGY-THERAPEUTIC	36,663	3,333	33,330	211,500	357	23.00
24.00	91.00	EMERGENCY	2,580,719	2,580,719	0	0	0	24.00
25.00	91.00	DR. BJ	19,814	0	19,814	211,500	120	25.00
26.00	91.00	DR. BK	49,131	0	49,131	211,500	315	26.00
27.00	22.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	491,214	431,214	60,000	211,500	683	27.00
29.00	59.00	DR. BS	41,319	-24,732	66,051	211,500	222	29.00
30.00	7.00	OPERATION OF PLANT	509	509	0	0	0	30.00
31.00	5.00	ADMINISTRATIVE & GENERAL	47,040	47,040	0	0	0	31.00
32.00	5.00	DR. BL	11,125	0	11,125	211,500	40	32.00
33.00	5.00	DR. BM	5,946	0	5,946	211,500	65	33.00
34.00	5.00	DR. BN	8,550	0	8,550	211,500	53	34.00
35.00	5.00	DR. BO	46,725	0	46,725	211,500	773	35.00
36.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	36.00
37.00	21.00	AGGREGATE-I&R SERVICES-SALARY & FRIN	1,357,325	0	1,357,325	197,500	33,280	37.00
200.00			11,324,948	8,835,235	2,489,712		42,381	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	90.00	DR. BP	2,251	113	0	0	0	1.00
2.00	50.00	OPERATING ROOM	24,759	1,238	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	3.00
4.00	30.00	DR. BA	32,814	1,641	0	0	0	4.00
5.00	30.00	DR. BB	8,885	444	0	0	0	5.00
6.00	31.00	INTENSIVE CARE UNIT	31,049	1,552	0	0	0	6.00
7.00	50.00	OPERATING ROOM	0	0	0	0	0	7.00
8.00	53.00	DR. BC	40,629	2,031	0	0	0	8.00
9.00	53.00	DR. BD	269,785	13,489	0	0	0	9.00
10.00	60.00	LABORATORY	65,826	3,291	0	0	0	10.00
11.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	11.00
12.00	54.00	DR. BE	152,682	7,634	0	0	0	12.00
13.00	54.00	DR. BF	1,046	52	0	0	0	13.00
14.00	54.00	DR. BG	38,301	1,915	0	0	0	14.00
15.00	54.00	DR. BH	15,425	771	0	0	0	15.00
16.00	54.00	DR. BI	48,367	2,418	0	0	0	16.00
17.00	59.00	DR. BR	392	20	0	0	0	17.00
18.00	66.00	PHYSICAL THERAPY	3,559	178	0	0	0	18.00
19.00	76.97	CARDIAC REHABILITATION	8,440	422	0	0	0	19.00
20.00	90.01	DIABETES CENTER	14,947	747	0	0	0	20.00
21.00	76.01	WOUND CARE	4,576	229	0	0	0	21.00
22.00	90.00	DR. BQ	7,423	371	0	0	0	22.00
23.00	55.00	RADIOLOGY-THERAPEUTIC	36,301	1,815	0	0	0	23.00
24.00	91.00	EMERGENCY	0	0	0	0	0	24.00
25.00	91.00	DR. BJ	12,202	610	0	0	0	25.00
26.00	91.00	DR. BK	32,030	1,602	0	0	0	26.00
27.00	22.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	69,449	3,472	0	0	0	27.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0116

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet A-8-2

Date/Time Prepared:  
11/16/2018 8:25 am

	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	
29.00	59.00	DR. BS	22,574	1,129	0	0	0	29.00
30.00	7.00	OPERATION OF PLANT	0	0	0	0	0	30.00
31.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	31.00
32.00	5.00	DR. BL	4,067	203	0	0	0	32.00
33.00	5.00	DR. BM	6,609	330	0	0	0	33.00
34.00	5.00	DR. BN	5,389	269	0	0	0	34.00
35.00	5.00	DR. BO	78,601	3,930	0	0	0	35.00
36.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	36.00
37.00	21.00	AGGREGATE-I&R SERVICES-SALARY & FRIN	3,160,000	158,000	0	0	0	37.00
200.00			4,198,378	209,916	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	90.00	DR. BP	0	2,251	3,999	3,999		1.00
2.00	50.00	OPERATING ROOM	0	24,759	26,743	25,451		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	4,432,382		3.00
4.00	30.00	DR. BA	0	32,814	2,178	2,178		4.00
5.00	30.00	DR. BB	0	8,885	45,865	45,865		5.00
6.00	31.00	INTENSIVE CARE UNIT	0	31,049	49,503	41,170		6.00
7.00	50.00	OPERATING ROOM	0	0	0	945,061		7.00
8.00	53.00	DR. BC	0	40,629	38,046	38,046		8.00
9.00	53.00	DR. BD	0	269,785	0	0		9.00
10.00	60.00	LABORATORY	0	65,826	6,402	395,340		10.00
11.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	43,703		11.00
12.00	54.00	DR. BE	0	152,682	78,711	78,711		12.00
13.00	54.00	DR. BF	0	1,046	954	954		13.00
14.00	54.00	DR. BG	0	38,301	0	0		14.00
15.00	54.00	DR. BH	0	15,425	0	0		15.00
16.00	54.00	DR. BI	0	48,367	0	0		16.00
17.00	59.00	DR. BR	0	392	232	232		17.00
18.00	66.00	PHYSICAL THERAPY	0	3,559	11,224	11,224		18.00
19.00	76.97	CARDIAC REHABILITATION	0	8,440	1,460	460		19.00
20.00	90.01	DIABETES CENTER	0	14,947	0	-1,666		20.00
21.00	76.01	WOUND CARE	0	4,576	2,574	1,934		21.00
22.00	90.00	DR. BQ	0	7,423	33,332	33,332		22.00
23.00	55.00	RADIOLOGY-THERAPEUTIC	0	36,301	0	3,333		23.00
24.00	91.00	EMERGENCY	0	0	0	2,580,719		24.00
25.00	91.00	DR. BJ	0	12,202	7,612	7,612		25.00
26.00	91.00	DR. BK	0	32,030	17,101	17,101		26.00
27.00	22.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	69,449	0	431,214		27.00
29.00	59.00	DR. BS	0	22,574	43,477	18,745		29.00
30.00	7.00	OPERATION OF PLANT	0	0	0	509		30.00
31.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	47,040		31.00
32.00	5.00	DR. BL	0	4,067	7,058	7,058		32.00
33.00	5.00	DR. BM	0	6,609	0	0		33.00
34.00	5.00	DR. BN	0	5,389	3,161	3,161		34.00
35.00	5.00	DR. BO	0	78,601	0	0		35.00
36.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0		36.00
37.00	21.00	AGGREGATE-I&R SERVICES-SALARY & FRIN	0	3,160,000	0	0		37.00
200.00			0	4,198,378	379,632	9,214,868		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0116

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B  
Part I  
Date/Time Prepared:  
11/16/2018 8:25 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	11,140,359	11,140,359			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	13,676,958		13,676,958		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	29,681,793	4,379	5,376	29,691,548	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	75,103,745	2,546,749	3,126,631	1,262,021	5.00
7.00 00700	OPERATION OF PLANT	6,334,748	895,555	1,099,468	633,029	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,290,699	7,763	9,530	25,208	8.00
9.00 00900	HOUSEKEEPING	4,509,659	153,848	188,879	647,500	9.00
10.00 01000	DIETARY	3,118,592	373,797	458,909	357,602	10.00
11.00 01100	CAFETERIA	1,370,371	0	0	360,575	11.00
13.00 01300	NURSING ADMINISTRATION	5,796,494	76,037	93,350	999,124	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	4,456,170	289,815	355,805	333,649	14.00
15.00 01500	PHARMACY	7,335,981	185,680	227,958	1,576,632	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,962,039	0	0	0	16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,357,325	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	42,966	2,422	2,973	62,472	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	30,303,409	2,470,829	3,033,423	6,573,606	30.00
31.00 03100	INTENSIVE CARE UNIT	8,674,367	303,367	372,442	1,467,028	31.00
41.00 04100	SUBPROVIDER - IRF	2,681,928	142,619	175,092	606,864	41.00
43.00 04300	NURSERY	4,186,646	220,944	271,252	582,684	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	18,486,782	1,231,682	1,512,129	2,547,911	50.00
51.00 05100	RECOVERY ROOM	2,100,280	285,469	350,469	469,174	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	3,940,851	269,861	331,307	536,451	52.00
53.00 05300	ANESTHESIOLOGY	799,109	16,289	19,998	1,694	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	12,398,895	276,910	339,961	2,080,451	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	3,183,235	187,653	230,381	561,941	55.00
56.00 05600	RADIOISOTOPE	1,935,489	79,703	97,850	136,663	56.00
57.00 05700	CT SCAN	2,089,649	70,281	86,283	269,440	57.00
58.00 05800	MRI	955,937	52,831	64,860	137,916	58.00
59.00 05900	CARDIAC CATHETERIZATION	2,836,238	210,760	258,749	465,022	59.00
60.00 06000	LABORATORY	14,776,660	84,994	104,347	678,666	60.00
65.00 06500	RESPIRATORY THERAPY	2,702,078	43,078	52,886	516,590	65.00
66.00 06600	PHYSICAL THERAPY	12,124,671	19,158	23,521	2,425,338	66.00
67.00 06700	OCCUPATIONAL THERAPY	1,523,861	0	0	360,209	67.00
68.00 06800	SPEECH PATHOLOGY	906,390	0	0	212,928	68.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01 07001	SLEEP LAB/NEUROLOGY	83,632	11,694	14,357	19,040	70.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	14,722,082	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	18,128,024	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	26,358,726	0	0	0	73.00
76.00 03951	CARDIOLOGY	1,046,194	117,290	143,996	239,005	76.00
76.01 03950	WOUND CARE	918,580	0	0	100,883	76.01
76.97 07697	CARDIAC REHABILITATION	862,442	0	0	143,786	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	88,344	0	0	7,664	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	25,778,299	29,808	36,595	120,332	90.00
90.01 09001	DIABETES CENTER	410,316	0	0	89,131	90.01
91.00 09100	EMERGENCY	9,395,719	454,893	558,470	1,736,576	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	766,768	0	0	116,073	97.00
101.00 10100	HOME HEALTH AGENCY	1,256,585	0	0	230,670	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	393,600,085	11,116,158	13,647,247	29,691,548	393,546,173
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	24,201	29,711	0	190.00
192.01 19201	OCCUPATIONAL HEALTH	0	0	0	0	192.01
192.02 19202	FLIGHT FOR LIFE	2,873	0	0	0	192.02
192.04 19204	WELLNESS PROGRAM	0	0	0	0	192.04
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	TOTAL (sum lines 118 through 201)	393,602,958	11,140,359	13,676,958	29,691,548	393,602,958

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0116

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B  
Part I  
Date/Time Prepared:  
11/16/2018 8:25 am

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
<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
5.00	00500	ADMINISTRATIVE & GENERAL	82,039,146				5.00
7.00	00700	OPERATION OF PLANT	2,360,031	11,322,831			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	351,050	11,425	1,695,675		8.00
9.00	00900	HOUSEKEEPING	1,448,197	226,420	0	7,174,503	9.00
10.00	01000	DIETARY	1,134,594	550,120	8,730	356,053	6,358,397
11.00	01100	CAFETERIA	455,782	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,833,983	111,904	0	72,427	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,431,227	426,523	8,730	276,057	14.00
15.00	01500	PHARMACY	2,455,732	273,266	0	176,865	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	516,632	0	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	357,403	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	29,184	3,564	0	2,307	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	11,159,614	3,636,333	645,869	2,353,530	5,079,544
31.00	03100	INTENSIVE CARE UNIT	2,848,321	446,468	186,524	288,966	726,664
41.00	04100	SUBPROVIDER - IRF	949,643	209,893	8,226	135,848	552,189
43.00	04300	NURSERY	1,385,433	325,165	16,957	210,456	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	6,261,213	1,812,674	230,175	1,173,212	0
51.00	05100	RECOVERY ROOM	844,025	420,127	59,097	271,918	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,337,232	397,156	16,957	257,050	0
53.00	05300	ANESTHESIOLOGY	220,418	23,972	0	15,516	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,975,045	407,531	125,413	263,765	0
55.00	05500	RADIOLOGY-THERAPEUTIC	1,096,231	276,171	8,226	178,745	0
56.00	05600	RADIOISOTOPE	592,379	117,299	25,183	75,919	0
57.00	05700	CT SCAN	662,407	103,433	0	66,945	0
58.00	05800	MRI	319,016	77,752	0	50,323	0
59.00	05900	CARDIAC CATHETERIZATION	992,896	310,176	50,870	200,755	0
60.00	06000	LABORATORY	4,119,460	125,086	0	80,959	0
65.00	06500	RESPIRATORY THERAPY	872,789	63,397	0	41,033	0
66.00	06600	PHYSICAL THERAPY	3,842,459	28,196	0	18,249	0
67.00	06700	OCCUPATIONAL THERAPY	496,102	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	294,732	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
70.01	07001	SLEEP LAB/NEUROLOGY	33,895	17,210	16,957	11,139	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,876,530	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,773,363	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	6,940,622	0	0	0	0
76.00	03951	CARDIOLOGY	407,211	172,616	33,914	111,722	0
76.01	03950	WOUND CARE	268,439	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	264,954	0	0	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	25,280	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	6,836,957	43,868	8,226	28,393	0
90.01	09001	DIABETES CENTER	131,511	0	0	0	0
91.00	09100	EMERGENCY	3,198,122	669,469	245,621	433,299	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	232,464	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	391,615	0	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)	82,024,193	11,287,214	1,695,675	7,151,451	6,358,397
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	14,196	35,617	0	23,052	0
192.01	19201	OCCUPATIONAL HEALTH	0	0	0	0	0
192.02	19202	FLIGHT FOR LIFE	757	0	0	0	0
192.04	19204	WELLNESS PROGRAM	0	0	0	0	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	82,039,146	11,322,831	1,695,675	7,174,503	6,358,397

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0116

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B  
Part I  
Date/Time Prepared:  
11/16/2018 8:25 am

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	2,186,728					11.00
13.00	01300		9,050,374				13.00
14.00	01400	51,174	0	7,629,150			14.00
15.00	01500	105,549	0	0	12,337,663		15.00
16.00	01600	0	0	0	0	2,478,671	16.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	1,428	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	607,684	4,987,378	0	0	279,045	30.00
31.00	03100	118,919	975,962	0	0	52,774	31.00
41.00	04100	51,252	420,643	0	0	15,728	41.00
43.00	04300	44,583	365,905	0	0	20,167	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	202,294	0	0	0	237,121	50.00
51.00	05100	28,984	0	0	0	27,395	51.00
52.00	05200	43,312	355,515	0	0	19,594	52.00
53.00	05300	282	0	0	0	29,418	53.00
54.00	05400	164,145	0	0	0	260,683	54.00
55.00	05500	37,521	0	0	37,521	34,549	55.00
56.00	05600	9,761	0	0	0	42,762	56.00
57.00	05700	20,134	0	0	0	185,226	57.00
58.00	05800	9,777	0	0	0	62,136	58.00
59.00	05900	30,036	0	0	0	61,758	59.00
60.00	06000	70,507	0	0	0	313,182	60.00
65.00	06500	47,361	388,723	0	0	30,353	65.00
66.00	06600	194,793	0	0	0	114,238	66.00
67.00	06700	26,034	0	0	0	12,205	67.00
68.00	06800	14,563	0	0	0	7,879	68.00
70.00	07000	0	0	0	0	0	70.00
70.01	07001	2,103	0	0	0	1,128	70.01
71.00	07100	0	0	3,425,290	0	56,263	71.00
72.00	07200	0	0	4,203,860	0	83,294	72.00
73.00	07300	0	0	0	12,337,663	186,637	73.00
76.00	03951	18,643	153,042	0	0	13,235	76.00
76.01	03950	8,976	73,642	0	0	8,100	76.01
76.97	07697	11,189	91,840	0	0	3,785	76.97
76.98	07698	706	5,759	0	0	1,229	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	11,236	0	0	0	59,019	90.00
90.01	09001	7,909	0	0	0	1,450	90.01
91.00	09100	150,100	1,231,965	0	0	249,864	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
97.00	09700	12,366	0	0	0	6,209	97.00
101.00	10100	16,352	0	0	0	2,245	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
118.00							118.00
SUBTOTALS (SUM OF LINES 1 through 117)		2,186,728	9,050,374	7,629,150	12,337,663	2,478,671	
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	0	190.00
192.01	19201	0	0	0	0	0	192.01
192.02	19202	0	0	0	0	0	192.02
192.04	19204	0	0	0	0	0	192.04
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		2,186,728	9,050,374	7,629,150	12,337,663	2,478,671	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0116

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B  
Part I  
Date/Time Prepared:  
11/16/2018 8:25 am

Cost Center Description	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM. COSTS				
	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
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,714,728				21.00
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD		147,316			22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	633,968	54,466	71,818,698	-688,434	71,130,264 30.00
31.00 03100	INTENSIVE CARE UNIT	362,269	31,123	16,855,194	-393,392	16,461,802 31.00
41.00 04100	SUBPROVIDER - IRF	0	0	5,949,925	0	5,949,925 41.00
43.00 04300	NURSERY	0	0	7,630,192	0	7,630,192 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	174,555	14,996	33,884,744	-189,551	33,695,193 50.00
51.00 05100	RECOVERY ROOM	0	0	4,856,938	0	4,856,938 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	7,505,286	0	7,505,286 52.00
53.00 05300	ANESTHESIOLOGY	0	0	1,126,696	0	1,126,696 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	20,292,799	0	20,292,799 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	38,317	3,292	5,836,262	-41,609	5,794,653 55.00
56.00 05600	RADIOISOTOPE	0	0	3,113,008	0	3,113,008 56.00
57.00 05700	CT SCAN	0	0	3,553,798	0	3,553,798 57.00
58.00 05800	MRI	0	0	1,730,548	0	1,730,548 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	5,417,260	0	5,417,260 59.00
60.00 06000	LABORATORY	0	0	20,353,861	0	20,353,861 60.00
65.00 06500	RESPIRATORY THERAPY	93,180	8,005	4,859,473	-101,185	4,758,288 65.00
66.00 06600	PHYSICAL THERAPY	0	0	18,790,623	0	18,790,623 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	2,418,411	0	2,418,411 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	1,436,492	0	1,436,492 68.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
70.01 07001	SLEEP LAB/NEUROLOGY	43,977	3,778	258,910	-47,755	211,155 70.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	22,080,165	0	22,080,165 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	27,188,541	0	27,188,541 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	45,823,648	0	45,823,648 73.00
76.00 03951	CARDIOLOGY	222,064	19,078	2,698,010	-241,142	2,456,868 76.00
76.01 03950	WOUND CARE	0	0	1,378,620	0	1,378,620 76.01
76.97 07697	CARDIAC REHABILITATION	22,448	1,929	1,402,373	-24,377	1,377,996 76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	128,982	0	128,982 76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	77,505	6,659	33,036,897	-84,164	32,952,733 90.00
90.01 09001	DIABETES CENTER	0	0	640,317	0	640,317 90.01
91.00 09100	EMERGENCY	46,445	3,990	18,374,533	-50,435	18,324,098 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART				0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	0	0	1,133,880	0	1,133,880 97.00
101.00 10100	HOME HEALTH AGENCY	0	0	1,897,467	0	1,897,467 101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,714,728	147,316	393,472,551	-1,862,044	391,610,507 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	126,777	0	126,777 190.00
192.01 19201	OCCUPATIONAL HEALTH	0	0	0	0	0 192.01
192.02 19202	FLIGHT FOR LIFE	0	0	3,630	0	3,630 192.02
192.04 19204	WELLNESS PROGRAM	0	0	0	0	0 192.04
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)	1,714,728	147,316	393,602,958	-1,862,044	391,740,914 202.00

COST ALLOCATION STATISTICS

Provider CCN: 14-0116

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet Non-CMS W  
Date/Time Prepared:  
11/16/2018 8:25 am

Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1	SQUARE FEET	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	S	GROSS SALARIES	4.00
5.00	ADMINISTRATIVE & GENERAL	-1	ACCUM. COST	5.00
7.00	OPERATION OF PLANT	1	SQUARE FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	2	POUNDS OF LAUNDRY	8.00
9.00	HOUSEKEEPING	1	SQUARE FEET	9.00
10.00	DIETARY	3	MEALS SERVED	10.00
11.00	CAFETERIA	4	FTES	11.00
13.00	NURSING ADMINISTRATION	13	DIRECT NRSING	13.00
14.00	CENTRAL SERVICES & SUPPLY	14	COSTED REQUIS.	14.00
15.00	PHARMACY	15	COSTED REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	C	GROSS CHARGES	16.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	21	ASSIGNED TIME	21.00
22.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22	ASSIGNED TIME	22.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0116	Period: From 07/01/2017 To 06/30/2018	Worksheet B Part II Date/Time Prepared: 11/16/2018 8:25 am				
Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT			
		BLDG & FIXT	MVBLE EQUIP					
	0	1.00	2.00	2A	4.00			
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00		
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00		
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	4,379	5,376	9,755	9,755	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	576,329	2,546,749	3,126,631	6,249,709	414	5.00
7.00	00700	OPERATION OF PLANT	73,604	895,555	1,099,468	2,068,627	208	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	7,763	9,530	17,293	8	8.00
9.00	00900	HOUSEKEEPING	8,100	153,848	188,879	350,827	212	9.00
10.00	01000	DIETARY	33,998	373,797	458,909	866,704	117	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	20,755	76,037	93,350	190,142	328	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,587,575	289,815	355,805	2,233,195	109	14.00
15.00	01500	PHARMACY	1,262,743	185,680	227,958	1,676,381	517	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	77,342	2,422	2,973	82,737	21	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	77,205	2,470,829	3,033,423	5,581,457	2,171	30.00
31.00	03100	INTENSIVE CARE UNIT	45,203	303,367	372,442	721,012	481	31.00
41.00	04100	SUBPROVIDER - IRF	114	142,619	175,092	317,825	199	41.00
43.00	04300	NURSERY	0	220,944	271,252	492,196	191	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	539,493	1,231,682	1,512,129	3,283,304	836	50.00
51.00	05100	RECOVERY ROOM	0	285,469	350,469	635,938	154	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	269,861	331,307	601,168	176	52.00
53.00	05300	ANESTHESIOLOGY	33,476	16,289	19,998	69,763	1	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,192,728	276,910	339,961	1,809,599	683	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	41,079	187,653	230,381	459,113	184	55.00
56.00	05600	RADIOISOTOPE	620	79,703	97,850	178,173	45	56.00
57.00	05700	CT SCAN	12,457	70,281	86,283	169,021	88	57.00
58.00	05800	MRI	58,019	52,831	64,860	175,710	45	58.00
59.00	05900	CARDIAC CATHETERIZATION	77,916	210,760	258,749	547,425	153	59.00
60.00	06000	LABORATORY	7,234	84,994	104,347	196,575	223	60.00
65.00	06500	RESPIRATORY THERAPY	71,312	43,078	52,886	167,276	170	65.00
66.00	06600	PHYSICAL THERAPY	1,630,767	19,158	23,521	1,673,446	796	66.00
67.00	06700	OCCUPATIONAL THERAPY	67,925	0	0	67,925	118	67.00
68.00	06800	SPEECH PATHOLOGY	3,144	0	0	3,144	70	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0	11,694	14,357	26,051	6	70.01
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
76.00	03951	CARDIOLOGY	0	117,290	143,996	261,286	78	76.00
76.01	03950	WOUND CARE	2,173	0	0	2,173	33	76.01
76.97	07697	CARDIAC REHABILITATION	313,894	0	0	313,894	47	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	3	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	5,925,024	29,808	36,595	5,991,427	39	90.00
90.01	09001	DIABETES CENTER	18,711	0	0	18,711	29	90.01
91.00	09100	EMERGENCY	25,383	454,893	558,470	1,038,746	570	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	56,058	0	0	56,058	38	97.00
101.00	10100	HOME HEALTH AGENCY	86,402	0	0	86,402	76	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	13,926,783	11,116,158	13,647,247	38,690,188	9,755	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	24,201	29,711	53,912	0	190.00
192.01	19201	OCCUPATIONAL HEALTH	0	0	0	0	0	192.01
192.02	19202	FLIGHT FOR LIFE	0	0	0	0	0	192.02
192.04	19204	WELLNESS PROGRAM	0	0	0	0	0	192.04
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	13,926,783	11,140,359	13,676,958	38,744,100	9,755	202.00

ALLOCATION OF CAPITAL RELATED COSTS				Provider CCN: 14-0116	Period: From 07/01/2017 To 06/30/2018	Worksheet B Part II Date/Time Prepared: 11/16/2018 8:25 am		
Cost Center Description				ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
				5.00	7.00	8.00	9.00	10.00
<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
5.00	00500	ADMINISTRATIVE & GENERAL	6,250,123					5.00
7.00	00700	OPERATION OF PLANT	179,794	2,248,629				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	26,744	2,269	46,314			8.00
9.00	00900	HOUSEKEEPING	110,328	44,965	0	506,332		9.00
10.00	01000	DIETARY	86,437	109,250	238	25,128	1,087,874	10.00
11.00	01100	CAFETERIA	34,723	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	139,718	22,223	0	5,111	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	109,035	84,704	238	19,482	0	14.00
15.00	01500	PHARMACY	187,085	54,269	0	12,482	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	39,359	0	0	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	27,228	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	2,223	708	0	163	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	850,320	722,149	17,641	166,097	869,072	30.00
31.00	03100	INTENSIVE CARE UNIT	216,993	88,665	5,095	20,393	124,327	31.00
41.00	04100	SUBPROVIDER - IRF	72,346	41,683	225	9,587	94,475	41.00
43.00	04300	NURSERY	105,546	64,575	463	14,853	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	476,997	359,983	6,287	82,798	0	50.00
51.00	05100	RECOVERY ROOM	64,300	83,434	1,614	19,190	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	101,874	78,872	463	18,141	0	52.00
53.00	05300	ANESTHESIOLOGY	16,792	4,761	0	1,095	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	302,830	80,933	3,425	18,615	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	83,514	54,845	225	12,615	0	55.00
56.00	05600	RADIOISOTOPE	45,129	23,295	688	5,358	0	56.00
57.00	05700	CT SCAN	50,464	20,541	0	4,725	0	57.00
58.00	05800	MRI	24,304	15,441	0	3,551	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	75,642	61,599	1,389	14,168	0	59.00
60.00	06000	LABORATORY	313,832	24,841	0	5,714	0	60.00
65.00	06500	RESPIRATORY THERAPY	66,492	12,590	0	2,896	0	65.00
66.00	06600	PHYSICAL THERAPY	292,729	5,599	0	1,288	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	37,794	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	22,454	0	0	0	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	2,582	3,418	463	786	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	295,325	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	363,648	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	528,756	0	0	0	0	73.00
76.00	03951	CARDIOLOGY	31,022	34,280	926	7,885	0	76.00
76.01	03950	WOUND CARE	20,450	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	20,185	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,926	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	520,859	8,712	225	2,004	0	90.00
90.01	09001	DIABETES CENTER	10,019	0	0	0	0	90.01
91.00	09100	EMERGENCY	243,642	132,952	6,709	30,580	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	17,710	0	0	0	0	97.00
101.00	10100	HOME HEALTH AGENCY	29,834	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,248,984	2,241,556	46,314	504,705	1,087,874	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,081	7,073	0	1,627	0	190.00
192.01	19201	OCCUPATIONAL HEALTH	0	0	0	0	0	192.01
192.02	19202	FLIGHT FOR LIFE	58	0	0	0	0	192.02
192.04	19204	WELLNESS PROGRAM	0	0	0	0	0	192.04
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)	6,250,123	2,248,629	46,314	506,332	1,087,874	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0116		Period: From 07/01/2017 To 06/30/2018		Worksheet B Part II Date/Time Prepared: 11/16/2018 8:25 am	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	34,841					11.00
13.00	01300	1,068	358,590				13.00
14.00	01400	815	0	2,447,578			14.00
15.00	01500	1,682	0	0	1,932,416		15.00
16.00	01600	0	0	0	0	39,359	16.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	23	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	9,679	197,607	0	0	4,451	30.00
31.00	03100	1,895	38,669	0	0	842	31.00
41.00	04100	817	16,667	0	0	251	41.00
43.00	04300	710	14,498	0	0	322	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	3,223	0	0	0	3,782	50.00
51.00	05100	462	0	0	0	437	51.00
52.00	05200	690	14,086	0	0	313	52.00
53.00	05300	5	0	0	0	469	53.00
54.00	05400	2,615	0	0	0	4,158	54.00
55.00	05500	598	0	0	0	551	55.00
56.00	05600	156	0	0	0	682	56.00
57.00	05700	321	0	0	0	2,954	57.00
58.00	05800	156	0	0	0	991	58.00
59.00	05900	479	0	0	0	985	59.00
60.00	06000	1,123	0	0	0	4,819	60.00
65.00	06500	755	15,402	0	0	484	65.00
66.00	06600	3,104	0	0	0	1,822	66.00
67.00	06700	415	0	0	0	195	67.00
68.00	06800	232	0	0	0	126	68.00
70.00	07000	0	0	0	0	0	70.00
70.01	07001	34	0	0	0	18	70.01
71.00	07100	0	0	1,098,904	0	897	71.00
72.00	07200	0	0	1,348,674	0	1,329	72.00
73.00	07300	0	0	0	1,932,416	2,977	73.00
76.00	03951	297	6,064	0	0	211	76.00
76.01	03950	143	2,918	0	0	129	76.01
76.97	07697	178	3,639	0	0	60	76.97
76.98	07698	11	228	0	0	20	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	179	0	0	0	941	90.00
90.01	09001	126	0	0	0	23	90.01
91.00	09100	2,392	48,812	0	0	3,985	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
97.00	09700	197	0	0	0	99	97.00
101.00	10100	261	0	0	0	36	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
118.00							118.00
		34,841	358,590	2,447,578	1,932,416	39,359	
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	0	190.00
192.01	19201	0	0	0	0	0	192.01
192.02	19202	0	0	0	0	0	192.02
192.04	19204	0	0	0	0	0	192.04
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		34,841	358,590	2,447,578	1,932,416	39,359	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0116

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B  
Part II  
Date/Time Prepared:  
11/16/2018 8:25 am

Cost Center Description	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM. COSTS			
	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
5.00 00500	ADMINISTRATIVE & GENERAL				5.00
7.00 00700	OPERATION OF PLANT				7.00
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
13.00 01300	NURSING ADMINISTRATION				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00
15.00 01500	PHARMACY				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY				16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	27,228			21.00
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD		85,875		22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000	ADULTS & PEDIATRICS		8,420,644	0	30.00
31.00 03100	INTENSIVE CARE UNIT		1,218,372	0	31.00
41.00 04100	SUBPROVIDER - IRF		554,075	0	41.00
43.00 04300	NURSERY		693,354	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000	OPERATING ROOM		4,217,210	0	50.00
51.00 05100	RECOVERY ROOM		805,529	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM		815,783	0	52.00
53.00 05300	ANESTHESIOLOGY		92,886	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC		2,222,858	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC		611,645	0	55.00
56.00 05600	RADIOISOTOPE		253,526	0	56.00
57.00 05700	CT SCAN		248,114	0	57.00
58.00 05800	MRI		220,198	0	58.00
59.00 05900	CARDIAC CATHETERIZATION		701,840	0	59.00
60.00 06000	LABORATORY		547,127	0	60.00
65.00 06500	RESPIRATORY THERAPY		266,065	0	65.00
66.00 06600	PHYSICAL THERAPY		1,978,784	0	66.00
67.00 06700	OCCUPATIONAL THERAPY		106,447	0	67.00
68.00 06800	SPEECH PATHOLOGY		26,026	0	68.00
70.00 07000	ELECTROENCEPHALOGRAPHY		0	0	70.00
70.01 07001	SLEEP LAB/NEUROLOGY		33,358	0	70.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT		1,395,126	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS		1,713,651	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS		2,464,149	0	73.00
76.00 03951	CARDIOLOGY		342,049	0	76.00
76.01 03950	WOUND CARE		25,846	0	76.01
76.97 07697	CARDIAC REHABILITATION		338,003	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY		2,188	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 09000	CLINIC		6,524,386	0	90.00
90.01 09001	DIABETES CENTER		28,908	0	90.01
91.00 09100	EMERGENCY		1,508,388	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART			0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
97.00 09700	DURABLE MEDICAL EQUIP-SOLD		74,102	0	97.00
101.00 10100	HOME HEALTH AGENCY		116,609	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00 11300	INTEREST EXPENSE				113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	0	38,567,246	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		63,693	0	190.00
192.01 19201	OCCUPATIONAL HEALTH		0	0	192.01
192.02 19202	FLIGHT FOR LIFE		58	0	192.02
192.04 19204	WELLNESS PROGRAM		0	0	192.04
200.00	Cross Foot Adjustments	27,228	85,875	113,103	200.00
201.00	Negative Cost Centers	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	27,228	85,875	38,744,100	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0116

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B-1  
Date/Time Prepared:  
11/16/2018 8:25 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	671,615				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		671,615			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	264	264	123,334,554		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	153,535	153,535	5,242,259	-82,039,146	311,563,812
7.00 00700	OPERATION OF PLANT	53,990	53,990	2,629,512	0	8,962,800
8.00 00800	LAUNDRY & LINEN SERVICE	468	468	104,712	0	1,333,200
9.00 00900	HOUSEKEEPING	9,275	9,275	2,689,623	0	5,499,886
10.00 01000	DIETARY	22,535	22,535	1,485,430	0	4,308,900
11.00 01100	CAFETERIA	0	0	1,497,779	0	1,730,946
13.00 01300	NURSING ADMINISTRATION	4,584	4,584	4,150,219	0	6,965,005
14.00 01400	CENTRAL SERVICES & SUPPLY	17,472	17,472	1,385,931	0	5,435,459
15.00 01500	PHARMACY	11,194	11,194	6,549,105	0	9,326,251
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	1,962,039
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	1,357,325
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	146	146	259,501	0	110,833
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	148,958	148,958	27,305,880	0	42,381,267
31.00 03100	INTENSIVE CARE UNIT	18,289	18,289	6,093,829	0	10,817,204
41.00 04100	SUBPROVIDER - IRF	8,598	8,598	2,520,828	0	3,606,503
43.00 04300	NURSERY	13,320	13,320	2,420,386	0	5,261,526
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	74,254	74,254	10,583,663	0	23,778,504
51.00 05100	RECOVERY ROOM	17,210	17,210	1,948,881	0	3,205,392
52.00 05200	DELIVERY ROOM & LABOR ROOM	16,269	16,269	2,228,340	0	5,078,470
53.00 05300	ANESTHESIOLOGY	982	982	7,038	0	837,090
54.00 05400	RADIOLOGY-DIAGNOSTIC	16,694	16,694	8,641,900	0	15,096,217
55.00 05500	RADIOLOGY-THERAPEUTIC	11,313	11,313	2,334,222	0	4,163,210
56.00 05600	RADIOISOTOPE	4,805	4,805	567,680	0	2,249,705
57.00 05700	CT SCAN	4,237	4,237	1,119,215	0	2,515,653
58.00 05800	MRI	3,185	3,185	572,885	0	1,211,544
59.00 05900	CARDIAC CATHETERIZATION	12,706	12,706	1,931,634	0	3,770,769
60.00 06000	LABORATORY	5,124	5,124	2,819,084	0	15,644,667
65.00 06500	RESPIRATORY THERAPY	2,597	2,597	2,145,844	0	3,314,632
66.00 06600	PHYSICAL THERAPY	1,155	1,155	10,074,513	0	14,592,688
67.00 06700	OCCUPATIONAL THERAPY	0	0	1,496,258	0	1,884,070
68.00 06800	SPEECH PATHOLOGY	0	0	884,471	0	1,119,318
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
70.01 07001	SLEEP LAB/NEUROLOGY	705	705	79,089	0	128,723
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	14,722,082
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	18,128,024
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	26,358,726
76.00 03951	CARDIOLOGY	7,071	7,071	992,794	0	1,546,485
76.01 03950	WOUND CARE	0	0	419,053	0	1,019,463
76.97 07697	CARDIAC REHABILITATION	0	0	597,268	0	1,006,228
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	31,835	0	96,008
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	1,797	1,797	499,842	0	25,965,034
90.01 09001	DIABETES CENTER	0	0	370,239	0	499,447
91.00 09100	EMERGENCY	27,424	27,424	7,213,492	0	12,145,658
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					
<b>OTHER REIMBURSABLE COST CENTERS</b>						
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	0	0	482,150	0	882,841
101.00 10100	HOME HEALTH AGENCY	0	0	958,170	0	1,487,255
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	670,156	670,156	123,334,554	-82,039,146	311,507,027
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,459	1,459	0	0	53,912
192.01 19201	OCCUPATIONAL HEALTH	0	0	0	0	0
192.02 19202	FLIGHT FOR LIFE	0	0	0	0	2,873
192.04 19204	WELLNESS PROGRAM	0	0	0	0	0
200.00	Cross Foot Adjustments					
201.00	Negative Cost Centers					
202.00	Cost to be allocated (per Wkst. B, Part I)	11,140,359	13,676,958	29,691,548		82,039,146
203.00	Unit cost multiplier (Wkst. B, Part I)	16.587418	20.364283	0.240740		0.263314
204.00	Cost to be allocated (per Wkst. B, Part II)			9,755		6,250,123

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0116

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B-1  
Date/Time Prepared:  
11/16/2018 8:25 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
205.00	Unit cost multiplier (Wkst. B, Part II)					205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)					206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000079		0.020060	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0116

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B-1

Date/Time Prepared:  
11/16/2018 8:25 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)		
		7.00	8.00	9.00	10.00	11.00		
<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	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
7.00	00700	OPERATION OF PLANT	463,826				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	468	1,658,682			8.00	
9.00	00900	HOUSEKEEPING	9,275	0	454,083		9.00	
10.00	01000	DIETARY	22,535	8,540	22,535	526,092	10.00	
11.00	01100	CAFETERIA	0	0	0	139,347	11.00	
13.00	01300	NURSING ADMINISTRATION	4,584	0	4,584	0	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	17,472	8,540	17,472	0	14.00	
15.00	01500	PHARMACY	11,194	0	11,194	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	146	0	146	0	22.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	148,958	631,777	148,958	420,280	38,724	30.00
31.00	03100	INTENSIVE CARE UNIT	18,289	182,455	18,289	60,124	7,578	31.00
41.00	04100	SUBPROVIDER - I&R	8,598	8,047	8,598	45,688	3,266	41.00
43.00	04300	NURSERY	13,320	16,587	13,320	0	2,841	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	74,254	225,153	74,254	0	12,891	50.00
51.00	05100	RECOVERY ROOM	17,210	57,808	17,210	0	1,847	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,269	16,587	16,269	0	2,760	52.00
53.00	05300	ANESTHESIOLOGY	982	0	982	0	18	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,694	122,677	16,694	0	10,460	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	11,313	8,047	11,313	0	2,391	55.00
56.00	05600	RADIOISOTOPE	4,805	24,634	4,805	0	622	56.00
57.00	05700	CT SCAN	4,237	0	4,237	0	1,283	57.00
58.00	05800	MRI	3,185	0	3,185	0	623	58.00
59.00	05900	CARDIAC CATHETERIZATION	12,706	49,760	12,706	0	1,914	59.00
60.00	06000	LABORATORY	5,124	0	5,124	0	4,493	60.00
65.00	06500	RESPIRATORY THERAPY	2,597	0	2,597	0	3,018	65.00
66.00	06600	PHYSICAL THERAPY	1,155	0	1,155	0	12,413	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	1,659	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	928	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	705	16,587	705	0	134	70.01
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
76.00	03951	CARDIOLOGY	7,071	33,174	7,071	0	1,188	76.00
76.01	03950	WOUND CARE	0	0	0	0	572	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	713	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	45	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	1,797	8,047	1,797	0	716	90.00
90.01	09001	DIABETES CENTER	0	0	0	0	504	90.01
91.00	09100	EMERGENCY	27,424	240,262	27,424	0	9,565	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	788	97.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	1,042	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	462,367	1,658,682	452,624	526,092	139,347	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,459	0	1,459	0	0	190.00
192.01	19201	OCCUPATIONAL HEALTH	0	0	0	0	0	192.01
192.02	19202	FLIGHT FOR LIFE	0	0	0	0	0	192.02
192.04	19204	WELLNESS PROGRAM	0	0	0	0	0	192.04
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)	11,322,831	1,695,675	7,174,503	6,358,397	2,186,728	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	24.411807	1.022303	15.799982	12.086093	15.692681	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	2,248,629	46,314	506,332	1,087,874	34,841	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	4.848001	0.027922	1.115065	2.067840	0.250030	205.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 14-0116			Period: From 07/01/2017 To 06/30/2018		Worksheet B-1 Date/Time Prepared: 11/16/2018 8:25 am	
Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)		
		7.00	8.00	9.00	10.00	11.00		
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: 14-0116

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B-1  
Date/Time Prepared:  
11/16/2018 8:25 am

Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)		
	(DIRECT NURSING)	(COSTED REQUIS.)					
	13.00	14.00	15.00	16.00	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	
5.00 00500 ADMINISTRATIVE & GENERAL						5.00	
7.00 00700 OPERATION OF PLANT						7.00	
8.00 00800 LAUNDRY & LINEN SERVICE						8.00	
9.00 00900 HOUSEKEEPING						9.00	
10.00 01000 DIETARY						10.00	
11.00 01100 CAFETERIA						11.00	
13.00 01300 NURSING ADMINISTRATION	1,461,618					13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY	0	32,898,635				14.00	
15.00 01500 PHARMACY	0	0	26,358,726			15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	0	1,718,431,053		16.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	35,443	21.00	
22.00 02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000 ADULTS & PEDIATRICS	805,452	0	0	193,512,322	13,104	30.00	
31.00 03100 INTENSIVE CARE UNIT	157,616	0	0	36,597,566	7,488	31.00	
41.00 04100 SUBPROVIDER - IRF	67,933	0	0	10,907,365	0	41.00	
43.00 04300 NURSERY	59,093	0	0	13,985,427	0	43.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	0	0	0	164,438,666	3,608	50.00	
51.00 05100 RECOVERY ROOM	0	0	0	18,998,230	0	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	57,415	0	0	13,588,161	0	52.00	
53.00 05300 ANESTHESIOLOGY	0	0	0	20,400,705	0	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	180,778,578	0	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	23,959,092	792	55.00	
56.00 05600 RADIOISOTOPE	0	0	0	29,654,706	0	56.00	
57.00 05700 CT SCAN	0	0	0	128,450,986	0	57.00	
58.00 05800 MRI	0	0	0	43,090,398	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	42,828,102	0	59.00	
60.00 06000 LABORATORY	0	0	0	216,705,608	0	60.00	
65.00 06500 RESPIRATORY THERAPY	62,778	0	0	21,049,568	1,926	65.00	
66.00 06600 PHYSICAL THERAPY	0	0	0	79,221,910	0	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	8,463,939	0	67.00	
68.00 06800 SPEECH PATHOLOGY	0	0	0	5,463,919	0	68.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	
70.01 07001 SLEEP LAB/NEUROLOGY	0	0	0	781,962	909	70.01	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	14,770,611	0	39,017,016	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	18,128,024	0	57,762,547	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	26,358,726	129,429,550	0	73.00	
76.00 03951 CARDIOLOGY	24,716	0	0	9,178,089	4,590	76.00	
76.01 03950 WOUND CARE	11,893	0	0	5,617,100	0	76.01	
76.97 07697 CARDIAC REHABILITATION	14,832	0	0	2,624,856	464	76.97	
76.98 07698 HYPERBARIC OXYGEN THERAPY	930	0	0	852,377	0	76.98	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000 CLINIC	0	0	0	40,928,385	1,602	90.00	
90.01 09001 DIABETES CENTER	0	0	0	1,005,454	0	90.01	
91.00 09100 EMERGENCY	198,960	0	0	173,276,139	960	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	4,305,486	0	97.00	
101.00 10100 HOME HEALTH AGENCY	0	0	0	1,556,844	0	101.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00 11300 INTEREST EXPENSE						113.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,461,618	32,898,635	26,358,726	1,718,431,053	35,443	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00	
192.01 19201 OCCUPATIONAL HEALTH	0	0	0	0	0	192.01	
192.02 19202 FLIGHT FOR LIFE	0	0	0	0	0	192.02	
192.04 19204 WELLNESS PROGRAM	0	0	0	0	0	192.04	
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)	9,050,374	7,629,150	12,337,663	2,478,671	1,714,728	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	6.192024	0.231899	0.468068	0.001442	48.379878	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	358,590	2,447,578	1,932,416	39,359	27,228	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0116

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B-1

Date/Time Prepared:  
11/16/2018 8:25 am

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	INTERNS & RESIDENTS SERVICES-SALAR & FRINGES (ASSIGNED TIME)	
		13.00	14.00	15.00	16.00	21.00	
205.00	Unit cost multiplier (Wkst. B, Part II)	0.245338	0.074398	0.073312	0.000023	0.768219	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: 14-0116

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B-1  
Date/Time Prepared:  
11/16/2018 8:25 am

Cost Center Description		INTERNS & RESIDENTS	SERVICES-OTHER PRGM. COSTS (ASSIGNED TIME)	
		22.00		
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	35,443	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	13,104	30.00
31.00	03100	INTENSIVE CARE UNIT	7,488	31.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
43.00	04300	NURSERY	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	3,608	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	792	55.00
56.00	05600	RADIOISOTOPE	0	56.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MRI	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
65.00	06500	RESPIRATORY THERAPY	1,926	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	909	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
76.00	03951	CARDIOLOGY	4,590	76.00
76.01	03950	WOUND CARE	0	76.01
76.97	07697	CARDIAC REHABILITATION	464	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000	CLINIC	1,602	90.00
90.01	09001	DIABETES CENTER	0	90.01
91.00	09100	EMERGENCY	960	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	97.00
101.00	10100	HOME HEALTH AGENCY	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	35,443	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
192.01	19201	OCCUPATIONAL HEALTH	0	192.01
192.02	19202	FLIGHT FOR LIFE	0	192.02
192.04	19204	WELLNESS PROGRAM	0	192.04
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)	147,316	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	4.156420	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	85,875	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0116

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B-1  
Date/Time Prepared:  
11/16/2018 8:25 am

Cost Center Description		INTERNS & RESIDENTS		
		SERVICES-OTHER PRGM. COSTS (ASSIGNED TIME)		
		22.00		
205.00	Unit cost multiplier (Wkst. B, Part I)	2.422904		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: 14-0116	Period: From 07/01/2017 To 06/30/2018	Worksheet C Part I Date/Time Prepared: 11/16/2018 8:25 am
			Title XVIII	Hospital	PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
			Total Costs	RCE Disallowance	Total Costs
	1.00	2.00	3.00	4.00	5.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		71,130,264	48,043	71,178,307
31.00	03100 INTENSIVE CARE UNIT		16,461,802	49,503	16,511,305
41.00	04100 SUBPROVIDER - I RF		5,949,925	0	5,949,925
43.00	04300 NURSERY		7,630,192	0	7,630,192
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM		33,695,193	26,743	33,721,936
51.00	05100 RECOVERY ROOM		4,856,938	0	4,856,938
52.00	05200 DELIVERY ROOM & LABOR ROOM		7,505,286	0	7,505,286
53.00	05300 ANESTHESIOLOGY		1,126,696	38,046	1,164,742
54.00	05400 RADIOLOGY-DIAGNOSTIC		20,292,799	79,665	20,372,464
55.00	05500 RADIOLOGY-THERAPEUTIC		5,794,653	0	5,794,653
56.00	05600 RADIOISOTOPE		3,113,008	0	3,113,008
57.00	05700 CT SCAN		3,553,798	0	3,553,798
58.00	05800 MRI		1,730,548	0	1,730,548
59.00	05900 CARDIAC CATHETERIZATION		5,417,260	43,709	5,460,969
60.00	06000 LABORATORY		20,353,861	6,402	20,360,263
65.00	06500 RESPIRATORY THERAPY	0	4,758,288	0	4,758,288
66.00	06600 PHYSICAL THERAPY	0	18,790,623	11,224	18,801,847
67.00	06700 OCCUPATIONAL THERAPY	0	2,418,411	0	2,418,411
68.00	06800 SPEECH PATHOLOGY	0	1,436,492	0	1,436,492
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0
70.01	07001 SLEEP LAB/NEUROLOGY		211,155	0	211,155
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		22,080,165	0	22,080,165
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		27,188,541	0	27,188,541
73.00	07300 DRUGS CHARGED TO PATIENTS		45,823,648	0	45,823,648
76.00	03951 RADIOLOGY		2,456,868	0	2,456,868
76.01	03950 WOUND CARE		1,378,620	2,574	1,381,194
76.97	07697 CARDIAC REHABILITATION		1,377,996	1,460	1,379,456
76.98	07698 HYPERBARIC OXYGEN THERAPY		128,982	0	128,982
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC		32,952,733	37,331	32,990,064
90.01	09001 DIABETES CENTER		640,317	0	640,317
91.00	09100 EMERGENCY		18,324,098	24,713	18,348,811
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		5,219,922	0	5,219,922
<b>OTHER REIMBURSABLE COST CENTERS</b>					
97.00	09700 DURABLE MEDICAL EQUIP-SOLD		1,133,880	0	1,133,880
101.00	10100 HOME HEALTH AGENCY		1,897,467	0	1,897,467
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300 INTEREST EXPENSE				
200.00	Subtotal (see instructions)	0	396,830,429	369,413	397,199,842
201.00	Less Observation Beds		5,219,922		5,219,922
202.00	Total (see instructions)	0	391,610,507	369,413	391,979,920

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0116		Period: From 07/01/2017 To 06/30/2018		Worksheet C Part I Date/Time Prepared: 11/16/2018 8:25 am		
			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	181,344,987		181,344,987				30.00
31.00	03100	INTENSIVE CARE UNIT	36,597,566		36,597,566				31.00
41.00	04100	SUBPROVIDER - IRF	10,907,365		10,907,365				41.00
43.00	04300	NURSERY	13,985,427		13,985,427				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	56,794,587	107,644,079	164,438,666	0.204910	0.000000		50.00
51.00	05100	RECOVERY ROOM	8,053,334	10,944,896	18,998,230	0.255652	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,711,090	1,877,071	13,588,161	0.552340	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	8,079,391	12,321,314	20,400,705	0.055228	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	31,846,065	148,932,513	180,778,578	0.112252	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	351,517	23,607,575	23,959,092	0.241856	0.000000		55.00
56.00	05600	RADIOISOTOPE	4,069,863	25,584,843	29,654,706	0.104975	0.000000		56.00
57.00	05700	CT SCAN	41,955,672	86,495,314	128,450,986	0.027667	0.000000		57.00
58.00	05800	MRI	8,884,086	34,206,312	43,090,398	0.040161	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	24,754,362	18,073,740	42,828,102	0.126488	0.000000		59.00
60.00	06000	LABORATORY	80,024,817	136,680,791	216,705,608	0.093924	0.000000		60.00
65.00	06500	RESPIRATORY THERAPY	18,380,180	2,669,388	21,049,568	0.226052	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	11,484,836	67,737,074	79,221,910	0.237190	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	7,467,347	996,592	8,463,939	0.285731	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	5,417,964	45,955	5,463,919	0.262905	0.000000		68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000		70.00
70.01	07001	SLEEP LAB/NEUROLOGY	257,784	524,178	781,962	0.270032	0.000000		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	20,767,917	18,249,099	39,017,016	0.565911	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	37,035,488	20,727,059	57,762,547	0.470695	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	58,488,223	70,941,327	129,429,550	0.354043	0.000000		73.00
76.00	03951	CARDIOLOGY	1,518,352	7,659,737	9,178,089	0.267688	0.000000		76.00
76.01	03950	WOUND CARE	31,843	5,585,257	5,617,100	0.245433	0.000000		76.01
76.97	07697	CARDIAC REHABILITATION	165,777	2,459,079	2,624,856	0.524980	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	852,377	852,377	0.151320	0.000000		76.98
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	19,811	40,908,574	40,928,385	0.805132	0.000000		90.00
90.01	09001	DIABETES CENTER	0	1,005,454	1,005,454	0.636844	0.000000		90.01
91.00	09100	EMERGENCY	49,946,809	123,329,330	173,276,139	0.105751	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	12,167,335	12,167,335	0.429011	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	4,305,486	4,305,486	0.263357	0.000000		97.00
101.00	10100	HOME HEALTH AGENCY	0	1,556,844	1,556,844				101.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	730,342,460	988,088,593	1,718,431,053				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	730,342,460	988,088,593	1,718,431,053				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0116	Period: From 07/01/2017 To 06/30/2018	Worksheet C Part I Date/Time Prepared: 11/16/2018 8:25 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.205073		50.00
51.00	05100 RECOVERY ROOM	0.255652		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.552340		52.00
53.00	05300 ANESTHESIOLOGY	0.057093		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.112693		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.241856		55.00
56.00	05600 RADIOISOTOPE	0.104975		56.00
57.00	05700 CT SCAN	0.027667		57.00
58.00	05800 MRI	0.040161		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.127509		59.00
60.00	06000 LABORATORY	0.093954		60.00
65.00	06500 RESPIRATORY THERAPY	0.226052		65.00
66.00	06600 PHYSICAL THERAPY	0.237331		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.285731		67.00
68.00	06800 SPEECH PATHOLOGY	0.262905		68.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
70.01	07001 SLEEP LAB/NEUROLOGY	0.270032		70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.565911		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.470695		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.354043		73.00
76.00	03951 CARDIOLOGY	0.267688		76.00
76.01	03950 WOUND CARE	0.245891		76.01
76.97	07697 CARDIAC REHABILITATION	0.525536		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.151320		76.98
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0.806044		90.00
90.01	09001 DIABETES CENTER	0.636844		90.01
91.00	09100 EMERGENCY	0.105893		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.429011		92.00
	OTHER REIMBURSABLE COST CENTERS			
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.263357		97.00
101.00	10100 HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0116	Period: From 07/01/2017 To 06/30/2018	Worksheet C Part I Date/Time Prepared: 11/16/2018 8:25 am	
			Title XIX	Hospital	Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS		71,130,264	48,043	71,178,307	30.00
31.00	03100 INTENSIVE CARE UNIT		16,461,802	49,503	16,511,305	31.00
41.00	04100 SUBPROVIDER - I RF		5,949,925	0	5,949,925	41.00
43.00	04300 NURSERY		7,630,192	0	7,630,192	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM		33,695,193	26,743	33,721,936	50.00
51.00	05100 RECOVERY ROOM		4,856,938	0	4,856,938	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		7,505,286	0	7,505,286	52.00
53.00	05300 ANESTHESIOLOGY		1,126,696	38,046	1,164,742	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		20,292,799	79,665	20,372,464	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		5,794,653	0	5,794,653	55.00
56.00	05600 RADIOISOTOPE		3,113,008	0	3,113,008	56.00
57.00	05700 CT SCAN		3,553,798	0	3,553,798	57.00
58.00	05800 MRI		1,730,548	0	1,730,548	58.00
59.00	05900 CARDIAC CATHETERIZATION		5,417,260	43,709	5,460,969	59.00
60.00	06000 LABORATORY		20,353,861	6,402	20,360,263	60.00
65.00	06500 RESPIRATORY THERAPY	0	4,758,288	0	4,758,288	65.00
66.00	06600 PHYSICAL THERAPY	0	18,790,623	11,224	18,801,847	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,418,411	0	2,418,411	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,436,492	0	1,436,492	68.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01	07001 SLEEP LAB/NEUROLOGY		211,155	0	211,155	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		22,080,165	0	22,080,165	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		27,188,541	0	27,188,541	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		45,823,648	0	45,823,648	73.00
76.00	03951 RADIOLOGY		2,456,868	0	2,456,868	76.00
76.01	03950 WOUND CARE		1,378,620	2,574	1,381,194	76.01
76.97	07697 CARDIAC REHABILITATION		1,377,996	1,460	1,379,456	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY		128,982	0	128,982	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC		32,952,733	37,331	32,990,064	90.00
90.01	09001 DIABETES CENTER		640,317	0	640,317	90.01
91.00	09100 EMERGENCY		18,324,098	24,713	18,348,811	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		5,219,922	0	5,219,922	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
97.00	09700 DURABLE MEDICAL EQUIP-SOLD		1,133,880	0	1,133,880	97.00
101.00	10100 HOME HEALTH AGENCY		1,897,467	0	1,897,467	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)		396,830,429	369,413	397,199,842	200.00
201.00	Less Observation Beds		5,219,922	0	5,219,922	201.00
202.00	Total (see instructions)		391,610,507	369,413	391,979,920	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0116		Period: From 07/01/2017 To 06/30/2018		Worksheet C Part I Date/Time Prepared: 11/16/2018 8:25 am		
			Title XIX			Hospital		Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	181,344,987		181,344,987				30.00
31.00	03100	INTENSIVE CARE UNIT	36,597,566		36,597,566				31.00
41.00	04100	SUBPROVIDER - IRF	10,907,365		10,907,365				41.00
43.00	04300	NURSERY	13,985,427		13,985,427				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	56,794,587	107,644,079	164,438,666	0.204910	0.000000		50.00
51.00	05100	RECOVERY ROOM	8,053,334	10,944,896	18,998,230	0.255652	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,711,090	1,877,071	13,588,161	0.552340	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	8,079,391	12,321,314	20,400,705	0.055228	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	31,846,065	148,932,513	180,778,578	0.112252	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	351,517	23,607,575	23,959,092	0.241856	0.000000		55.00
56.00	05600	RADIOISOTOPE	4,069,863	25,584,843	29,654,706	0.104975	0.000000		56.00
57.00	05700	CT SCAN	41,955,672	86,495,314	128,450,986	0.027667	0.000000		57.00
58.00	05800	MRI	8,884,086	34,206,312	43,090,398	0.040161	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	24,754,362	18,073,740	42,828,102	0.126488	0.000000		59.00
60.00	06000	LABORATORY	80,024,817	136,680,791	216,705,608	0.093924	0.000000		60.00
65.00	06500	RESPIRATORY THERAPY	18,380,180	2,669,388	21,049,568	0.226052	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	11,484,836	67,737,074	79,221,910	0.237190	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	7,467,347	996,592	8,463,939	0.285731	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	5,417,964	45,955	5,463,919	0.262905	0.000000		68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000		70.00
70.01	07001	SLEEP LAB/NEUROLOGY	257,784	524,178	781,962	0.270032	0.000000		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	20,767,917	18,249,099	39,017,016	0.565911	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	37,035,488	20,727,059	57,762,547	0.470695	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	58,488,223	70,941,327	129,429,550	0.354043	0.000000		73.00
76.00	03951	CARDIOLOGY	1,518,352	7,659,737	9,178,089	0.267688	0.000000		76.00
76.01	03950	WOUND CARE	31,843	5,585,257	5,617,100	0.245433	0.000000		76.01
76.97	07697	CARDIAC REHABILITATION	165,777	2,459,079	2,624,856	0.524980	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	852,377	852,377	0.151320	0.000000		76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90.00	09000	CLINIC	19,811	40,908,574	40,928,385	0.805132	0.000000		90.00
90.01	09001	DIABETES CENTER	0	1,005,454	1,005,454	0.636844	0.000000		90.01
91.00	09100	EMERGENCY	49,946,809	123,329,330	173,276,139	0.105751	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	12,167,335	12,167,335	0.429011	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>									
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	4,305,486	4,305,486	0.263357	0.000000		97.00
101.00	10100	HOME HEALTH AGENCY	0	1,556,844	1,556,844				101.00
<b>SPECIAL PURPOSE COST CENTERS</b>									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	730,342,460	988,088,593	1,718,431,053				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	730,342,460	988,088,593	1,718,431,053				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0116	Period: From 07/01/2017 To 06/30/2018	Worksheet C Part I Date/Time Prepared: 11/16/2018 8:25 am
Cost Center Description			PPS Inpatient Ratio 11.00	Title XIX	Hospital Cost
<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
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
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
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
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0.000000		70.01
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
76.00	03951	CARDIOLOGY	0.000000		76.00
76.01	03950	WOUND CARE	0.000000		76.01
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	DIABETES CENTER	0.000000		90.01
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>					
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
101.00	10100	HOME HEALTH AGENCY			101.00
<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: 14-0116		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part I Date/Time Prepared: 11/16/2018 8:25 am		
Title XVIII				Hospital		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	8,420,644	0	8,420,644	58,280	144.49	30.00	
31.00	INTENSIVE CARE UNIT	1,218,372		1,218,372	7,834	155.52	31.00	
41.00	SUBPROVIDER - IRF	554,075	0	554,075	5,953	93.07	41.00	
43.00	NURSERY	693,354		693,354	4,844	143.14	43.00	
200.00	Total (lines 30 through 199)	10,886,445		10,886,445	76,911		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	28,998	4,189,921					30.00
31.00	INTENSIVE CARE UNIT	4,286	666,559					31.00
41.00	SUBPROVIDER - IRF	3,970	369,488					41.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30 through 199)	37,254	5,225,968					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0116	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part II Date/Time Prepared: 11/16/2018 8:25 am
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Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	4,217,210	164,438,666	0.025646	27,197,140	697,498	50.00
51.00	05100 RECOVERY ROOM	805,529	18,998,230	0.042400	3,666,680	155,467	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	815,783	13,588,161	0.060036	18,873	1,133	52.00
53.00	05300 ANESTHESIOLOGY	92,886	20,400,705	0.004553	3,404,035	15,499	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,222,858	180,778,578	0.012296	18,760,029	230,673	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	611,645	23,959,092	0.025529	337,647	8,620	55.00
56.00	05600 RADIOISOTOPE	253,526	29,654,706	0.008549	2,545,171	21,759	56.00
57.00	05700 CT SCAN	248,114	128,450,986	0.001932	22,817,979	44,084	57.00
58.00	05800 MRI	220,198	43,090,398	0.005110	4,633,282	23,676	58.00
59.00	05900 CARDIAC CATHETERIZATION	701,840	42,828,102	0.016387	12,888,172	211,198	59.00
60.00	06000 LABORATORY	547,127	216,705,608	0.002525	42,285,772	106,772	60.00
65.00	06500 RESPIRATORY THERAPY	266,065	21,049,568	0.012640	10,652,703	134,650	65.00
66.00	06600 PHYSICAL THERAPY	1,978,784	79,221,910	0.024978	5,445,261	136,012	66.00
67.00	06700 OCCUPATIONAL THERAPY	106,447	8,463,939	0.012577	3,019,918	37,982	67.00
68.00	06800 SPEECH PATHOLOGY	26,026	5,463,919	0.004763	1,679,341	7,999	68.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
70.01	07001 SLEEP LAB/NEUROLOGY	33,358	781,962	0.042659	147,151	6,277	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1,395,126	39,017,016	0.035757	9,612,001	343,696	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1,713,651	57,762,547	0.029667	18,769,592	556,837	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	2,464,149	129,429,550	0.019039	29,465,481	560,993	73.00
76.00	03951 CARDIOLOGY	342,049	9,178,089	0.037268	909,011	33,877	76.00
76.01	03950 WOUND CARE	25,846	5,617,100	0.004601	31,843	147	76.01
76.97	07697 CARDIAC REHABILITATION	338,003	2,624,856	0.128770	90,877	11,702	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	2,188	852,377	0.002567	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	6,524,386	40,928,385	0.159410	19,811	3,158	90.00
90.01	09001 DIABETES CENTER	28,908	1,005,454	0.028751	0	0	90.01
91.00	09100 EMERGENCY	1,508,388	173,276,139	0.008705	28,835,826	251,016	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	617,538	12,167,335	0.050754	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	74,102	4,305,486	0.017211	0	0	97.00
200.00	Total (lines 50 through 199)	28,181,730	1,474,038,864		247,233,596	3,600,725	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0116	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part III Date/Time Prepared: 11/16/2018 8:25 am
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Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
			1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
			4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	58,280	0.00	28,998	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	7,834	0.00	4,286	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	5,953	0.00	3,970	41.00
43.00	04300	NURSERY	0	0	4,844	0.00	0	43.00
200.00		Total (lines 30 through 199)	0	0	76,911		37,254	200.00
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. All Other Medical Education Cost				
			9.00	13.00				
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0				30.00
31.00	03100	INTENSIVE CARE UNIT	0	0				31.00
41.00	04100	SUBPROVIDER - IRF	0	0				41.00
43.00	04300	NURSERY	0	0				43.00
200.00		Total (lines 30 through 199)	0	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0116

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet D  
Part IV  
Date/Time Prepared:  
11/16/2018 8:25 am

Cost Center Description		Title XVIII				Hospital		PPS
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
		1.00	2A	2.00	3A	3.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	0	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00	
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00	
57.00	05700	CT SCAN	0	0	0	0	57.00	
58.00	05800	MRI	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00	
60.00	06000	LABORATORY	0	0	0	0	60.00	
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	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00	
70.01	07001	SLEEP LAB/NEUROLOGY	0	0	0	0	70.01	
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	
76.00	03951	CARDIOLOGY	0	0	0	0	76.00	
76.01	03950	WOUND CARE	0	0	0	0	76.01	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98	
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	90.00	
90.01	09001	DIABETES CENTER	0	0	0	0	90.01	
91.00	09100	EMERGENCY	0	0	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00	
200.00		Total (lines 50 through 199)	0	0	0	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0116	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/16/2018 8:25 am
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Cost Center Description		Title XVIII		Hospital		PPS		
		All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
		4.00	5.00	6.00	7.00	8.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	164,438,666	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	18,998,230	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	13,588,161	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	20,400,705	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	180,778,578	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	23,959,092	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	29,654,706	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	128,450,986	0.000000	57.00
58.00	05800	MRI	0	0	0	43,090,398	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	42,828,102	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	216,705,608	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	21,049,568	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	79,221,910	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	8,463,939	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	5,463,919	0.000000	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0.000000	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0	0	0	781,962	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	39,017,016	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	57,762,547	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	129,429,550	0.000000	73.00
76.00	03951	CARDIOLOGY	0	0	0	9,178,089	0.000000	76.00
76.01	03950	WOUND CARE	0	0	0	5,617,100	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,624,856	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	852,377	0.000000	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	40,928,385	0.000000	90.00
90.01	09001	DIABETES CENTER	0	0	0	1,005,454	0.000000	90.01
91.00	09100	EMERGENCY	0	0	0	173,276,139	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	12,167,335	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	4,305,486	0.000000	97.00
200.00		Total (lines 50 through 199)	0	0	0	1,474,038,864		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0116	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/16/2018 8:25 am
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Cost Center Description		Title XVIII			Hospital		
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.000000	27,197,140	0	31,848,580	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	3,666,680	0	1,814,632	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	18,873	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	3,404,035	0	2,348,580	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	18,760,029	0	43,120,348	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	337,647	0	9,556,675	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	2,545,171	0	12,320,303	0	56.00
57.00	05700 CT SCAN	0.000000	22,817,979	0	24,552,629	0	57.00
58.00	05800 MRI	0.000000	4,633,282	0	9,092,810	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	12,888,172	0	8,785,586	0	59.00
60.00	06000 LABORATORY	0.000000	42,285,772	0	13,419,703	0	60.00
65.00	06500 RESPIRATORY THERAPY	0.000000	10,652,703	0	1,034,895	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	5,445,261	0	206,115	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	3,019,918	0	23,856	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	1,679,341	0	915	0	68.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
70.01	07001 SLEEP LAB/NEUROLOGY	0.000000	147,151	0	181,821	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	9,612,001	0	3,628,749	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	18,769,592	0	8,001,316	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	29,465,481	0	29,677,834	0	73.00
76.00	03951 RADIOLOGY	0.000000	909,011	0	2,820,142	0	76.00
76.01	03950 WOUND CARE	0.000000	31,843	0	2,885,557	0	76.01
76.97	07697 CARDIAC REHABILITATION	0.000000	90,877	0	1,363,214	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	687,400	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.000000	19,811	0	17,970,601	0	90.00
90.01	09001 DIABETES CENTER	0.000000	0	0	242,943	0	90.01
91.00	09100 EMERGENCY	0.000000	28,835,826	0	28,181,601	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	227,264	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
200.00	Total (lines 50 through 199)		247,233,596	0	253,994,069	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0116	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/16/2018 8:25 am
	Title XVIII	Hospital	PPS

Cost Center Description		PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost	
		21.00	24.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MRI	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
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
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01	07001 SLEEP LAB/NEUROLOGY	0	0	70.01
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
76.00	03951 CARDIOLOGY	0	0	76.00
76.01	03950 WOUND CARE	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0	0	90.00
90.01	09001 DIABETES CENTER	0	0	90.01
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>				
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
200.00	Total (lines 50 through 199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0116	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part V Date/Time Prepared: 11/16/2018 8:25 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.204910	31,848,580	0	0	6,526,093	50.00
51.00	05100	RECOVERY ROOM	0.255652	1,814,632	0	0	463,914	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.552340	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.055228	2,348,580	0	0	129,707	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.112252	43,120,348	0	0	4,840,345	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.241856	9,556,675	0	0	2,311,339	55.00
56.00	05600	RADIOISOTOPE	0.104975	12,320,303	0	0	1,293,324	56.00
57.00	05700	CT SCAN	0.027667	24,552,629	0	0	679,298	57.00
58.00	05800	MRI	0.040161	9,092,810	0	0	365,176	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.126488	8,785,586	0	0	1,111,271	59.00
60.00	06000	LABORATORY	0.093924	13,419,703	265	0	1,260,432	60.00
65.00	06500	RESPIRATORY THERAPY	0.226052	1,034,895	0	0	233,940	65.00
66.00	06600	PHYSICAL THERAPY	0.237190	206,115	0	0	48,888	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.285731	23,856	0	0	6,816	67.00
68.00	06800	SPEECH PATHOLOGY	0.262905	915	0	0	241	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0.270032	181,821	0	0	49,097	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.565911	3,628,749	70	0	2,053,549	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.470695	8,001,316	9,500	0	3,766,179	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.354043	29,677,834	0	533,019	10,507,229	73.00
76.00	03951	CARDIOLOGY	0.267688	2,820,142	0	0	754,918	76.00
76.01	03950	WOUND CARE	0.245433	2,885,557	0	0	708,211	76.01
76.97	07697	CARDIAC REHABILITATION	0.524980	1,363,214	0	0	715,660	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.151320	687,400	0	0	104,017	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0.805132	17,970,601	7,385	0	14,468,706	90.00
90.01	09001	DIABETES CENTER	0.636844	242,943	0	0	154,717	90.01
91.00	09100	EMERGENCY	0.105751	28,181,601	0	0	2,980,232	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.429011	227,264	159	12,504	97,499	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.263357	0	0	0	0	97.00
200.00		Subtotal (see instructions)		253,994,069	17,379	545,523	55,630,798	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		253,994,069	17,379	545,523	55,630,798	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0116	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part V Date/Time Prepared: 11/16/2018 8:25 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	25	0		60.00
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
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01 07001 SLEEP LAB/NEUROLOGY	0	0		70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	40	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	4,472	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	188,712		73.00
76.00 03951 CARDIOLOGY	0	0		76.00
76.01 03950 WOUND CARE	0	0		76.01
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	5,946	0		90.00
90.01 09001 DIABETES CENTER	0	0		90.01
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	68	5,364		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
200.00 Subtotal (see instructions)	10,551	194,076		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	10,551	194,076		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0116	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part II Date/Time Prepared: 11/16/2018 8:25 am
		Component CCN: 14-T116	Title XVIII	Subprovider - IRF

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	4,217,210	164,438,666	0.025646	5,896	151	50.00
51.00	05100	RECOVERY ROOM	805,529	18,998,230	0.042400	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	815,783	13,588,161	0.060036	0	0	52.00
53.00	05300	ANESTHESIOLOGY	92,886	20,400,705	0.004553	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,222,858	180,778,578	0.012296	186,711	2,296	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	611,645	23,959,092	0.025529	13,870	354	55.00
56.00	05600	RADIOISOTOPE	253,526	29,654,706	0.008549	0	0	56.00
57.00	05700	CT SCAN	248,114	128,450,986	0.001932	143,847	278	57.00
58.00	05800	MRI	220,198	43,090,398	0.005110	10,532	54	58.00
59.00	05900	CARDIAC CATHETERIZATION	701,840	42,828,102	0.016387	0	0	59.00
60.00	06000	LABORATORY	547,127	216,705,608	0.002525	1,035,748	2,615	60.00
65.00	06500	RESPIRATORY THERAPY	266,065	21,049,568	0.012640	152,871	1,932	65.00
66.00	06600	PHYSICAL THERAPY	1,978,784	79,221,910	0.024978	2,100,609	52,469	66.00
67.00	06700	OCCUPATIONAL THERAPY	106,447	8,463,939	0.012577	1,947,982	24,500	67.00
68.00	06800	SPEECH PATHOLOGY	26,026	5,463,919	0.004763	1,961,491	9,343	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	33,358	781,962	0.042659	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,395,126	39,017,016	0.035757	6,916	247	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,713,651	57,762,547	0.029667	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,464,149	129,429,550	0.019039	810,009	15,422	73.00
76.00	03951	CARDIOLOGY	342,049	9,178,089	0.037268	0	0	76.00
76.01	03950	WOUND CARE	25,846	5,617,100	0.004601	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	338,003	2,624,856	0.128770	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	2,188	852,377	0.002567	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	6,524,386	40,928,385	0.159410	0	0	90.00
90.01	09001	DIABETES CENTER	28,908	1,005,454	0.028751	0	0	90.01
91.00	09100	EMERGENCY	1,508,388	173,276,139	0.008705	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	12,167,335	0.000000	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	74,102	4,305,486	0.017211	0	0	97.00
200.00		Total (lines 50 through 199)	27,564,192	1,474,038,864		8,376,482	109,661	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0116 Component CCN: 14-T116	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/16/2018 8:25 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
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
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
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
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
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001 SLEEP LAB/NEUROLOGY	0	0	0	0	0	70.01
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
76.00	03951 CARDIOLOGY	0	0	0	0	0	76.00
76.01	03950 WOUND CARE	0	0	0	0	0	76.01
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
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 DIABETES CENTER	0	0	0	0	0	90.01
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>							
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
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: 14-0116 Component CCN: 14-T116	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/16/2018 8:25 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description			All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)	
			4.00	5.00	6.00	7.00	8.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	164,438,666	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	18,998,230	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	13,588,161	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	20,400,705	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	180,778,578	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	23,959,092	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	29,654,706	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	128,450,986	0.000000	57.00
58.00	05800	MRI	0	0	0	43,090,398	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	42,828,102	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	216,705,608	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	21,049,568	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	79,221,910	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	8,463,939	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	5,463,919	0.000000	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0.000000	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0	0	0	781,962	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	39,017,016	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	57,762,547	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	129,429,550	0.000000	73.00
76.00	03951	CARDIOLOGY	0	0	0	9,178,089	0.000000	76.00
76.01	03950	WOUND CARE	0	0	0	5,617,100	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,624,856	0.000000	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	852,377	0.000000	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	40,928,385	0.000000	90.00
90.01	09001	DIABETES CENTER	0	0	0	1,005,454	0.000000	90.01
91.00	09100	EMERGENCY	0	0	0	173,276,139	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	12,167,335	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	4,305,486	0.000000	97.00
200.00		Total (lines 50 through 199)	0	0	0	1,474,038,864		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0116 Component CCN: 14-T116	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/16/2018 8:25 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.000000	5,896	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	186,711	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	13,870	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	143,847	0	0	0	57.00
58.00	05800 MRI	0.000000	10,532	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	1,035,748	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0.000000	152,871	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	2,100,609	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	1,947,982	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	1,961,491	0	0	0	68.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
70.01	07001 SLEEP LAB/NEUROLOGY	0.000000	0	0	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	6,916	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	810,009	0	0	0	73.00
76.00	03951 CARDIOLOGY	0.000000	0	0	0	0	76.00
76.01	03950 WOUND CARE	0.000000	0	0	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 DIABETES CENTER	0.000000	0	0	0	0	90.01
91.00	09100 EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
200.00	Total (lines 50 through 199)		8,376,482	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0116 Component CCN: 14-T116	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/16/2018 8:25 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost	
		21.00	24.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MRI	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
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
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01	07001 SLEEP LAB/NEUROLOGY	0	0	70.01
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
76.00	03951 CARDIOLOGY	0	0	76.00
76.01	03950 WOUND CARE	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0	0	90.00
90.01	09001 DIABETES CENTER	0	0	90.01
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>				
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
200.00	Total (lines 50 through 199)	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0116	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/16/2018 8:25 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		58,280	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		58,280	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)		54,006	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)		28,998	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)		71,178,307	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)		71,178,307	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)		71,178,307	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)		1,221.32	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		35,415,837	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)		35,415,837	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0116	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/16/2018 8:25 am		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	16,511,305	7,834	2,107.65	4,286	9,033,388	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)					48,735,444	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					93,184,669	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)					4,856,480	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					3,600,725	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					8,457,205	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					84,727,464	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					4,274	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,221.32	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					5,219,922	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0116		Period: From 07/01/2017 To 06/30/2018		Worksheet D-1 Date/Time Prepared: 11/16/2018 8:25 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	8,420,644	71,178,307	0.118304	5,219,922	617,538	90.00
91.00	Nursing School cost	0	71,178,307	0.000000	5,219,922	0	91.00
92.00	Allied health cost	0	71,178,307	0.000000	5,219,922	0	92.00
93.00	All other Medical Education	0	71,178,307	0.000000	5,219,922	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0116 Component CCN: 14-T116	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/16/2018 8:25 am
		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)		5,953	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,953	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		5,953	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		3,970	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)		5,949,925	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)		5,949,925	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)		5,949,925	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)		999.48	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,967,936	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		3,967,936	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0116	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1	
				Component CCN: 14-T116		Date/Time Prepared: 11/16/2018 8:25 am	
				Title XVIII	Subprovider - IRF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
<b>Cost Center Description</b>							
						1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						2,023,395	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						5,991,331	49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						369,488	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						109,661	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						479,149	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						5,512,182	53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
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
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
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: 14-0116 Component CCN: 14-T116		Period: From 07/01/2017 To 06/30/2018		Worksheet D-1 Date/Time Prepared: 11/16/2018 8:25 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	554,075	5,949,925	0.093123	0	0	90.00
91.00	Nursing School cost	0	5,949,925	0.000000	0	0	91.00
92.00	Allied health cost	0	5,949,925	0.000000	0	0	92.00
93.00	All other Medical Education	0	5,949,925	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0116	Period: From 07/01/2017 To 06/30/2018	Worksheet D-3 Date/Time Prepared: 11/16/2018 8:25 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		101,082,850	30.00
31.00	03100	INTENSIVE CARE UNIT		20,096,753	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	0.205073	27,197,140	50.00
51.00	05100	RECOVERY ROOM	0.255652	3,666,680	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.552340	18,873	52.00
53.00	05300	ANESTHESIOLOGY	0.057093	3,404,035	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.112693	18,760,029	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.241856	337,647	55.00
56.00	05600	RADIOISOTOPE	0.104975	2,545,171	56.00
57.00	05700	CT SCAN	0.027667	22,817,979	57.00
58.00	05800	MRI	0.040161	4,633,282	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.127509	12,888,172	59.00
60.00	06000	LABORATORY	0.093954	42,285,772	60.00
65.00	06500	RESPIRATORY THERAPY	0.226052	10,652,703	65.00
66.00	06600	PHYSICAL THERAPY	0.237331	5,445,261	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.285731	3,019,918	67.00
68.00	06800	SPEECH PATHOLOGY	0.262905	1,679,341	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0.270032	147,151	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.565911	9,612,001	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.470695	18,769,592	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.354043	29,465,481	73.00
76.00	03951	CARDIOLOGY	0.267688	909,011	76.00
76.01	03950	WOUND CARE	0.245891	31,843	76.01
76.97	07697	CARDIAC REHABILITATION	0.525536	90,877	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.151320	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.806044	19,811	90.00
90.01	09001	DIABETES CENTER	0.636844	0	90.01
91.00	09100	EMERGENCY	0.105893	28,835,826	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.429011	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.263357	0	97.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		247,233,596	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)		247,233,596	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0116 Component CCN: 14-T116	Period: From 07/01/2017 To 06/30/2018	Worksheet D-3 Date/Time Prepared: 11/16/2018 8:25 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<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		7,235,138		41.00
43.00	04300 NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.205073	5,896	1,209	50.00
51.00	05100 RECOVERY ROOM	0.255652	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.552340	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.057093	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.112693	186,711	21,041	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.241856	13,870	3,355	55.00
56.00	05600 RADIOISOTOPE	0.104975	0	0	56.00
57.00	05700 CT SCAN	0.027667	143,847	3,980	57.00
58.00	05800 MRI	0.040161	10,532	423	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.127509	0	0	59.00
60.00	06000 LABORATORY	0.093954	1,035,748	97,313	60.00
65.00	06500 RESPIRATORY THERAPY	0.226052	152,871	34,557	65.00
66.00	06600 PHYSICAL THERAPY	0.237331	2,100,609	498,540	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.285731	1,947,982	556,599	67.00
68.00	06800 SPEECH PATHOLOGY	0.262905	1,961,491	515,686	68.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
70.01	07001 SLEEP LAB/NEUROLOGY	0.270032	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.565911	6,916	3,914	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.470695	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.354043	810,009	286,778	73.00
76.00	03951 CARDIOLOGY	0.267688	0	0	76.00
76.01	03950 WOUND CARE	0.245891	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	0.525536	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.151320	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0.806044	0	0	90.00
90.01	09001 DIABETES CENTER	0.636844	0	0	90.01
91.00	09100 EMERGENCY	0.105893	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.429011	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.263357	0	0	97.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		8,376,482	2,023,395	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)		8,376,482		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0116	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 11/16/2018 8:25 am
		Title XVIII	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		15,612,932	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		55,401,626	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		2,992,564	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		10,775,285	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		266.84	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		16.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		16.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.059961	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.060804	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.059961	21.00
22.00	IME payment adjustment (see instructions)		2,287,805	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		347,137	22.01
<b>Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment ( sum of lines 22 and 28)		2,287,805	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		347,137	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		1.51	30.00
31.00	Percentage of Medicaid patient days (see instructions)		13.67	31.00
32.00	Sum of lines 30 and 31		15.18	32.00
33.00	Allowable disproportionate share percentage (see instructions)		2.62	33.00
34.00	Disproportionate share adjustment (see instructions)		465,146	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0116	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 11/16/2018 8:25 am	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
<b>Uncompensated Care Adjustment</b>					
35.00	Total uncompensated care amount (see instructions)		5,977,483,147	0	35.00
35.01	Factor 3 (see instructions)		0.000127844	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		764,186	941,056	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		192,617	703,858	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		896,475		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	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)		77,656,548		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			78,003,685	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			6,397,983	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).			635,398	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)			85,037,066	59.00
60.00	Primary payer payments			56,025	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			84,981,041	61.00
62.00	Deductibles billed to program beneficiaries			7,395,360	62.00
63.00	Coinurance billed to program beneficiaries			155,435	63.00
64.00	Allowable bad debts (see instructions)			890,826	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			579,037	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			658,780	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			78,009,283	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)			0	70.50
70.87	Demonstration payment adjustment amount before sequestration			0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)				70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			180,916	70.93
70.94	HRR adjustment amount (see instructions)			0	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0116	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 11/16/2018 8:25 am	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	1.00	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)			78,190,199	71.00
71.01	Sequestration adjustment (see instructions)			1,563,804	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
72.00	Interim payments			75,558,395	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)			1,068,000	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)			0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)			0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the \$410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 14-0116		Period: From 07/01/2017 To 06/30/2018		Worksheet DSH	
		Title XVIII		Hospital		Date/Time Prepared: 11/16/2018 8:25 am	
		PPS					
		Original .mcrcx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
<b>CALCULATION OF THE DSH PAYMENT PERCENTAGE</b>							
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	1.51	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	13.67	0.00			13.67	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	15.18	0.00			13.67	3.00
4.00	Provider Type * (urban, rural, SCH, RRC, pickle - If pickle worksheet NA)	Urban				Urban	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	266.84	0.00			266.84	5.00
6.00	Disproportionate Share Payment Percentage (transferred from Worksheet E, Part A, line 33)	2.62	0.00			0.00	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				No	7.00
8.00	S-2, Line 22	Yes				Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes				No	9.00
10.00	S-2, Line 45	Yes				Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 greater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	1.51	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	Yes				Yes	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	0.71	0.00	0.00	0.00	0.00	14.00
<b>CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS</b>							
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	1,367	0			1,367	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	2,592	0			2,592	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	0	0			0	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	7	0			7	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	5,213	0			5,213	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	39	0			39	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	9,218	0			9,218	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	66,684	0			66,684	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	755	0			755	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0			0	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	67,439	0			67,439	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	13.67	0.00			13.67	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 14-0116		Period: From 07/01/2017 To 06/30/2018		Worksheet DSH Date/Time Prepared: 11/16/2018 8:25 am	
		Title XVIII		Hospital		PPS	
		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
<b>CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE</b>							
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	False	0.00		0.00	False	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	True	2.62		0.00	True	29.00
30.00	Line 28 or 29 as applicable		2.62		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH with less than 100 beds the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		0.00		0.00		31.00
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
<b>DETERMINATION OF PROVIDER TYPE</b>							
32.00	Does the hospital qualify under the Pickle amendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	False				False	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Community hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban				Urban	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 14-0116	Period: From 07/01/2017 To 06/30/2018	Worksheet DSH Date/Time Prepared: 11/16/2018 8:25 am
		Title XVIII	Hospital	PPS

		Revised		
		Percentage		
		6.00		
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE				
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	0.00		28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	3.36		29.00
30.00	Line 28 or 29 as applicable	3.36		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH with less than 100 beds the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	0.00		31.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0116

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
11/16/2018 8:25 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	15,612,932	0	15,612,932		15,612,932	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	55,401,626	0		55,401,626	55,401,626	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	2,992,564	0	534,353	2,458,211	2,992,564	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.01	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	10,775,285	0	2,727,242	8,048,043	10,775,285	4.00
<b>Indirect Medical Education Adjustment</b>								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.059961	0.059961	0.059961	0.059961		5.00
6.00	IME payment adjustment (see instructions)	22.00	2,287,805	0	502,986	1,784,819	2,287,805	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	347,137	0	0	347,137	347,137	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	2,287,805	0	502,986	1,784,819	2,287,805	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	347,137	0	0	347,137	347,137	9.01
<b>Disproportionate Share Adjustment</b>								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0262	0.0262	0.0262	0.0262		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	465,146	0	102,265	362,881	465,146	11.00
11.01	Uncompensated care payments	36.00	896,475	0	192,617	703,858	896,475	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	77,656,548	0	16,945,153	60,711,395	77,656,548	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	78,003,685	0	16,945,153	61,058,532	78,003,685	15.00
16.00	Payment for inpatient program capital (From Wkst. L, Pt. I, if applicable)	50.00	6,397,983	0	1,359,032	5,038,951	6,397,983	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ aquisition cost							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: 14-0116

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
11/16/2018 8:25 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	18,304,185	66,097,483	84,401,668	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	5,775,892	0	1,263,703	4,512,189	5,775,892	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	288,244	0	22,287	265,957	288,244	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	0.0266	0.0266	0.0266	0.0266		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	153,639	0	33,614	120,025	153,639	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0312	0.0312	0.0312	0.0312		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	180,208	0	39,428	140,780	180,208	25.00
26.00	Total prospective capital payments (see instructions)	12.00	6,397,983	0	1,359,032	5,038,951	6,397,983	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.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0116

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet E  
Part A Exhibit 5  
Date/Time Prepared:  
11/16/2018 8:25 am

		Title XVIII			Hospital	PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	15,612,932	15,612,932		15,612,932	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	55,401,626		55,401,626	55,401,626	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	2,992,564	534,353	2,458,211	2,992,564	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	10,775,285	2,727,242	8,048,043	10,775,285	4.00
<b>Indirect Medical Education Adjustment</b>							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.059961	0.059961	0.059961		5.00
6.00	IME payment adjustment (see instructions)	22.00	2,287,805	502,986	1,784,819	2,287,805	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	347,137	87,861	259,276	347,137	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	2,287,805	502,986	1,784,819	2,287,805	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	347,137	87,861	259,276	347,137	9.01
<b>Disproportionate Share Adjustment</b>							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0262	0.0262	0.0262		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	465,146	102,265	362,881	465,146	11.00
11.01	Uncompensated care payments	36.00	896,475	192,617	703,858	896,475	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	77,656,548	16,945,153	60,711,395	77,656,548	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	78,003,685	17,033,014	60,970,671	78,003,685	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	6,397,983	1,359,032	5,038,951	6,397,983	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>			18,392,046	66,009,622	84,401,668	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0116

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet E  
Part A Exhibit 5  
Date/Time Prepared:  
11/16/2018 8:25 am

		Title XVIII			Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)					
		0	1.00	2.00	3.00	4.00		
20.00	Capital DRG other than outlier	1.00	5,775,892	1,263,703	4,512,189	5,775,892	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	288,244	22,287	265,957	288,244	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	0.0266	0.0266	0.0266		22.00	
23.00	Indirect medical education adjustment (see instructions)	6.00	153,639	33,614	120,025	153,639	23.00	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0312	0.0312	0.0312		24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	180,208	39,428	140,780	180,208	25.00	
26.00	Total prospective capital payments (see instructions)	12.00	6,397,983	1,359,032	5,038,951	6,397,983	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	180,916	45,804	135,112	180,916	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	0	0	0	0	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: 14-0116	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part B Date/Time Prepared: 11/16/2018 8:25 am
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		204,627	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		55,630,798	2.00
3.00	OPPS payments		45,165,827	3.00
4.00	Outlier payment (see instructions)		366,875	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)		204,627	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		562,902	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)		562,902	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)		562,902	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		358,275	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)		204,627	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)		45,532,702	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		2,027	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		8,889,968	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)		36,845,334	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		357,886	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)		37,203,220	30.00
31.00	Primary payer payments		8,245	31.00
32.00	Subtotal (line 30 minus line 31)		37,194,975	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)		886,527	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		576,243	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		693,171	36.00
37.00	Subtotal (see instructions)		37,771,218	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-212	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)		37,771,430	40.00
40.01	Sequestration adjustment (see instructions)		755,429	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		36,612,313	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		403,688	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: 14-0116	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part B Date/Time Prepared: 11/16/2018 8:25 am
		Title XVIII	Hospital
			PPS
			Overrides
WORKSHEET OVERRIDE VALUES			1.00
112.00	Override of Ancillary service charges (line 12)		0112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0116

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet E-1  
Part I  
Date/Time Prepared:  
11/16/2018 8:25 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		75,506,261		36,571,683	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	01/25/2018	52,134	01/25/2018	40,630	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)		52,134		40,630	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)		75,558,395		36,612,313	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		1,068,000		403,688	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		76,626,395		37,016,001	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: 14-0116  
Component CCN: 14-T116

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet E-1  
Part I  
Date/Time Prepared:  
11/16/2018 8:25 am  
PPS

Title XVIII

Subprovider -  
IRF

		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		6,026,602		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)		6,026,602		0	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		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		13,934		0	6.02
7.00	Total Medicare program liability (see instructions)		6,012,668		0	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: 14-0116	Period: From 07/01/2017 To 06/30/2018	Worksheet E-1 Part II Date/Time Prepared: 11/16/2018 8:25 am
		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
<b>INPATIENT HOSPITAL SERVICES UNDER THE IPPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00
				Overrides
				1.00
<b>CONTRACTOR OVERRIDES</b>				
108.00	Override of HIT payment			108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0116 Component CCN: 14-T116	Period: From 07/01/2017 To 06/30/2018	Worksheet E-3 Part III Date/Time Prepared: 11/16/2018 8:25 am
		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)			5,939,443 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0071 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			109,880 3.00
4.00	Outlier Payments			107,797 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)			16.309589 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)			6,157,120 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)			6,157,120 17.00
18.00	Primary payer payments			3,537 18.00
19.00	Subtotal (line 17 less line 18).			6,153,583 19.00
20.00	Deductibles			9,308 20.00
21.00	Subtotal (line 19 minus line 20)			6,144,275 21.00
22.00	Coinsurance			17,396 22.00
23.00	Subtotal (line 21 minus line 22)			6,126,879 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			13,072 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			8,497 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			1,288 26.00
27.00	Subtotal (sum of lines 23 and 25)			6,135,376 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)			6,135,376 32.00
32.01	Sequestration adjustment (see instructions)			122,708 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			6,026,602 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)			-13,934 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			107,797 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: 14-0116		Period: From 07/01/2017 To 06/30/2018		Worksheet E-4 Date/Time Prepared: 11/16/2018 8:25 am	
		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.					0.00	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)					0.00	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)					0.00	6.00
7.00	Enter the lesser of line 5 or line 6					0.00	7.00
		Primary Care	Other			Total	
		1.00	2.00			3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	0.00			0.00	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.00	0.00			0.00	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00				10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00				10.01
11.00	Total weighted FTE count	0.00	0.00				11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.00				12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.00				13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	0.00				14.00
15.00	Adjustment for residents in initial years of new programs	16.00	0.00				15.00
15.01	Unweighted adjustment for residents in initial years of new programs	16.00	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	16.00	0.00				17.00
18.00	Per resident amount	100,652.00	0.00				18.00
19.00	Approved amount for resident costs	1,610,432	0			1,610,432	19.00
						1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)					0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)					0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)					0.00	22.00
23.00	Enter the 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)					1,610,432	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)	37,254	5,852				26.00
27.00	Total Inpatient Days (see instructions)	68,548	68,548				27.00
28.00	Ratio of inpatient days to total inpatient days	0.543473	0.085371				28.00
29.00	Program direct GME amount	875,226	137,484				29.00
30.00	Reduction for direct GME payments for Medicare Advantage		19,426				30.00
31.00	Net Program direct GME amount					993,284	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0116	Period: From 07/01/2017 To 06/30/2018	Worksheet E-4 Date/Time Prepared: 11/16/2018 8:25 am
		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)		0	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)		99,176,000	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)		59,562	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		99,116,438	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		55,835,425	42.00
43.00	Primary payer payments (see instructions)		8,245	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		55,827,180	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		154,943,618	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.639694	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.360306	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		993,284	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		635,398	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		357,886	50.00

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

Provider CCN: 14-0116

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet G

Date/Time Prepared:  
11/16/2018 8:25 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	-327,000	0	0	0	1.00
2.00	Temporary investments	20,035,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	60,287,000	0	0	0	4.00
5.00	Other receivable	48,295,000	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	9,875,000	0	0	0	7.00
8.00	Prepaid expenses	1,736,000	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	139,901,000	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	116,338	0	0	0	12.00
13.00	Land improvements	13,542,088	0	0	0	13.00
14.00	Accumulated depreciation	-1,669,101	0	0	0	14.00
15.00	Buildings	267,106,222	0	0	0	15.00
16.00	Accumulated depreciation	-54,684,143	0	0	0	16.00
17.00	Leasehold improvements	2,230,969	0	0	0	17.00
18.00	Accumulated depreciation	-296,242	0	0	0	18.00
19.00	Fixed equipment	11,215,876	0	0	0	19.00
20.00	Accumulated depreciation	-11,214,687	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	122,997,283	0	0	0	23.00
24.00	Accumulated depreciation	-88,810,584	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	9,336,651	0	0	0	27.00
28.00	Accumulated depreciation	-6,978,670	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	262,892,000	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	79,493,000	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	5,126,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	84,619,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	487,412,000	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	4,736,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	21,993,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	4,020,000	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	38,196,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	68,945,000	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	271,355,000	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	1,798,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	273,153,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	342,098,000	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	145,314,000				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)	145,314,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	487,412,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0116

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet G-1

Date/Time Prepared:  
11/16/2018 8:25 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		149,742,000		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		20,299,000			2.00
3.00	Total (sum of line 1 and line 2)		170,041,000		0	3.00
4.00	UNRESTRICTED NET ASSETS RELEASED	80,000		0		4.00
5.00	CHANGES IN UNREALIZED GAINS	346,000		0		5.00
6.00	CHANGES IN TEMP RESTRICTED ASSETS	1,147,000		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)		1,573,000		0	10.00
11.00	Subtotal (line 3 plus line 10)		171,614,000		0	11.00
12.00	TRANSFER TO AFFILIATED ORGANIZATION	26,300,000		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)		26,300,000		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		145,314,000		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	UNRESTRICTED NET ASSETS RELEASED		0			4.00
5.00	CHANGES IN UNREALIZED GAINS		0			5.00
6.00	CHANGES IN TEMP RESTRICTED ASSETS		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	TRANSFER TO AFFILIATED ORGANIZATION		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: 14-0116

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
11/16/2018 8:25 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	195,330,414		195,330,414	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	10,907,365		10,907,365	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)	206,237,779		206,237,779	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	36,597,566		36,597,566	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)	36,597,566		36,597,566	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	242,835,345		242,835,345	17.00
18.00	Ancillary services	437,540,490	804,815,571	1,242,356,061	18.00
19.00	Outpatient services	49,966,620	177,410,693	227,377,313	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		1,556,844	1,556,844	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	DME	0	4,305,486	4,305,486	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	730,342,455	988,088,594	1,718,431,049	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		429,321,769		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)		429,321,769		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0116

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet G-3

Date/Time Prepared:  
11/16/2018 8:25 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,718,431,049	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,278,301,049	2.00
3.00	Net patient revenues (line 1 minus line 2)	440,130,000	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	429,321,769	4.00
5.00	Net income from service to patients (line 3 minus line 4)	10,808,231	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	-150,719	6.00
7.00	Income from investments	4,061,563	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	5,581,889	24.00
24.01	ROUNDING	-1,964	24.01
25.00	Total other income (sum of lines 6-24)	9,490,769	25.00
26.00	Total (line 5 plus line 25)	20,299,000	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	20,299,000	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 14-0116

Period: From 07/01/2017

Worksheet H

HHA CCN: 14-7455

To 06/30/2018

Date/Time Prepared: 11/16/2018 8:25 am

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures		0		0	0	1.00
2.00	Capital Related - Movable Equipment		0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	362,689	0	0	209,799	572,488	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	280,699	0	17,473	0	298,172	6.00
7.00	Physical Therapy	221,832	0	15,985	0	237,817	7.00
8.00	Occupational Therapy	2,583	0	1,625	0	4,208	8.00
9.00	Speech Pathology	16,182	0	1,110	0	17,292	9.00
10.00	Medical Social Services	17,134	0	103	0	17,237	10.00
11.00	Home Health Aide	31,006	0	2,472	0	33,478	11.00
12.00	Supplies (see instructions)	0	0	0	48,528	48,528	12.00
13.00	Drugs	0	0	0	1,320	1,320	13.00
14.00	DME	0	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Tel emedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	932,125	0	38,768	0	259,647	24.00
	Reclassified	Reclassified	Adjustments	Net Expenses			
	7.00	8.00	9.00	10.00			
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0		1.00
2.00	Capital Related - Movable Equipment	0	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation	0	0	0	0		4.00
5.00	Administrative and General	26,045	598,533	0	598,533		5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	0	298,172	0	298,172		6.00
7.00	Physical Therapy	0	237,817	0	237,817		7.00
8.00	Occupational Therapy	0	4,208	0	4,208		8.00
9.00	Speech Pathology	0	17,292	0	17,292		9.00
10.00	Medical Social Services	0	17,237	0	17,237		10.00
11.00	Home Health Aide	0	33,478	0	33,478		11.00
12.00	Supplies (see instructions)	0	48,528	0	48,528		12.00
13.00	Drugs	0	1,320	0	1,320		13.00
14.00	DME	0	0	0	0		14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0		15.00
16.00	Respiratory Therapy	0	0	0	0		16.00
17.00	Private Duty Nursing	0	0	0	0		17.00
18.00	Clinic	0	0	0	0		18.00
19.00	Health Promotion Activities	0	0	0	0		19.00
20.00	Day Care Program	0	0	0	0		20.00
21.00	Home Delivered Meals Program	0	0	0	0		21.00
22.00	Homemaker Service	0	0	0	0		22.00
23.00	All Others (specify)	0	0	0	0		23.00
23.50	Tel emedicine	0	0	0	0		23.50
24.00	Total (sum of lines 1-23)	26,045	1,256,585	0	1,256,585		24.00

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable.

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 14-0116 HHA CCN: 14-7455		Period: From 07/01/2017 To 06/30/2018		Worksheet H-1 Part I Date/Time Prepared: 11/16/2018 8:25 am	
				Home Health Agency I		PPS	
	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bldgs & Fixtures	Movable Equipment				
		1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	0		0		0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	598,533	0	0	0	598,533	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	298,172	0	0	0	298,172	6.00
7.00	Physical Therapy	237,817	0	0	0	237,817	7.00
8.00	Occupational Therapy	4,208	0	0	0	4,208	8.00
9.00	Speech Pathology	17,292	0	0	0	17,292	9.00
10.00	Medical Social Services	17,237	0	0	0	17,237	10.00
11.00	Home Health Aide	33,478	0	0	0	33,478	11.00
12.00	Supplies (see instructions)	48,528	0	0	0	48,528	12.00
13.00	Drugs	1,320	0	0	0	1,320	13.00
14.00	DME	0	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Tel emedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	1,256,585	0	0	0	1,256,585	24.00
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	598,533					5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	271,203	569,375				6.00
7.00	Physical Therapy	216,307	454,124				7.00
8.00	Occupational Therapy	3,827	8,035				8.00
9.00	Speech Pathology	15,728	33,020				9.00
10.00	Medical Social Services	15,678	32,915				10.00
11.00	Home Health Aide	30,450	63,928				11.00
12.00	Supplies (see instructions)	44,139	92,667				12.00
13.00	Drugs	1,201	2,521				13.00
14.00	DME	0	0				14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	0	0				23.00
23.50	Tel emedicine	0	0				23.50
24.00	Total (sum of lines 1-23)		1,256,585				24.00

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 14-0116 HHA CCN: 14-7455		Period: From 07/01/2017 To 06/30/2018		Worksheet H-1 Part II Date/Time Prepared: 11/16/2018 8:25 am	
				Home Health Agency I		PPS	
	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	0				0	1.00
2.00	Capital Related - Movable Equipment		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-598,533	658,052
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	0	0	0	0	0	298,172
7.00	Physical Therapy	0	0	0	0	0	237,817
8.00	Occupational Therapy	0	0	0	0	0	4,208
9.00	Speech Pathology	0	0	0	0	0	17,292
10.00	Medical Social Services	0	0	0	0	0	17,237
11.00	Home Health Aide	0	0	0	0	0	33,478
12.00	Supplies (see instructions)	0	0	0	0	0	48,528
13.00	Drugs	0	0	0	0	0	1,320
14.00	DME	0	0	0	0	0	0
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
23.50	Telemedicine	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	0	0	-598,533	658,052
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		598,533
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.909553

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0116

Period: From 07/01/2017

Worksheet H-2

HHA CCN: 14-7455

To 06/30/2018

Part I  
Date/Time Prepared:  
11/16/2018 8:25 am

Home Health  
Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
		BLDG & FIXT	MVBLE EQUIP					
		1.00	2.00	4.00				
	0	1.00	2.00	4.00	4A	5.00		
1.00 Administrative and General	0	0	0	230,670	230,670	60,739	1.00	
2.00 Skilled Nursing Care	569,375	0	0	0	569,375	149,923	2.00	
3.00 Physical Therapy	454,124	0	0	0	454,124	119,577	3.00	
4.00 Occupational Therapy	8,035	0	0	0	8,035	2,116	4.00	
5.00 Speech Pathology	33,020	0	0	0	33,020	8,695	5.00	
6.00 Medical Social Services	32,915	0	0	0	32,915	8,667	6.00	
7.00 Home Health Aide	63,928	0	0	0	63,928	16,833	7.00	
8.00 Supplies (see instructions)	92,667	0	0	0	92,667	24,401	8.00	
9.00 Drugs	2,521	0	0	0	2,521	664	9.00	
10.00 DME	0	0	0	0	0	0	10.00	
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00	
14.00 Clinic	0	0	0	0	0	0	14.00	
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00 Day Care Program	0	0	0	0	0	0	16.00	
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00 Homemaker Service	0	0	0	0	0	0	18.00	
19.00 All Others (specify)	0	0	0	0	0	0	19.00	
19.50 Telemedicine	0	0	0	0	0	0	19.50	
20.00 Total (sum of lines 1-19) (2)	1,256,585	0	0	230,670	1,487,255	391,615	20.00	
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00	
Cost Center Description	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION		
	7.00	8.00	9.00	10.00	11.00	13.00		
1.00 Administrative and General	0	0	0	0	16,352	0	1.00	
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00	
3.00 Physical Therapy	0	0	0	0	0	0	3.00	
4.00 Occupational Therapy	0	0	0	0	0	0	4.00	
5.00 Speech Pathology	0	0	0	0	0	0	5.00	
6.00 Medical Social Services	0	0	0	0	0	0	6.00	
7.00 Home Health Aide	0	0	0	0	0	0	7.00	
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00	
9.00 Drugs	0	0	0	0	0	0	9.00	
10.00 DME	0	0	0	0	0	0	10.00	
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00	
14.00 Clinic	0	0	0	0	0	0	14.00	
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00 Day Care Program	0	0	0	0	0	0	16.00	
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00 Homemaker Service	0	0	0	0	0	0	18.00	
19.00 All Others (specify)	0	0	0	0	0	0	19.00	
19.50 Telemedicine	0	0	0	0	0	0	19.50	
20.00 Total (sum of lines 1-19) (2)	0	0	0	0	16,352	0	20.00	
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00	

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 14-0116	Period: From 07/01/2017	Worksheet H-2
		HHA CCN: 14-7455	To 06/30/2018	Part I
			Home Health Agency I	Date/Time Prepared: 11/16/2018 8:25 am
				PPS

Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS		Subtotal	
				SERVICES-SALARIES & FRINGES	SERVICES-OTHER PRGM. COSTS		
				14.00	15.00		
1.00 Administrative and General	0	0	2,245	0	0	310,006	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	719,298	2.00
3.00 Physical Therapy	0	0	0	0	0	573,701	3.00
4.00 Occupational Therapy	0	0	0	0	0	10,151	4.00
5.00 Speech Pathology	0	0	0	0	0	41,715	5.00
6.00 Medical Social Services	0	0	0	0	0	41,582	6.00
7.00 Home Health Aide	0	0	0	0	0	80,761	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	117,068	8.00
9.00 Drugs	0	0	0	0	0	3,185	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	0	0	2,245	0	0	1,897,467	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs			
	25.00	26.00	27.00	28.00			
1.00 Administrative and General	0	310,006					1.00
2.00 Skilled Nursing Care	0	719,298	140,468	859,766			2.00
3.00 Physical Therapy	0	573,701	112,035	685,736			3.00
4.00 Occupational Therapy	0	10,151	1,982	12,133			4.00
5.00 Speech Pathology	0	41,715	8,146	49,861			5.00
6.00 Medical Social Services	0	41,582	8,120	49,702			6.00
7.00 Home Health Aide	0	80,761	15,771	96,532			7.00
8.00 Supplies (see instructions)	0	117,068	22,862	139,930			8.00
9.00 Drugs	0	3,185	622	3,807			9.00
10.00 DME	0	0	0	0			10.00
11.00 Home Dialysis Aide Services	0	0	0	0			11.00
12.00 Respiratory Therapy	0	0	0	0			12.00
13.00 Private Duty Nursing	0	0	0	0			13.00
14.00 Clinic	0	0	0	0			14.00
15.00 Health Promotion Activities	0	0	0	0			15.00
16.00 Day Care Program	0	0	0	0			16.00
17.00 Home Delivered Meals Program	0	0	0	0			17.00
18.00 Homemaker Service	0	0	0	0			18.00
19.00 All Others (specify)	0	0	0	0			19.00
19.50 Telemedicine	0	0	0	0			19.50
20.00 Total (sum of lines 1-19) (2)	0	1,897,467	310,006	1,897,467			20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.			0.195284				21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0116  
HHA CCN: 14-7455

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet H-2  
Part II  
Date/Time Prepared:  
11/16/2018 8:25 am  
PPS

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)					
		1.00	2.00					
1.00	Administrative and General	0	0	958,170	0	230,670	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	569,375	0	2.00
3.00	Physical Therapy	0	0	0	0	454,124	0	3.00
4.00	Occupational Therapy	0	0	0	0	8,035	0	4.00
5.00	Speech Pathology	0	0	0	0	33,020	0	5.00
6.00	Medical Social Services	0	0	0	0	32,915	0	6.00
7.00	Home Health Aide	0	0	0	0	63,928	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	92,667	0	8.00
9.00	Drugs	0	0	0	0	2,521	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	958,170		1,487,255	0	20.00
21.00	Total cost to be allocated	0	0	230,670		391,615	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.240740		0.263314	0.000000	22.00
Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		8.00	9.00	10.00	11.00	13.00	14.00	
1.00	Administrative and General	0	0	0	1,042	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	1,042	0	0	20.00
21.00	Total cost to be allocated	0	0	0	16,352	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	15.692898	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0116

Period:

Worksheet H-2

HHA CCN: 14-7455

From 07/01/2017  
To 06/30/2018

Part II  
Date/Time Prepared:  
11/16/2018 8:25 am

Home Health Agency I

PPS

Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	INTERNS & RESIDENTS			
			SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM. COSTS (ASSIGNED TIME)		
			15.00	16.00		
1.00 Administrative and General	0	1,556,844	0	0		1.00
2.00 Skilled Nursing Care	0	0	0	0		2.00
3.00 Physical Therapy	0	0	0	0		3.00
4.00 Occupational Therapy	0	0	0	0		4.00
5.00 Speech Pathology	0	0	0	0		5.00
6.00 Medical Social Services	0	0	0	0		6.00
7.00 Home Health Aide	0	0	0	0		7.00
8.00 Supplies (see instructions)	0	0	0	0		8.00
9.00 Drugs	0	0	0	0		9.00
10.00 DME	0	0	0	0		10.00
11.00 Home Dialysis Aide Services	0	0	0	0		11.00
12.00 Respiratory Therapy	0	0	0	0		12.00
13.00 Private Duty Nursing	0	0	0	0		13.00
14.00 Clinic	0	0	0	0		14.00
15.00 Health Promotion Activities	0	0	0	0		15.00
16.00 Day Care Program	0	0	0	0		16.00
17.00 Home Delivered Meals Program	0	0	0	0		17.00
18.00 Homemaker Service	0	0	0	0		18.00
19.00 All Others (specify)	0	0	0	0		19.00
19.50 Telemedicine	0	0	0	0		19.50
20.00 Total (sum of lines 1-19)	0	1,556,844	0	0		20.00
21.00 Total cost to be allocated	0	2,245	0	0		21.00
22.00 Unit cost multiplier	0.000000	0.001442	0.000000	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 14-0116	Period: From 07/01/2017 To 06/30/2018	Worksheet H-3 Part I Date/Time Prepared: 11/16/2018 8:25 am
		HHA CCN: 14-7455		
Title XVIII			Home Health Agency I	PPS

Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)
	0	1.00	2.00	3.00	4.00	5.00

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION

Cost Per Visit Computation

1.00	Skilled Nursing Care	2.00	859,766		859,766	3,054	281.52	1.00
2.00	Physical Therapy	3.00	685,736	0	685,736	2,794	245.43	2.00
3.00	Occupational Therapy	4.00	12,133	0	12,133	284	42.72	3.00
4.00	Speech Pathology	5.00	49,861	0	49,861	194	257.02	4.00
5.00	Medical Social Services	6.00	49,702		49,702	18	2,761.22	5.00
6.00	Home Health Aide	7.00	96,532		96,532	432	223.45	6.00
7.00	Total (sum of lines 1-6)		1,753,730	0	1,753,730	6,776		7.00

Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits		Ratio (col. 3 ÷ col. 4)
				Not Subject to Deductibles & Coinsurance	Subject to Deductibles	
	0	1.00	2.00	3.00	4.00	5.00

Limitation Cost Computation

8.00	Skilled Nursing Care		16974	0	1,935			8.00
8.01	Skilled Nursing Care		29404	0	120			8.01
9.00	Physical Therapy		16974	0	1,612			9.00
9.01	Physical Therapy		29404	0	70			9.01
10.00	Occupational Therapy		16974	0	199			10.00
10.01	Occupational Therapy		29404	0	0			10.01
11.00	Speech Pathology		16974	0	169			11.00
11.01	Speech Pathology		29404	0	1			11.01
12.00	Medical Social Services		16974	0	15			12.00
12.01	Medical Social Services		29404	0	2			12.01
13.00	Home Health Aide		16974	0	419			13.00
13.01	Home Health Aide		29404	0	27			13.01
14.00	Total (sum of lines 8-13)			0	4,569			14.00

Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)
	0	1.00	2.00	3.00	4.00	5.00

Supplies and Drugs Cost Computations

15.00	Cost of Medical Supplies	8.00	139,930	0	139,930	0	0.000000	15.00
16.00	Cost of Drugs	9.00	3,807	0	3,807	0	0.000000	16.00

Cost Center Description	Part A	Program Visits		Cost of Services	Part B	
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		6.00	7.00		8.00	9.00

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION

Cost Per Visit Computation

1.00	Skilled Nursing Care	0	2,055		0	578,524		1.00
2.00	Physical Therapy	0	1,682		0	412,813		2.00
3.00	Occupational Therapy	0	199		0	8,501		3.00
4.00	Speech Pathology	0	170		0	43,693		4.00
5.00	Medical Social Services	0	17		0	46,941		5.00
6.00	Home Health Aide	0	446		0	99,659		6.00
7.00	Total (sum of lines 1-6)	0	4,569		0	1,190,131		7.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0116

Period: From 07/01/2017

Worksheet H-3

HHA CCN: 14-7455

To 06/30/2018

Part I  
Date/Time Prepared:  
11/16/2018 8:25 am

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Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
14.00	Total (sum of lines 8-13)							14.00
Cost Center Description		Program Covered Charges			Cost of Services			
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	0	0	0	0	0	0	15.00
16.00	Cost of Drugs		1,547	0		0	0	16.00
Cost Center Description		Total Program Cost (sum of col.s. 9-10)						
		12.00						
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	578,524						1.00
2.00	Physical Therapy	412,813						2.00
3.00	Occupational Therapy	8,501						3.00
4.00	Speech Pathology	43,693						4.00
5.00	Medical Social Services	46,941						5.00
6.00	Home Health Aide	99,659						6.00
7.00	Total (sum of lines 1-6)	1,190,131						7.00
Cost Center Description								
		12.00						
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 14-0116 HHA CCN: 14-7455	Period: From 07/01/2017 To 06/30/2018	Worksheet H-3 Part II Date/Time Prepared: 11/16/2018 8:25 am
Title XVIII			Home Health Agency I	PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated	
	0	1.00	2.00	3.00	4.00	
<b>PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS</b>						
1.00	Physical Therapy	66.00	0.237190	0	0	col. 2, line 2.00 1.00
2.00	Occupational Therapy	67.00	0.285731	0	0	col. 2, line 3.00 2.00
3.00	Speech Pathology	68.00	0.262905	0	0	col. 2, line 4.00 3.00
4.00	Cost of Medical Supplies	71.00	0.565911	0	0	col. 2, line 15.00 4.00
5.00	Cost of Drugs	73.00	0.354043	0	0	col. 2, line 16.00 5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0116 HHA CCN: 14-7455	Period: From 07/01/2017 To 06/30/2018	Worksheet H-4 Part I-II Date/Time Prepared: 11/16/2018 8:25 am
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
<b>PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES</b>				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	1,547	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount 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(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	1,547	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	1,547	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
<b>PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT</b>				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	742,606
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	23,512
13.00	Total PPS Reimbursement - LUPA Episodes		0	41,712
14.00	Total PPS Reimbursement - PEP Episodes		0	46,451
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	5,437
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	2,597
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	862,315
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	862,315
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	862,315
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	862,315
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
30.99	Demonstration payment adjustment amount before sequestration		0	0
31.00	Subtotal (see instructions)		0	862,315
31.01	Sequestration adjustment (see instructions)		0	17,280
31.02	Demonstration payment adjustment amount after sequestration		0	0
32.00	Interim payments (see instructions)		0	846,730
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	-1,695
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

Provider CCN: 14-0116

Period: From 07/01/2017

Worksheet H-5

HHA CCN: 14-7455

To 06/30/2018

Date/Time Prepared: 11/16/2018 8:25 am

Home Health Agency I

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		0		846,730	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			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			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. H-4, Part II, column as appropriate, line 32)		0		846,730	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			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			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		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		1,695	6.02
7.00	Total Medicare program liability (see instructions)		0		845,035	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				0	1.00	2.00
8.00	Name of Contractor					8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0116	Period: From 07/01/2017 To 06/30/2018	Worksheet L Parts I-III Date/Time Prepared: 11/16/2018 8:25 am
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		5,775,892	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		288,244	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)		171.49	3.00
4.00	Number of interns & residents (see instructions)		16.00	4.00
5.00	Indirect medical education percentage (see instructions)		2.66	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)		153,639	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		1.51	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		13.67	8.00
9.00	Sum of lines 7 and 8		15.18	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.12	10.00
11.00	Disproportionate share adjustment (see instructions)		180,208	11.00
12.00	Total prospective capital payments (see instructions)		6,397,983	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