

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: 14-0117	Period: From 01/01/2018 To 06/30/2018	Worksheet S Parts I-III Date/Time Prepared: 11/28/2018 4:04 pm
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PART I - COST REPORT STATUS

Provider use only 1. Electronically filed cost report Date: 11/28/2018 Time: 4:04 pm
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

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

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by PRESENCE RESURRECTION MEDICAL CENTER (14-0117) for the cost reporting period beginning 01/01/2018 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.

(Signed) ROBERT ROSENBERGER
 Officer or Administrator of Provider(s)

CHIEF FINANCIAL OFFICER
 Title

(Dated when report is electronically signed.)
 Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	241,046	-70,780	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	69,804	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	-1	0		0	7.00
200.00 Total	0	310,849	-70,780	0	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0117		Period: From 01/01/2018 To 06/30/2018		Worksheet S-2 Part I Date/Time Prepared: 11/28/2018 4:03 pm							
1.00		2.00		3.00		4.00							
Hospital and Hospital Health Care Complex Address:													
1.00	Street: 7435 WEST TALCOTT			PO Box:						1.00			
2.00	City: CHI CAGO			State: IL		Zip Code: 60631		County: COOK		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			
		V		XVIII		XIX							
Hospital and Hospital-Based Component Identification:													
3.00	Hospital		PRESENCE RESURRECTION MEDICAL CENTER	140117	16974	1	07/01/1966	N	P	0	3.00		
4.00	Subprovider - IPF										4.00		
5.00	Subprovider - IRF		RESURRECTION REHAB UNIT	14T117	16974	5	07/01/1991	N	P	0	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		RESURRECTION NURSING PAVILION	145324	16974		02/01/1980	N	P	0	9.00		
10.00	Hospital-Based NF										10.00		
11.00	Hospital-Based OLTC										11.00		
12.00	Hospital-Based HHA										12.00		
13.00	Separately Certified ASC										13.00		
14.00	Hospital-Based Hospice										14.00		
15.00	Hospital-Based Health Clinic - RHC										15.00		
16.00	Hospital-Based Health Clinic - FOHC										16.00		
17.00	Hospital-Based (CMHC) I										17.00		
18.00	Renal Dialysis		RESURRECTION MEDICAL CENTER RDF	142335	16974		07/01/2004				18.00		
19.00	Other										19.00		
							From:	To:					
							1.00	2.00					
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2018	06/30/2018		20.00			
21.00	Type of Control (see instructions)						1			21.00			
Inpatient PPS Information													
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00			
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						Y	Y		22.01			
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N		22.02			
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N		22.03			
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.							3	N		23.00		
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	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.						1,878	730	0	0	1,098	433	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.						43	235	0	0	0		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0117	Period: From 01/01/2018 To 06/30/2018	Worksheet S-2 Part I Date/Time Prepared: 11/28/2018 4:03 pm		
		Urban/Rural	St	Date of Geogra		
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)					37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i) or (ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N			39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N			40.00
		V	XVIII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
		1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)	N				60.00
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)					61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)					61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)					61.03

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

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000		66.00
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		67.00
					1.00	2.00	3.00
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N		0	76.00

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			1.00			
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N	80.00		
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N	81.00		
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N	85.00		
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00		
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N	87.00		
			V 1.00	XIX 2.00		
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00		
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00		
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00		
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00		
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00		
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00		
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00		
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00		
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	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		
Rural Providers						
105.00	Does this hospital qualify as a CAH?	N		105.00		
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00		
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.			107.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00		
			Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00
			1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.		N			110.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0117	Period: From 01/01/2018 To 06/30/2018	Worksheet S-2 Part I Date/Time Prepared: 11/28/2018 4:03 pm	
		1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N			111.00
		1.00	2.00	3.00	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	0	0	2,769,540	118.01
		1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y		5.60	122.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		14H082	140.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0117		Period: From 01/01/2018 To 06/30/2018		Worksheet S-2 Part II Date/Time Prepared: 11/28/2018 4:03 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	09/12/2018		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.	N				9.00	
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	Y				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.	Y				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		16.00	
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	11/05/2018	Y	11/05/2018	17.00	
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N		18.00	
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N		19.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0117

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

Worksheet S-2
Part II
Date/Time Prepared:
11/28/2018 4:03 pm

		Description		Y/N	Y/N	
		0		1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	20.00
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21.00
					1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)						
Capital Related Cost						
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions					22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.					23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions					24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.					25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.					26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.					27.00
Interest Expense						
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.					28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions					29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.					30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.					31.00
Purchased Services						
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.					32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.					33.00
Provider-Based Physicians						
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.					34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.					35.00
				Y/N	Date	
				1.00	2.00	
Home Office Costs						
36.00	Were home office costs claimed on the cost report?			Y		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.			Y		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	
Cost Report Preparer Contact Information						
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	PATRICK		GILLI LAND		41.00
42.00	Enter the employer/company name of the cost report preparer	AMI TA HEALTH				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	847-813-3718		PATRICK.GILLI LAND@AMITHEALTH.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0117	Period: From 01/01/2018 To 06/30/2018	Worksheet S-2 Part II Date/Time Prepared: 11/28/2018 4:03 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DI RECTOR OF REIMBURSEMENT		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0117

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

Worksheet S-3
Part I
Date/Time Prepared:
11/28/2018 4:03 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	Title V
	Line Number				Visits / Trips	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	186	30,046	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)		186	30,046	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	41	7,267	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)		227	37,313	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	47	8,507		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	298	53,938		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		572				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)		17	3,077			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: 14-0117

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

Worksheet S-3
Part I
Date/Time Prepared:
11/28/2018 4:03 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents			
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll		
	6.00	7.00	8.00	9.00	10.00		
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	12,191	2,783	22,028			1.00
2.00	HMO and other (see instructions)	4,000	180				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	378	102				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	12,191	2,783	22,028			7.00
8.00	INTENSIVE CARE UNIT	1,499	640	4,401			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		430	795			13.00
14.00	Total (see instructions)	13,690	3,853	27,224	73.78	1,252.77	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	4,333	176	5,311	0.00	44.39	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	7,335	19,031	33,995	0.00	122.75	19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	0	0	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)				73.78	1,419.91	27.00
28.00	Observation Bed Days		36	1,327			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	106	227			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			1			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: 14-0117

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

Worksheet S-3
Part I
Date/Time Prepared:
11/28/2018 4:03 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,656	1,087	6,164	1.00
2.00	HMO and other (see instructions)			779	0		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	2,656	1,087	6,164	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	0.00	0	358	14	452	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	0.00					19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days			0			33.00
33.01	LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 14-0117		Period: From 01/01/2018 To 06/30/2018		Worksheet S-3 Part II Date/Time Prepared: 11/28/2018 4:03 pm		
	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)			
	1.00	2.00	3.00	4.00	5.00	6.00			
PART II - WAGE DATA									
SALARIES									
1.00	Total salaries (see instructions)	200.00	47,594,281	0	47,594,281	1,476,703.00	32.23		
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		5,972	0	5,972	67.00	89.13		
4.01	Physicians - Part A - Teaching		1,015,236	0	1,015,236	8,638.00	117.53		
5.00	Physician and Non-Physician-Part B		269,592	0	269,592	2,792.00	96.56		
6.00	Non-physician-Part B for hospital-based RHC and FOHC services		0	0	0	0.00	0.00		
7.00	Interns & residents (in an approved program)	21.00	0	2,629,445	2,629,445	95,976.00	27.40		
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00		
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00		
9.00	SNF	44.00	3,342,579	51,575	3,394,154	127,655.00	26.59		
10.00	Excluded area salaries (see instructions)		1,603,767	5,343	1,609,110	46,169.00	34.85		
OTHER WAGES & RELATED COSTS									
11.00	Contract Labor: Direct Patient Care		2,397,051	0	2,397,051	65,280.00	36.72		
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		0	0	0	0.00	0.00		
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		10,079,253	0	10,079,253	247,657.00	40.70		
14.02	Related organization salaries		0	0	0	0.00	0.00		
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00		
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00		
WAGE-RELATED COSTS									
17.00	Wage-related costs (core) (see instructions)		11,559,599	0	11,559,599		17.00		
18.00	Wage-related costs (other) (see instructions)		0	0	0		18.00		
19.00	Excluded areas		1,471,806	0	1,471,806		19.00		
20.00	Non-physician anesthetist Part A		0	0	0		20.00		
21.00	Non-physician anesthetist Part B		0	0	0		21.00		
22.00	Physician Part A - Administrative		1,614	0	1,614		22.00		
22.01	Physician Part A - Teaching		206,843	0	206,843		22.01		
23.00	Physician Part B		66,866	0	66,866		23.00		
24.00	Wage-related costs (RHC/FOHC)		0	0	0		24.00		
25.00	Interns & residents (in an approved program)		564,684	0	564,684		25.00		
25.50	Home office wage-related (core)		2,203,238	0	2,203,238		25.50		
25.51	Related organization wage-related (core)		0	0	0		25.51		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		25.52		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		25.53		
OVERHEAD COSTS - DIRECT SALARIES									
26.00	Employee Benefits Department	4.00	297,668	0	297,668	19,490.00	15.27		
27.00	Administrative & General	5.00	2,446,384	354,725	2,801,109	65,890.00	42.51		
28.00	Administrative & General under contract (see inst.)		3,102,260	0	3,102,260	16,733.00	185.40		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0117

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

Worksheet S-3
Part II
Date/Time Prepared:
11/28/2018 4:03 pm

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,191,393	-406,300	785,093	46,902.00	16.74	30.00
31.00	Laundry & Linen Service	8.00	157,971	0	157,971	11,417.00	13.84	31.00
32.00	Housekeeping	9.00	935,830	0	935,830	69,738.00	13.42	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	686,350	-472,762	213,588	13,829.00	15.44	34.00
35.00	Dietary under contract (see instructions)		565,766	0	565,766	12,372.00	45.73	35.00
36.00	Cafeteria	11.00	0	467,419	467,419	30,263.00	15.45	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	781,520	0	781,520	17,554.00	44.52	38.00
39.00	Central Services and Supply	14.00	198,617	0	198,617	10,701.00	18.56	39.00
40.00	Pharmacy	15.00	1,241,044	0	1,241,044	28,283.00	43.88	40.00
41.00	Medical Records & Medical Records Library	16.00	1,341,528	0	1,341,528	32,290.00	41.55	41.00
42.00	Social Service	17.00	78,346	0	78,346	3,753.00	20.88	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0117

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

Worksheet S-3
Part III
Date/Time Prepared:
11/28/2018 4:03 pm

	Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	49,977,479	-2,629,445	47,348,034	1,398,402.00	33.86	1.00
2.00	Excluded area salaries (see instructions)	4,946,346	56,918	5,003,264	173,824.00	28.78	2.00
3.00	Subtotal salaries (line 1 minus line 2)	45,031,133	-2,686,363	42,344,770	1,224,578.00	34.58	3.00
4.00	Subtotal other wages & related costs (see inst.)	12,476,304	0	12,476,304	312,937.00	39.87	4.00
5.00	Subtotal wage-related costs (see inst.)	13,764,451	0	13,764,451	0.00	32.51	5.00
6.00	Total (sum of lines 3 thru 5)	71,271,888	-2,686,363	68,585,525	1,537,515.00	44.61	6.00
7.00	Total overhead cost (see instructions)	13,024,677	-56,918	12,967,759	379,215.00	34.20	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0117	Period: From 01/01/2018 To 06/30/2018	Worksheet S-3 Part IV Date/Time Prepared: 11/28/2018 4:03 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		1,940,339	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)		2,726,688	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		4,729,472	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		113,961	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		28,770	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)		157,109	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		567,152	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		3,433,436	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		50,670	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		123,817	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		13,871,414	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COST		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 14-0117	Period: From 01/01/2018 To 06/30/2018	Worksheet S-3 Part V Date/Time Prepared: 11/28/2018 4:03 pm
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		2,397,051	13,871,413
2.00	Hospital		2,397,051	11,559,599
3.00	Subprovider - IPF			
4.00	Subprovider - IRF		0	0
5.00	Subprovider - (Other)		0	0
6.00	Swing Beds - SNF		0	0
7.00	Swing Beds - NF		0	0
8.00	Hospital-Based SNF		0	0
9.00	Hospital-Based NF			
10.00	Hospital-Based OLTC			
11.00	Hospital-Based HHA			
12.00	Separately Certified ASC			
13.00	Hospital-Based Hospice			
14.00	Hospital-Based Health Clinic RHC			
15.00	Hospital-Based Health Clinic FQHC			
16.00	Hospital-Based-CMHC			
17.00	Renal Dialysis		0	0
18.00	Other		0	2,311,814

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 14-0117

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

Worksheet S-5
Date/Time Prepared:
11/28/2018 4:03 pm

		Outpatient		Training		Home		
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD	
		1.00	2.00	3.00	4.00	5.00	6.00	
1.00	Number of patients in program at end of cost reporting period	49	0	0	0	0	0	1.00
2.00	Number of times per week patient receives dialysis	3.00	0.00	0.00	0.00	0.00	0.00	2.00
3.00	Average patient dialysis time including setup	4.00	0.00	0.00	0.00	0.00	0.00	3.00
4.00	CAPD exchanges per day				0.00		0.00	4.00
5.00	Number of days in year dialysis furnished	312	0					5.00
6.00	Number of stations	12	0	0		0		6.00
7.00	Treatment capacity per day per station	3	0					7.00
8.00	Utilization (see instructions)	0.00	0.00					8.00
9.00	Average times dialyzers re-used	0.00	0.00					9.00
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00
							Y/N	
							1.00	
	ESRD PPS							
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter "Y" for yes or "N" for no. (see instructions)						N	10.01
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter "Y" for yes or "N" for no. (See instructions for "new" providers.)						Y	10.02
						Prior to 1/1	After 12/31	
						1.00	2.00	
10.03	If you responded "N" to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)					0	0	10.03
	TRANSPLANT INFORMATION							
11.00	Number of patients on transplant list						5	11.00
12.00	Number of patients transplanted during the cost reporting period						0	12.00
	EPOETIN							
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.							13.00
14.00	Epoetin amount from Worksheet A for Home Dialysis program							14.00
15.00	Number of EPO units furnished relating to the renal dialysis department							15.00
16.00	Number of EPO units furnished relating to the home dialysis department							16.00
	ARANESP							
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.							17.00
18.00	ARANESP amount from Worksheet A for Home Dialysis program							18.00
19.00	Number of ARANESP units furnished relating to the renal dialysis department							19.00
20.00	Number of ARANESP units furnished relating to the home dialysis department							20.00
						MCP	INITIAL METHOD	
						1.00	2.00	
	PHYSICIAN PAYMENT METHOD							
21.00	Enter "X" if method(s) is applicable						X	21.00
		ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.		
		1.00	2.00	3.00	4.00	5.00		
22.00	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)		0	0	0	0		22.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA		Provider CCN: 14-0117	Period: From 01/01/2018 To 06/30/2018	Worksheet S-5 Date/Time Prepared: 11/28/2018 4:03 pm
			CCN	Treatments
			1.00	2.00
23.00	If line 10.01 is yes, enter in column 1 the CCN for each renal dialysis facility listed on Worksheet S-2, Part I, line 18, and its subscripts. Enter in column 2, the total treatments for each CCN. (see instructions)	142335	0	23.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0117

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

Worksheet S-7

Date/Time Prepared:
11/28/2018 4:03 pm

		1.00	2.00	
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.	N		1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.	N		2.00

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
	1.00	2.00	3.00	4.00	
3.00	RUX	0	0	0	3.00
4.00	RUL	0	0	0	4.00
5.00	RVX	14	0	14	5.00
6.00	RVL	0	0	0	6.00
7.00	RHX	0	0	0	7.00
8.00	RHL	0	0	0	8.00
9.00	RMX	0	0	0	9.00
10.00	RML	0	0	0	10.00
11.00	RLX	0	0	0	11.00
12.00	RUC	702	0	702	12.00
13.00	RUB	4,009	0	4,009	13.00
14.00	RUA	1,067	0	1,067	14.00
15.00	RVC	255	0	255	15.00
16.00	RVB	730	0	730	16.00
17.00	RVA	198	0	198	17.00
18.00	RHC	109	0	109	18.00
19.00	RHB	21	0	21	19.00
20.00	RHA	25	0	25	20.00
21.00	RMC	21	0	21	21.00
22.00	RMB	37	0	37	22.00
23.00	RMA	20	0	20	23.00
24.00	RLB	0	0	0	24.00
25.00	RLA	0	0	0	25.00
26.00	ES3	0	0	0	26.00
27.00	ES2	0	0	0	27.00
28.00	ES1	0	0	0	28.00
29.00	HE2	0	0	0	29.00
30.00	HE1	0	0	0	30.00
31.00	HD2	14	0	14	31.00
32.00	HD1	0	0	0	32.00
33.00	HC2	0	0	0	33.00
34.00	HC1	0	0	0	34.00
35.00	HB2	0	0	0	35.00
36.00	HB1	0	0	0	36.00
37.00	LE2	0	0	0	37.00
38.00	LE1	0	0	0	38.00
39.00	LD2	6	0	6	39.00
40.00	LD1	1	0	1	40.00
41.00	LC2	0	0	0	41.00
42.00	LC1	9	0	9	42.00
43.00	LB2	0	0	0	43.00
44.00	LB1	0	0	0	44.00
45.00	CE2	0	0	0	45.00
46.00	CE1	6	0	6	46.00
47.00	CD2	1	0	1	47.00
48.00	CD1	4	0	4	48.00
49.00	CC2	0	0	0	49.00
50.00	CC1	15	0	15	50.00
51.00	CB2	0	0	0	51.00
52.00	CB1	21	0	21	52.00
53.00	CA2	0	0	0	53.00
54.00	CA1	23	0	23	54.00
55.00	SE3	0	0	0	55.00
56.00	SE2	0	0	0	56.00
57.00	SE1	0	0	0	57.00
58.00	SSC	0	0	0	58.00
59.00	SSB	0	0	0	59.00
60.00	SSA	0	0	0	60.00
61.00	IB2	0	0	0	61.00
62.00	IB1	0	0	0	62.00
63.00	IA2	0	0	0	63.00
64.00	IA1	0	0	0	64.00
65.00	BB2	0	0	0	65.00
66.00	BB1	0	0	0	66.00
67.00	BA2	0	0	0	67.00
68.00	BA1	0	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0117

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

Worksheet S-7

Date/Time Prepared:
11/28/2018 4:03 pm

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	16	0	16	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	4	0	4	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	7	0	7	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		7,335	0	7,335	200.00

		CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
		1.00	2.00	

201.00	SNF SERVICES			
201.00	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).	16974	16974	201.00

		Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
		1.00	2.00	3.00	

A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)

202.00	Staffing	0	0.00		202.00
203.00	Recruitment	0	0.00		203.00
204.00	Retention of employees	0	0.00		204.00
205.00	Training	0	0.00		205.00
206.00	OTHER (SPECIFY)	0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)	10,115,946			207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-0117	Period: From 01/01/2018 To 06/30/2018	Worksheet S-10 Date/Time Prepared: 11/28/2018 4:03 pm
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			1.00	
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.180140	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		10,621,226	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	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		0	5.00
6.00	Medicaid charges		109,466,980	6.00
7.00	Medicaid cost (line 1 times line 6)		19,719,382	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)		9,098,156	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP		0	9.00
10.00	Stand-alone CHIP charges		0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		9,098,156	19.00
			Uninsured patients	Insured patients
			1.00	2.00
			Total (col. 1 + col. 2)	3.00
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	8,038,734	829,602	8,868,336
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,448,098	829,602	2,277,700
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	1,448,098	829,602	2,277,700
			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)		6,739,866	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		119,224	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		183,421	27.01
28.00	Non-Medicare bad debt expense (see instructions)		6,556,445	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		1,245,275	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		3,522,975	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		12,621,131	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 14-0117	Period: From 01/01/2018 To 06/30/2018	Worksheet A Date/Time Prepared: 11/28/2018 4:03 pm	
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT		3,878,533	3,878,533	2,643,120	6,521,653	1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP		0	0	2,609,742	2,609,742	2.00
3.00 00300 OTHER CAP REL COSTS		0	0	0	0	3.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	297,668	-477,893	-180,225	11,215,690	11,035,465	4.00
5.10 01160 COMMUNITY CATIONS	0	80,182	80,182	-32	80,150	5.10
5.20 00550 DATA PROCESSING	0	0	0	0	0	5.20
5.30 00560 PURCHASING RECEIVING AND STORES	0	0	0	0	0	5.30
5.50 00580 CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.50
5.60 00592 ADMINISTRATION & GENERAL	2,031,059	27,552,869	29,583,928	125,727	29,709,655	5.60
5.90 00593 RNP ADMINISTRATION	415,325	2,156,345	2,571,670	-1,002,394	1,569,276	5.90
6.00 00600 MAINTENANCE & REPAIRS	0	30,883	30,883	-1,610	29,273	6.00
7.00 00700 OPERATION OF PLANT	1,136,991	4,812,863	5,949,854	-1,092,855	4,856,999	7.00
7.01 00701 ELECTRICITY	0	0	0	0	0	7.01
7.02 00702 RNP OPERATION OF PLANT	54,402	332,485	386,887	-30,507	356,380	7.02
8.00 00800 LAUNDRY & LINEN SERVICE	72,098	426,562	498,660	-30,296	468,364	8.00
8.01 00801 RNP LAUNDRY	85,873	54,587	140,460	-36,943	103,517	8.01
9.00 00900 HOUSEKEEPING	756,650	1,170,327	1,926,977	-388,106	1,538,871	9.00
9.01 00901 RNP HOUSEKEEPING	179,180	129,706	308,886	-72,547	236,339	9.01
10.00 01000 DIETARY	686,350	1,655,436	2,341,786	-1,709,182	632,604	10.00
10.01 01001 RNP DIETARY	0	772,671	772,671	-2,824	769,847	10.01
11.00 01100 CAFETERIA	0	0	0	1,385,018	1,385,018	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	781,520	856,564	1,638,084	-441,817	1,196,267	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	198,617	-94,627	103,990	-134,301	-30,311	14.00
15.00 01500 PHARMACY	1,241,044	4,641,839	5,882,883	-4,410,054	1,472,829	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,341,528	820,677	2,162,205	-279,065	1,883,140	16.00
17.00 01700 SOCIAL SERVICE	0	0	0	0	0	17.00
17.01 01701 RNP SOCIAL SERVICE	78,346	39,744	118,090	-22,832	95,258	17.01
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	2,629,445	2,629,445	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	2,343,646	2,849,166	5,192,812	-2,215,742	2,977,070	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	8,999,869	3,161,125	12,160,994	-2,843,426	9,317,568	30.00
31.00 03100 INTENSIVE CARE UNIT	3,234,847	1,275,981	4,510,828	-1,114,551	3,396,277	31.00
41.00 04100 SUBPROVIDER - I RF	1,505,088	458,376	1,963,464	-426,729	1,536,735	41.00
43.00 04300 NURSERY	407,123	484,296	891,419	-100,163	791,256	43.00
44.00 04400 SKILLED NURSING FACILITY	3,342,579	1,437,042	4,779,621	-950,794	3,828,827	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	1,896,991	12,050,305	13,947,296	-10,418,963	3,528,333	50.00
50.01 03330 AMBULATORY SURGERY	1,092,868	674,954	1,767,822	-471,982	1,295,840	50.01
51.00 05100 RECOVERY ROOM	410,492	105,228	515,720	-93,985	421,735	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	81,708	927,290	1,008,998	-246,749	762,249	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,885,126	2,461,243	4,346,369	-2,151,766	2,194,603	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	512,653	804,810	1,317,463	-83,658	1,233,805	55.00
56.00 05600 RADIOISOTOPE	554,338	397,322	951,660	-2,112	949,548	56.00
57.00 05700 CT SCAN	370,788	240,611	611,399	-116,563	494,836	57.00
58.00 05800 MRI	200,750	298,128	498,878	-180,328	318,550	58.00
59.00 05900 CARDIAC CATHETERIZATION	711,703	2,511,038	3,222,741	-2,250,283	972,458	59.00
60.00 06000 LABORATORY	0	5,460,883	5,460,883	-80,475	5,380,408	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	403,987	403,987	-485	403,502	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	921,344	445,984	1,367,328	-404,939	962,389	65.00
66.00 06600 PHYSICAL THERAPY	1,504,852	374,077	1,878,929	-362,994	1,515,935	66.00
66.01 06601 RNRC PHYSICAL THERAPY	916,099	192,506	1,108,605	-177,321	931,284	66.01
66.02 06602 DAY REHABILITATION FACILITY	275,542	172,890	448,432	-80,139	368,293	66.02
67.00 06700 OCCUPATIONAL THERAPY	807,181	192,052	999,233	-176,666	822,567	67.00
68.00 06800 SPEECH PATHOLOGY	517,569	314,377	831,946	-309,046	522,900	68.00
69.00 06900 ELECTROCARDIOLOGY	343,018	641,565	984,583	-143,006	841,577	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	39,238	76,862	116,100	-173,210	-57,110	70.00
70.01 07001 ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	7,159,481	7,159,481	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	7,378,030	7,378,030	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	5,585,903	5,585,903	73.00
74.00 07400 RENAL DIALYSIS	322,206	380,400	702,606	-156,337	546,269	74.00
76.97 07697 CARDIAC REHABILITATION	239,814	152,397	392,211	-58,101	334,110	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 14-0117		Period: From 01/01/2018 To 06/30/2018		Worksheet A		
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	178,582	155,743	334,325	-41,510	292,815	90.00
90.01	09001	WELLNESS PROGRAM	78,337	26,016	104,353	-14,699	89,654	90.01
90.02	09002	WOUND CARE CENTER	114,325	394,022	508,347	-141,114	367,233	90.02
91.00	09100	EMERGENCY	2,033,803	1,046,039	3,079,842	-849,310	2,230,532	91.00
91.01	04040	FAMILY PRACTICE	1,468,768	597,755	2,066,523	-1,422,753	643,770	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	827,704	241,934	1,069,638	-226,865	842,773	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		2,588,446	2,588,446	-2,588,446	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	47,495,602	92,834,603	140,330,205	1,581	140,331,786	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	889	889	15,832	16,721	193.00
194.00	07950	OTHER	98,679	18,875	117,554	-17,413	100,141	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
200.00		TOTAL (SUM OF LINES 118 through 199)	47,594,281	92,854,367	140,448,648	0	140,448,648	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0117

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

Worksheet A
Date/Time Prepared:
11/28/2018 4:03 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-862,571	5,659,082	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	396,238	3,005,980	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-564,628	10,470,837	4.00
5.10	01160	COMMUNICATIONS	0	80,150	5.10
5.20	00550	DATA PROCESSING	3,199,242	3,199,242	5.20
5.30	00560	PURCHASING RECEIVING AND STORES	-241,322	-241,322	5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,167,394	2,167,394	5.50
5.60	00592	ADMINISTRATION & GENERAL	3,418,608	33,128,263	5.60
5.90	00593	RNP ADMINISTRATION	-921	1,568,355	5.90
6.00	00600	MAINTENANCE & REPAIRS	0	29,273	6.00
7.00	00700	OPERATION OF PLANT	0	4,856,999	7.00
7.01	00701	ELECTRICITY	0	0	7.01
7.02	00702	RNP OPERATION OF PLANT	0	356,380	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	468,364	8.00
8.01	00801	RNP LAUNDRY	-6,804	96,713	8.01
9.00	00900	HOUSEKEEPING	0	1,538,871	9.00
9.01	00901	RNP HOUSEKEEPING	0	236,339	9.01
10.00	01000	DIETARY	-545,544	87,060	10.00
10.01	01001	RNP DIETARY	-1,597	768,250	10.01
11.00	01100	CAFETERIA	0	1,385,018	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-73,527	1,122,740	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	-30,311	14.00
15.00	01500	PHARMACY	0	1,472,829	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,115,146	2,998,286	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	0	95,258	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	2,629,445	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-38,250	2,938,820	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-35,341	9,282,227	30.00
31.00	03100	INTENSIVE CARE UNIT	287,679	3,683,956	31.00
41.00	04100	SUBPROVIDER - IIRF	0	1,536,735	41.00
43.00	04300	NURSERY	-362,811	428,445	43.00
44.00	04400	SKILLED NURSING FACILITY	-1,950	3,826,877	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-412,557	3,115,776	50.00
50.01	03330	AMBULATORY SURGERY	0	1,295,840	50.01
51.00	05100	RECOVERY ROOM	0	421,735	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	-668,017	94,232	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-268,510	1,926,093	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,233,805	55.00
56.00	05600	RADIOISOTOPE	0	949,548	56.00
57.00	05700	CT SCAN	0	494,836	57.00
58.00	05800	MRI	0	318,550	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	972,458	59.00
60.00	06000	LABORATORY	20,664	5,401,072	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	403,502	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	962,389	65.00
66.00	06600	PHYSICAL THERAPY	0	1,515,935	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	931,284	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	368,293	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	822,567	67.00
68.00	06800	SPEECH PATHOLOGY	-9,152	513,748	68.00
69.00	06900	ELECTROCARDIOLOGY	-424,702	416,875	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-6,975	-64,085	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	7,159,481	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	7,378,030	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,585,903	73.00
74.00	07400	RENAL DIALYSIS	0	546,269	74.00
76.97	07697	CARDIAC REHABILITATION	-39,177	294,933	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-56,577	236,238	90.00
90.01	09001	WELLNESS PROGRAM	-22,391	67,263	90.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0117

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

Worksheet A
Date/Time Prepared:
11/28/2018 4:03 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
90.02	09002	WOUND CARE CENTER	0	367,233	90.02
91.00	09100	EMERGENCY	-191,588	2,038,944	91.00
91.01	04040	FAMILY PRACTICE	-232,445	411,325	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	842,773	92.01
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,537,614	145,869,400	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300	NONPAID WORKERS	0	16,721	193.00
194.00	07950	OTHER	0	100,141	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	194.05
200.00		TOTAL (SUM OF LINES 118 through 199)	5,537,614	145,986,262	200.00

RECLASSIFICATIONS

Provider CCN: 14-0117

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

Worksheet A-6

Date/Time Prepared:
11/28/2018 4:03 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
A - EMPLOYEE BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	11,229,518	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
47.00		0.00	0	0	47.00
TOTALS			0	11,229,518	
B - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	5,585,903	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00

RECLASSIFICATIONS

Provider CCN: 14-0117

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

Worksheet A-6

Date/Time Prepared:
11/28/2018 4:03 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
TOTALS			0	5,585,903	
C - SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	7,159,481	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
TOTALS			0	7,159,481	
D - IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	7,378,030	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
TOTALS			0	7,378,030	

RECLASSIFICATIONS

Provider CCN: 14-0117

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

Worksheet A-6
Date/Time Prepared:
11/28/2018 4:03 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
E - CAPITAL INTEREST						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,587,859	1.00	
2.00	ADMINISTRATION & GENERAL	5.60	0	587	2.00	
	TOTALS		0	2,588,446		
F - CAFETERIA						
1.00	CAFETERIA	11.00	467,419	917,599	1.00	
2.00	NONPAID WORKERS	193.00	5,343	10,489	2.00	
	TOTALS		472,762	928,088		
G - PROPERTY INSURANCE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	55,258	1.00	
2.00		0.00	0	0	2.00	
	TOTALS		0	55,258		
H - NURSE ADMIN						
1.00	SKILLED NURSING FACILITY	44.00	51,575	55,466	1.00	
	TOTALS		51,575	55,466		
I - RADIOLOGY ADMIN						
1.00	RADIOLOGY-THERAPEUTIC	55.00	98,541	67,761	1.00	
2.00	RADIOISOTOPE	56.00	104,101	71,585	2.00	
3.00	CT SCAN	57.00	69,632	47,882	3.00	
4.00	MRI	58.00	37,634	25,878	4.00	
	TOTALS		309,908	213,106		
K - THERAPY SUPV						
1.00	OCCUPATIONAL THERAPY	67.00	1,952	0	1.00	
2.00	SPEECH PATHOLOGY	68.00	956	0	2.00	
	TOTALS		2,908	0		
L - RADIOLOGY SUPV						
1.00	ELECTROCARDIOLOGY	69.00	2,495	0	1.00	
2.00	ELECTROENCEPHALOGRAPHY	70.00	408	0	2.00	
	TOTALS		2,903	0		
M - DEPRECIATION						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,609,742	1.00	
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,104,738	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	
33.00		0.00	0	0	33.00	
34.00		0.00	0	0	34.00	
35.00		0.00	0	0	35.00	
36.00		0.00	0	0	36.00	
37.00		0.00	0	0	37.00	
38.00		0.00	0	0	38.00	
39.00		0.00	0	0	39.00	
40.00		0.00	0	0	40.00	
41.00		0.00	0	0	41.00	
42.00		0.00	0	0	42.00	
43.00		0.00	0	0	43.00	
44.00		0.00	0	0	44.00	

RECLASSIFICATIONS

Provider CCN: 14-0117

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

Worksheet A-6

Date/Time Prepared:
11/28/2018 4:03 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
47.00		0.00	0	0	47.00
48.00		0.00	0	0	48.00
	TOTALS		0	4,714,480	
N - SECURITY					
1.00	ADMINISTRATION & GENERAL	5.60	406,300	255,317	1.00
	TOTALS		406,300	255,317	
O - I & R					
1.00	I&R SERVICES-SALARY & FRINGES	21.00	2,629,445	0	1.00
	APPRV				
2.00		0.00	0	0	2.00
	TOTALS		2,629,445	0	
P - RESIDENT SALARIES					
1.00	I&R SERVICES-OTHER PRGM COSTS	22.00	472,440	0	1.00
	APPRV				
	TOTALS		472,440	0	
500.00	Grand Total: Increases		4,348,241	40,163,093	500.00

RECLASSIFICATIONS

Provider CCN: 14-0117

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

Worksheet A-6

Date/Time Prepared:
11/28/2018 4:03 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - EMPLOYEE BENEFITS							
1.00	ADMINISTRATION & GENERAL	5.60	0	377,514	0		1.00
2.00	RNP ADMINISTRATION	5.90	0	61,134	0		2.00
3.00	OPERATION OF PLANT	7.00	0	325,837	0		3.00
4.00	RNP OPERATION OF PLANT	7.02	0	14,539	0		4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	0	30,228	0		5.00
6.00	RNP LAUNDRY	8.01	0	36,829	0		6.00
7.00	HOUSEKEEPING	9.00	0	371,301	0		7.00
8.00	RNP HOUSEKEEPING	9.01	0	69,815	0		8.00
9.00	DIETARY	10.00	0	293,307	0		9.00
10.00	NURSING ADMINISTRATION	13.00	0	192,986	0		10.00
11.00	CENTRAL SERVICES & SUPPLY	14.00	0	75,239	0		11.00
12.00	PHARMACY	15.00	0	253,594	0		12.00
13.00	MEDICAL RECORDS & LIBRARY	16.00	0	277,770	0		13.00
14.00	RNP SOCIAL SERVICE	17.01	0	22,832	0		14.00
15.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	634,015	0		15.00
16.00	ADULTS & PEDIATRICS	30.00	0	2,107,759	0		16.00
17.00	INTENSIVE CARE UNIT	31.00	0	690,960	0		17.00
18.00	SUBPROVIDER - IRF	41.00	0	365,955	0		18.00
19.00	NURSERY	43.00	0	81,483	0		19.00
20.00	SKILLED NURSING FACILITY	44.00	0	845,351	0		20.00
21.00	OPERATING ROOM	50.00	0	424,264	0		21.00
22.00	AMBULATORY SURGERY	50.01	0	240,840	0		22.00
23.00	RECOVERY ROOM	51.00	0	78,863	0		23.00
24.00	ANESTHESIOLOGY	53.00	0	24,542	0		24.00
25.00	RADIOLOGY-DIAGNOSTIC	54.00	0	475,951	0		25.00
26.00	RADIOLOGY-THERAPEUTIC	55.00	0	105,522	0		26.00
27.00	RADIOISOTOPE	56.00	0	113,742	0		27.00
28.00	CT SCAN	57.00	0	77,361	0		28.00
29.00	MRI	58.00	0	40,928	0		29.00
30.00	CARDIAC CATHETERIZATION	59.00	0	142,461	0		30.00
31.00	RESPIRATORY THERAPY	65.00	0	220,728	0		31.00
32.00	PHYSICAL THERAPY	66.00	0	343,860	0		32.00
33.00	RNRC PHYSICAL THERAPY	66.01	0	175,781	0		33.00
34.00	DAY REHABILITATION FACILITY	66.02	0	63,502	0		34.00
35.00	OCCUPATIONAL THERAPY	67.00	0	177,976	0		35.00
36.00	SPEECH PATHOLOGY	68.00	0	108,014	0		36.00
37.00	ELECTROCARDIOLOGY	69.00	0	86,358	0		37.00
38.00	ELECTROENCEPHALOGRAPHY	70.00	0	10,472	0		38.00
39.00	RENAL DIALYSIS	74.00	0	67,212	0		39.00
40.00	CARDIAC REHABILITATION	76.97	0	49,906	0		40.00
41.00	CLINIC	90.00	0	38,193	0		41.00
42.00	WELLNESS PROGRAM	90.01	0	14,699	0		42.00
43.00	EMERGENCY	91.00	0	471,854	0		43.00
44.00	FAMILY PRACTICE	91.01	0	325,794	0		44.00
45.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	176,023	0		45.00
46.00	OTHER	194.00	0	17,413	0		46.00
47.00	WOUND CARE CENTER	90.02	0	28,811	0		47.00
TOTALS			0	11,229,518			
B - DRUGS							
1.00	RNP ADMINISTRATION	5.90	0	755,133	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,504	0		2.00
3.00	PHARMACY	15.00	0	4,137,189	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	134,051	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	0	65,828	0		5.00
6.00	SUBPROVIDER - IRF	41.00	0	4,227	0		6.00
7.00	SKILLED NURSING FACILITY	44.00	0	9,562	0		7.00
8.00	OPERATING ROOM	50.00	0	51,220	0		8.00
9.00	AMBULATORY SURGERY	50.01	0	40,005	0		9.00
10.00	RECOVERY ROOM	51.00	0	3,163	0		10.00
11.00	ANESTHESIOLOGY	53.00	0	66,155	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	38,795	0		12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0	643	0		13.00
14.00	RADIOISOTOPE	56.00	0	5,865	0		14.00
15.00	CT SCAN	57.00	0	28,098	0		15.00
16.00	MRI	58.00	0	30,991	0		16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	14,969	0		17.00
18.00	LABORATORY	60.00	0	5,130	0		18.00
19.00	DAY REHABILITATION FACILITY	66.02	0	26	0		19.00
20.00	ELECTROCARDIOLOGY	69.00	0	4,162	0		20.00
21.00	RENAL DIALYSIS	74.00	0	9,357	0		21.00
22.00	CLINIC	90.00	0	2,232	0		22.00

RECLASSIFICATIONS

Provider CCN: 14-0117

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

Worksheet A-6

Date/Time Prepared:
11/28/2018 4:03 pm

Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
23.00	EMERGENCY	91.00	0	120,084	0		23.00
24.00	FAMILY PRACTICE	91.01	0	39,854	0		24.00
25.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	10,781	0		25.00
26.00	WOUND CARE CENTER	90.02	0	5,879	0		26.00
	TOTALS		0	5,585,903			
C - SUPPLIES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,323	0		1.00
2.00	ADMINISTRATION & GENERAL	5.60	0	248	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	136	0		3.00
4.00	OPERATION OF PLANT	7.00	0	1,615	0		4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	0	68	0		5.00
6.00	HOUSEKEEPING	9.00	0	8,144	0		6.00
7.00	RNP HOUSEKEEPING	9.01	0	2,732	0		7.00
8.00	DIETARY	10.00	0	283	0		8.00
9.00	NURSING ADMINISTRATION	13.00	0	231	0		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	146	0		10.00
11.00	ADULTS & PEDIATRICS	30.00	0	447,764	0		11.00
12.00	INTENSIVE CARE UNIT	31.00	0	297,163	0		12.00
13.00	SUBPROVIDER - IRF	41.00	0	45,593	0		13.00
14.00	NURSERY	43.00	0	158	0		14.00
15.00	SKILLED NURSING FACILITY	44.00	0	189,510	0		15.00
16.00	OPERATING ROOM	50.00	0	3,942,807	0		16.00
17.00	AMBULATORY SURGERY	50.01	0	115,155	0		17.00
18.00	RECOVERY ROOM	51.00	0	11,614	0		18.00
19.00	ANESTHESIOLOGY	53.00	0	122,951	0		19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	282,054	0		20.00
21.00	RADIOLOGY-THERAPEUTIC	55.00	0	14,506	0		21.00
22.00	RADIOISOTOPE	56.00	0	28,372	0		22.00
23.00	CT SCAN	57.00	0	65,890	0		23.00
24.00	MRI	58.00	0	10,417	0		24.00
25.00	CARDIAC CATHETERIZATION	59.00	0	788,063	0		25.00
26.00	LABORATORY	60.00	0	36,718	0		26.00
27.00	RESPIRATORY THERAPY	65.00	0	161,973	0		27.00
28.00	PHYSICAL THERAPY	66.00	0	8,335	0		28.00
29.00	RNRC PHYSICAL THERAPY	66.01	0	606	0		29.00
30.00	DAY REHABILITATION FACILITY	66.02	0	11,638	0		30.00
31.00	OCCUPATIONAL THERAPY	67.00	0	446	0		31.00
32.00	SPEECH PATHOLOGY	68.00	0	196,318	0		32.00
33.00	ELECTROCARDIOLOGY	69.00	0	21,840	0		33.00
34.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,565	0		34.00
35.00	RENAL DIALYSIS	74.00	0	69,301	0		35.00
36.00	CARDIAC REHABILITATION	76.97	0	2,844	0		36.00
37.00	CLINIC	90.00	0	914	0		37.00
38.00	EMERGENCY	91.00	0	196,238	0		38.00
39.00	FAMILY PRACTICE	91.01	0	5,447	0		39.00
40.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	28,549	0		40.00
41.00	WOUND CARE CENTER	90.02	0	39,806	0		41.00
	TOTALS		0	7,159,481			
D - IMPLANTS							
1.00	HOUSEKEEPING	9.00	0	3,869	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	166	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	70,098	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	23,995	0		4.00
5.00	SUBPROVIDER - IRF	41.00	0	1,058	0		5.00
6.00	SKILLED NURSING FACILITY	44.00	0	1,882	0		6.00
7.00	OPERATING ROOM	50.00	0	5,718,300	0		7.00
8.00	AMBULATORY SURGERY	50.01	0	28,132	0		8.00
9.00	RECOVERY ROOM	51.00	0	258	0		9.00
10.00	ANESTHESIOLOGY	53.00	0	5,451	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	222,707	0		11.00
12.00	RADIOISOTOPE	56.00	0	979	0		12.00
13.00	CT SCAN	57.00	0	2,701	0		13.00
14.00	MRI	58.00	0	551	0		14.00
15.00	CARDIAC CATHETERIZATION	59.00	0	1,182,882	0		15.00
16.00	DAY REHABILITATION FACILITY	66.02	0	3,549	0		16.00
17.00	OCCUPATIONAL THERAPY	67.00	0	196	0		17.00
18.00	ELECTROCARDIOLOGY	69.00	0	902	0		18.00
19.00	RENAL DIALYSIS	74.00	0	7,844	0		19.00
20.00	EMERGENCY	91.00	0	33,624	0		20.00
21.00	FAMILY PRACTICE	91.01	0	602	0		21.00
22.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	11,398	0		22.00

RECLASSIFICATIONS

Provider CCN: 14-0117

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

Worksheet A-6
Date/Time Prepared:
11/28/2018 4:03 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
23.00	WOUND CARE CENTER	90.02	0	56,886	0		23.00
	TOTALS		0	7,378,030			
E - CAPITAL INTEREST							
1.00	INTEREST EXPENSE	113.00	0	2,587,859	11		1.00
2.00	INTEREST EXPENSE	113.00	0	587	11		2.00
	TOTALS		0	2,588,446			
F - CAFETERIA							
1.00	DIETARY	10.00	472,762	928,088	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		472,762	928,088			
G - PROPERTY INSURANCE							
1.00	ADMINISTRATION & GENERAL	5.60	0	55,058	12		1.00
2.00	RNP ADMINISTRATION	5.90	0	200	12		2.00
	TOTALS		0	55,258			
H - NURSE ADMIN							
1.00	RNP ADMINISTRATION	5.90	51,575	55,466	0		1.00
	TOTALS		51,575	55,466			
I - RADIOLOGY ADMIN							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	309,908	213,106	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
	TOTALS		309,908	213,106			
K - THERAPY SUPV							
1.00	PHYSICAL THERAPY	66.00	2,908	0	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		2,908	0			
L - RADIOLOGY SUPV							
1.00	RESPIRATORY THERAPY	65.00	2,903	0	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		2,903	0			
M - DEPRECIATION							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,104,735	9		1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	12,505	9		2.00
3.00	COMMUNICATIONS	5.10	0	32	0		3.00
4.00	ADMINISTRATION & GENERAL	5.60	0	103,657	0		4.00
5.00	RNP ADMINISTRATION	5.90	0	78,886	0		5.00
6.00	MAINTENANCE & REPAIRS	6.00	0	1,474	0		6.00
7.00	OPERATION OF PLANT	7.00	0	103,786	0		7.00
8.00	RNP OPERATION OF PLANT	7.02	0	15,968	0		8.00
9.00	RNP LAUNDRY	8.01	0	114	0		9.00
10.00	HOUSEKEEPING	9.00	0	4,792	0		10.00
11.00	DIETARY	10.00	0	14,742	0		11.00
12.00	RNP DIETARY	10.01	0	2,824	0		12.00
13.00	NURSING ADMINISTRATION	13.00	0	248,600	0		13.00
14.00	CENTRAL SERVICES & SUPPLY	14.00	0	56,392	0		14.00
15.00	PHARMACY	15.00	0	19,271	0		15.00
16.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,149	0		16.00
17.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	40	0		17.00
18.00	ADULTS & PEDIATRICS	30.00	0	83,754	0		18.00
19.00	INTENSIVE CARE UNIT	31.00	0	36,605	0		19.00
20.00	SUBPROVIDER - IRF	41.00	0	9,896	0		20.00
21.00	NURSERY	43.00	0	18,522	0		21.00
22.00	SKILLED NURSING FACILITY	44.00	0	11,530	0		22.00
23.00	OPERATING ROOM	50.00	0	282,372	0		23.00
24.00	AMBULATORY SURGERY	50.01	0	47,850	0		24.00
25.00	RECOVERY ROOM	51.00	0	87	0		25.00
26.00	ANESTHESIOLOGY	53.00	0	27,650	0		26.00
27.00	RADIOLOGY-DIAGNOSTIC	54.00	0	609,245	0		27.00
28.00	RADIOLOGY-THERAPEUTIC	55.00	0	129,289	0		28.00
29.00	RADIOISOTOPE	56.00	0	28,840	0		29.00
30.00	CT SCAN	57.00	0	60,027	0		30.00
31.00	MRI	58.00	0	160,953	0		31.00
32.00	CARDIAC CATHETERIZATION	59.00	0	121,908	0		32.00
33.00	LABORATORY	60.00	0	38,627	0		33.00
34.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	485	0		34.00
35.00	RESPIRATORY THERAPY	65.00	0	19,335	0		35.00
36.00	PHYSICAL THERAPY	66.00	0	7,891	0		36.00
37.00	RNRC PHYSICAL THERAPY	66.01	0	934	0		37.00
38.00	DAY REHABILITATION FACILITY	66.02	0	1,424	0		38.00
39.00	SPEECH PATHOLOGY	68.00	0	5,670	0		39.00
40.00	ELECTROCARDIOLOGY	69.00	0	32,239	0		40.00

RECLASSIFICATIONS

Provider CCN: 14-0117

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

Worksheet A-6

Date/Time Prepared:
11/28/2018 4:03 pm

Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
41.00	ELECTROENCEPHALOGRAPHY	70.00	0	161,581	0	41.00	
42.00	RENAL DIALYSIS	74.00	0	2,623	0	42.00	
43.00	CARDIAC REHABILITATION	76.97	0	5,351	0	43.00	
44.00	CLINIC	90.00	0	171	0	44.00	
45.00	EMERGENCY	91.00	0	27,510	0	45.00	
46.00	WOUND CARE CENTER	90.02	0	9,732	0	46.00	
47.00	FAMILY PRACTICE	91.01	0	3,298	0	47.00	
48.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	114	0	48.00	
	TOTALS		0	4,714,480			
N - SECURITY							
1.00	OPERATION OF PLANT	7.00	406,300	255,317	0	1.00	
	TOTALS		406,300	255,317			
O - I & R							
1.00	I&R SERVICES-OTHER PRGM COSTS	22.00	2,054,127	0	0	1.00	
2.00	FAMILY PRACTICE	91.01	575,318	0	0	2.00	
	TOTALS		2,629,445	0			
P - RESIDENT SALARIES							
1.00	FAMILY PRACTICE	91.01	472,440	0	0	1.00	
	TOTALS		472,440	0			
500.00	Grand Total: Decreases		4,348,241	40,163,093		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0117

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

Worksheet A-7
Part I
Date/Time Prepared:
11/28/2018 4:03 pm

		Acquisitions			Disposals and Retirements		
		Beginning Balances	Purchases	Donation			Total
		1.00	2.00	3.00			4.00
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	2,892,216	45,577,784	0	45,577,784	0 1.00	
2.00	Land Improvements	4,930,865	0	0	0	2,510,115 2.00	
3.00	Buildings and Fixtures	180,542,852	0	0	0	88,982,137 3.00	
4.00	Building Improvements	0	0	0	0	0 4.00	
5.00	Fixed Equipment	0	0	0	0	0 5.00	
6.00	Movable Equipment	118,786,762	0	0	0	91,021,434 6.00	
7.00	HIT designated Assets	0	0	0	0	0 7.00	
8.00	Subtotal (sum of lines 1-7)	307,152,695	45,577,784	0	45,577,784	182,513,686 8.00	
9.00	Reconciling Items	0	0	0	0	0 9.00	
10.00	Total (line 8 minus line 9)	307,152,695	45,577,784	0	45,577,784	182,513,686 10.00	
	Ending Balance		Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	48,470,000	0			1.00	
2.00	Land Improvements	2,420,750	0			2.00	
3.00	Buildings and Fixtures	91,560,715	0			3.00	
4.00	Building Improvements	0	0			4.00	
5.00	Fixed Equipment	0	0			5.00	
6.00	Movable Equipment	27,765,328	0			6.00	
7.00	HIT designated Assets	0	0			7.00	
8.00	Subtotal (sum of lines 1-7)	170,216,793	0			8.00	
9.00	Reconciling Items	0	0			9.00	
10.00	Total (line 8 minus line 9)	170,216,793	0			10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0117

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

Worksheet A-7
Part II
Date/Time Prepared:
11/28/2018 4:03 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	3,878,533	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)	3,878,533	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	3,878,533				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	3,878,533				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0117

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

Worksheet A-7
Part III
Date/Time Prepared:
11/28/2018 4:03 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	142,451,465	0	142,451,465	0.836883	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	27,765,329	0	27,765,329	0.163117	0	2.00
3.00	Total (sum of lines 1-2)	170,216,794	0	170,216,794	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	2,976,364	39,601	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	3,005,980	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	5,982,344	39,601	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	2,587,859	55,258	0	0	5,659,082	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	3,005,980	2.00
3.00	Total (sum of lines 1-2)	2,587,859	55,258	0	0	8,665,062	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0117

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

Worksheet A-8

Date/Time Prepared:
11/28/2018 4:03 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
			Cost Center	Line #			
			3.00	4.00			
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00	0	7.00
8.00 Television and radio service (chapter 21)			0		0.00	0	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-2,884,947				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	10,850,110				0	12.00
13.00 Laundry and linen service	B	-6,804	RNP LAUNDRY		8.01	0	13.00
14.00 Cafeteria-employees and guests	B	-545,544	DIETARY		10.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts			0		0.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines	B	-1,597	RNP DIETARY		10.01	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT	A	225,937		CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP	A	371,795		CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00 Non-physician Anesthetist			0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00 MISC REVENUE	B	-590,740		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00
33.01 MISC REVENUE	B	-582,505		ADMINISTRATION & GENERAL	5.60	0	33.01
33.02 IP REHAB LEGAL RESERVE	A	-1,070,000		ADMINISTRATION & GENERAL	5.60	0	33.02

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0117

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

Worksheet A-8

Date/Time Prepared:
11/28/2018 4:03 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
			Cost Center	Line #			
			1.00	2.00			3.00
33.07	MISC REVENUE	B	-921	RNP ADMINISTRATION	5.90	0	33.07
33.12	MISC REVENUE	B	-35,186	ADULTS & PEDIATRICS	30.00	0	33.12
33.16	MISC REVENUE	B	-73,527	NURSING ADMINISTRATION	13.00	0	33.16
33.19	MISC REVENUE	B	-1,595	MEDICAL RECORDS & LIBRARY	16.00	0	33.19
33.20	MISC REVENUE	B	-38,250	I&R SERVICES-OTHER PRGM COSTS	22.00	0	33.20
33.25	MISC REVENUE	B	-1,950	SKILLED NURSING FACILITY	44.00	0	33.25
33.50	MISC REVENUE	B	-3,432	RADIOLOGY-DIAGNOSTIC	54.00	0	33.50
40.00	MISC REVENUE	B	-9,152	SPEECH PATHOLOGY	68.00	0	40.00
41.00	MISC REVENUE	B	-39,177	CARDIAC REHABILITATION	76.97	0	41.00
43.00	MISC REVENUE	B	-2,510	CLINIC	90.00	0	43.00
44.00	MISC REVENUE	B	-22,391	WELLNESS PROGRAM	90.01	0	44.00
45.00	MISC REVENUE	B	0		0.00	0	45.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		5,537,614				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: 14-0117

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

Worksheet A-8-1

Date/Time Prepared:
11/28/2018 4:03 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE COST REPORT	-2,254,758	0
2.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE COST REPORT	1,536,596	0
3.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE COST REPORT	-409,947	0
3.01	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE COST REPORT	24,443	0
3.02	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE COST REPORT	39,601	0
3.03	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE COST REPORT	166,258	0
3.04	5.60	ADMINISTRATION & GENERAL	HOME OFFICE COST REPORT	19,357,358	15,479,231
3.05	5.20	DATA PROCESSING	HOME OFFICE COST REPORT	3,199,242	0
3.06	5.50	CASHIERING/ACCOUNTS RECEIVAB	HOME OFFICE COST REPORT	2,167,394	0
3.07	5.30	PURCHASING RECEIVING AND STO	HOME OFFICE COST REPORT	-241,322	0
3.08	16.00	MEDICAL RECORDS & LIBRARY	HOME OFFICE COST REPORT	1,116,741	0
3.09	31.00	INTENSIVE CARE UNIT	HOME OFFICE COST REPORT	376,529	0
3.10	5.60	ADMINISTRATION & GENERAL	HOME OFFICE COST REPORT	1,192,986	0
3.11	0.00			0	0
3.12	0.00			0	0
3.13	0.00			0	0
3.14	0.00			0	0
3.15	0.00			0	0
4.00	60.00	LABORATORY	ALVERNO LAB COSTS	5,260,985	5,202,765
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			31,532,106	20,681,996

* 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	RMC	100.00	PRESENCE HEALTH	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 14-0117

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

Worksheet A-8-1

Date/Time Prepared:
11/28/2018 4:03 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-2,254,758	9		1.00
2.00	1,536,596	9		2.00
3.00	-409,947	9		3.00
3.01	24,443	9		3.01
3.02	39,601	10		3.02
3.03	166,258	0		3.03
3.04	3,878,127	0		3.04
3.05	3,199,242	0		3.05
3.06	2,167,394	0		3.06
3.07	-241,322	0		3.07
3.08	1,116,741	0		3.08
3.09	376,529	0		3.09
3.10	1,192,986	0		3.10
3.11	0	0		3.11
3.12	0	0		3.12
3.13	0	0		3.13
3.14	0	0		3.14
3.15	0	0		3.15
4.00	58,220	0		4.00
5.00	10,850,110			5.00

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

	Related Organization(s) and/or Home Office		
	Type of Business		
	6.00		
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:			

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

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

6.00	HEALTH CARE		6.00
7.00			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: 14-0117

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

Worksheet A-8-2

Date/Time Prepared: 11/28/2018 4:03 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	140,146	140,146	0	0	0	1.00
2.00	0.00		0	0	0	0	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	21.00	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	4.00
5.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	5.00
6.00	30.00	ADULTS & PEDIATRICS	155	155	0	0	0	6.00
7.00	31.00	INTENSIVE CARE UNIT	94,616	88,644	5,972	179,000	67	7.00
8.00	41.00	SUBPROVIDER - IRF	0	0	0	211,500	0	8.00
9.00	43.00	NURSERY	362,811	362,811	0	0	0	9.00
10.00	50.00	OPERATING ROOM	412,557	412,557	0	0	0	10.00
11.00	50.01	AMBULATORY SURGERY	0	0	0	0	0	11.00
12.00	53.00	ANESTHESIOLOGY	668,017	668,017	0	0	0	12.00
13.00	54.00	RADIOLOGY-DIAGNOSTIC	265,078	265,078	0	0	0	13.00
14.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	14.00
15.00	60.00	LABORATORY	37,556	37,556	0	0	0	15.00
16.00	69.00	ELECTROCARDIOLOGY	424,702	424,702	0	0	0	16.00
17.00	70.00	ELECTROENCEPHALOGRAPHY	6,975	6,975	0	211,500	0	17.00
18.00	90.01	WELLNESS PROGRAM	0	0	0	179,000	0	18.00
19.00	90.00	CLINIC	54,067	54,067	0	0	0	19.00
20.00	91.00	EMERGENCY	191,588	191,588	0	0	0	20.00
21.00	91.01	FAMILY PRACTICE	232,445	232,445	0	179,000	0	21.00
22.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	22.00
200.00			2,890,713	2,884,741	5,972		67	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	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	1.00
2.00	0.00		0	0	0	0	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	21.00	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	4.00
5.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	5.00
6.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	6.00
7.00	31.00	INTENSIVE CARE UNIT	5,766	288	0	0	0	7.00
8.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	8.00
9.00	43.00	NURSERY	0	0	0	0	0	9.00
10.00	50.00	OPERATING ROOM	0	0	0	0	0	10.00
11.00	50.01	AMBULATORY SURGERY	0	0	0	0	0	11.00
12.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	12.00
13.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	13.00
14.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	14.00
15.00	60.00	LABORATORY	0	0	0	0	0	15.00
16.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	16.00
17.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	17.00
18.00	90.01	WELLNESS PROGRAM	0	0	0	0	0	18.00
19.00	90.00	CLINIC	0	0	0	0	0	19.00
20.00	91.00	EMERGENCY	0	0	0	0	0	20.00
21.00	91.01	FAMILY PRACTICE	0	0	0	0	0	21.00
22.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	22.00
200.00			5,766	288	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	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	140,146	1.00
2.00	0.00		0	0	0	0	2.00
3.00	0.00		0	0	0	0	3.00
4.00	21.00	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	4.00
5.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	5.00
6.00	30.00	ADULTS & PEDIATRICS	0	0	0	155	6.00
7.00	31.00	INTENSIVE CARE UNIT	0	5,766	206	88,850	7.00
8.00	41.00	SUBPROVIDER - IRF	0	0	0	0	8.00
9.00	43.00	NURSERY	0	0	0	362,811	9.00
10.00	50.00	OPERATING ROOM	0	0	0	412,557	10.00
11.00	50.01	AMBULATORY SURGERY	0	0	0	0	11.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0117

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

Worksheet A-8-2

Date/Time Prepared:
11/28/2018 4:03 pm

	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		
12.00	53.00	ANESTHESIOLOGY	0	0	0	668,017		12.00
13.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	265,078		13.00
14.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0		14.00
15.00	60.00	LABORATORY	0	0	0	37,556		15.00
16.00	69.00	ELECTROCARDIOLOGY	0	0	0	424,702		16.00
17.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	6,975		17.00
18.00	90.01	WELLNESS PROGRAM	0	0	0	0		18.00
19.00	90.00	CLINIC	0	0	0	54,067		19.00
20.00	91.00	EMERGENCY	0	0	0	191,588		20.00
21.00	91.01	FAMILY PRACTICE	0	0	0	232,445		21.00
22.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0		22.00
200.00			0	5,766	206	2,884,947		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0117

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

Worksheet B
Part I
Date/Time Prepared:
11/28/2018 4:03 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.10	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT	5,659,082	5,659,082				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP	3,005,980		3,005,980			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	10,470,837	68,544	14,404	10,553,785		4.00
5.10 01160 COMMUNICATIONS	80,150	33,043	37	0	113,230	5.10
5.20 00550 DATA PROCESSING	3,199,242	0	0	0	0	5.20
5.30 00560 PURCHASING RECEIVING AND STORES	-241,322	0	0	0	2,987	5.30
5.50 00580 CASHIERING/ACCOUNTS RECEIVABLE	2,167,394	0	0	0	5,159	5.50
5.60 00592 ADMINISTRATION & GENERAL	33,128,263	944,254	119,395	543,872	20,904	5.60
5.90 00593 RNP ADMINISTRATION	1,568,355	0	90,863	81,167	272	5.90
6.00 00600 MAINTENANCE & REPAIRS	29,273	41,308	1,698	0	2,715	6.00
7.00 00700 OPERATION OF PLANT	4,856,999	1,070,039	119,544	163,046	1,901	7.00
7.01 00701 ELECTRICITY	0	0	0	0	2,172	7.01
7.02 00702 RNP OPERATION OF PLANT	356,380	0	18,392	12,139	0	7.02
8.00 00800 LAUNDRY & LINEN SERVICE	468,364	40,994	0	16,088	272	8.00
8.01 00801 RNP LAUNDRY	96,713	0	131	19,162	0	8.01
9.00 00900 HOUSEKEEPING	1,538,871	68,341	5,520	168,839	272	9.00
9.01 00901 RNP HOUSEKEEPING	236,339	0	0	39,982	0	9.01
10.00 01000 DIETARY	87,060	128,195	16,980	47,660	1,901	10.00
10.01 01001 RNP DIETARY	768,250	0	3,253	0	0	10.01
11.00 01100 CAFETERIA	1,385,018	47,213	0	104,300	1,629	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	1,122,740	37,685	286,345	174,388	5,159	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	-30,311	86,433	64,954	44,319	272	14.00
15.00 01500 PHARMACY	1,472,829	71,678	22,197	276,927	2,444	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	2,998,286	68,195	1,323	299,349	7,603	16.00
17.00 01700 SOCIAL SERVICE	0	0	0	0	0	17.00
17.01 01701 RNP SOCIAL SERVICE	95,258	0	0	17,482	0	17.01
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	2,629,445	0	0	586,734	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	2,938,820	36,854	46	170,024	2,987	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	9,282,227	980,746	96,470	2,008,251	10,861	30.00
31.00 03100 INTENSIVE CARE UNIT	3,683,956	184,788	42,163	721,824	543	31.00
41.00 04100 SUBPROVIDER - IRF	1,536,735	278,188	11,398	335,845	815	41.00
43.00 04300 NURSERY	428,445	0	21,334	90,845	543	43.00
44.00 04400 SKILLED NURSING FACILITY	3,826,877	0	13,281	757,372	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	3,115,776	150,363	325,244	423,295	1,358	50.00
50.01 03330 AMBULATORY SURGERY	1,295,840	94,998	55,115	243,863	0	50.01
51.00 05100 RECOVERY ROOM	421,735	12,906	100	91,597	272	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	94,232	15,133	31,848	18,232	543	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,926,093	296,769	701,745	351,494	5,702	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	1,233,805	76,731	148,919	136,382	3,258	55.00
56.00 05600 RADIOISOTOPE	949,548	41,294	33,219	146,924	1,086	56.00
57.00 05700 CT SCAN	494,836	18,434	69,141	98,275	0	57.00
58.00 05800 MRI	318,550	35,165	185,390	53,193	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	972,458	68,397	140,417	158,809	272	59.00
60.00 06000 LABORATORY	5,401,072	96,610	44,492	0	6,517	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	403,502	3,692	559	0	272	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	962,389	21,596	22,271	204,941	1,358	65.00
66.00 06600 PHYSICAL THERAPY	1,515,935	53,027	9,089	335,144	2,987	66.00
66.01 06601 RNRC PHYSICAL THERAPY	931,284	0	1,076	204,418	0	66.01
66.02 06602 DAY REHABILITATION FACILITY	368,293	37,908	1,640	61,484	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	822,567	54,395	0	180,550	1,901	67.00
68.00 06800 SPEECH PATHOLOGY	513,748	11,873	6,531	115,704	272	68.00
69.00 06900 ELECTROCARDIOLOGY	416,875	87,815	37,134	77,098	2,444	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	-64,085	0	186,114	8,847	272	70.00
70.01 07001 ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	7,159,481	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	7,378,030	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	5,585,903	26,175	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	546,269	38,551	3,021	71,897	543	74.00
76.97 07697 CARDIAC REHABILITATION	294,933	0	6,163	53,512	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0117

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

Worksheet B
Part I
Date/Time Prepared:
11/28/2018 4:03 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		BLDG & FIXT	MVBLE EQUIP			
76.99 07699 LI THOTRIPSY	0	1.00	2.00	4.00	5.10	
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	236,238	51,994	197	39,849	3,258	90.00
90.01 09001 WELLNESS PROGRAM	67,263	15,168	0	17,480	272	90.01
90.02 09002 WOUND CARE CENTER	367,233	0	11,210	25,510	0	90.02
91.00 09100 EMERGENCY	2,038,944	119,553	31,687	453,823	3,258	91.00
91.01 04040 FAMILY PRACTICE	411,325	4,572	3,799	93,944	5,702	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	842,773	0	131	184,694	0	92.01
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	145,869,400	5,619,617	3,005,980	10,530,574	112,958	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	272	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 19300 NONPAID WORKERS	16,721	39,465	0	1,192	0	193.00
194.00 07950 OTHER	100,141	0	0	22,019	0	194.00
194.05 07955 NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	145,986,262	5,659,082	3,005,980	10,553,785	113,230	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0117

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

Worksheet B
Part I
Date/Time Prepared:
11/28/2018 4:03 pm

Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	ADMINISTRATION & GENERAL	
			5. 20	5. 30	5. 50	5A. 50	5. 60	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.10	01160	COMMUNICATIONS						5.10
5.20	00550	DATA PROCESSING	3,199,242					5.20
5.30	00560	PURCHASING RECEIVING AND STORES	113,734	-124,601				5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE	119,616	0	2,292,169			5.50
5.60	00592	ADMINISTRATION & GENERAL	420,618	0	0	35,177,306	35,177,306	5.60
5.90	00593	RNP ADMINISTRATION	71,083	0	0	1,811,740	0	5.90
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	74,994	24,240	6.00
7.00	00700	OPERATION OF PLANT	17,648	0	0	6,229,177	2,013,463	7.00
7.01	00701	ELECTRICITY	0	0	0	2,172	702	7.01
7.02	00702	RNP OPERATION OF PLANT	0	0	0	386,911	125,062	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	525,718	169,928	8.00
8.01	00801	RNP LAUNDRY	0	0	0	116,006	37,497	8.01
9.00	00900	HOUSEKEEPING	0	0	0	1,781,843	575,947	9.00
9.01	00901	RNP HOUSEKEEPING	0	0	0	276,321	89,316	9.01
10.00	01000	DIETARY	9,805	0	0	291,601	0	10.00
10.01	01001	RNP DIETARY	0	0	0	771,503	249,374	10.01
11.00	01100	CAFETERIA	8,334	0	0	1,546,494	499,875	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	71,574	0	0	1,697,891	548,811	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	15,197	0	0	180,864	58,461	14.00
15.00	01500	PHARMACY	184,817	0	0	2,030,892	656,447	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	352,966	0	0	3,727,722	1,204,915	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	0	112,740	36,441	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	3,216,179	1,039,569	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	5,883	0	0	3,154,614	1,019,669	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	186,777	0	287,550	12,852,882	4,154,455	30.00
31.00	03100	INTENSIVE CARE UNIT	42,160	0	78,294	4,753,728	1,536,552	31.00
41.00	04100	SUBPROVIDER - I&R	18,139	0	43,340	2,224,460	719,014	41.00
43.00	04300	NURSERY	18,139	0	22,457	581,763	188,044	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	30,520	4,628,050	1,495,929	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	35,787	0	182,135	4,233,958	1,368,546	50.00
50.01	03330	AMBULATORY SURGERY	0	0	48,820	1,738,636	561,981	50.01
51.00	05100	RECOVERY ROOM	11,766	0	36,010	574,386	185,659	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	45,347	205,335	66,371	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	418,657	0	90,951	3,791,411	1,225,502	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	23,531	0	46,195	1,668,821	539,415	55.00
56.00	05600	RADIOISOTOPE	53,925	0	63,050	1,289,046	416,660	56.00
57.00	05700	CT SCAN	0	0	98,025	778,711	251,704	57.00
58.00	05800	MRI	0	0	29,891	622,189	201,111	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	101,060	1,441,413	465,909	59.00
60.00	06000	LABORATORY	574,055	0	207,810	6,330,556	2,046,232	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	83,829	0	8,411	500,265	161,701	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	18,139	0	54,912	1,285,606	415,548	65.00
66.00	06600	PHYSICAL THERAPY	27,943	0	44,348	1,988,473	642,736	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	7,034	1,143,812	369,715	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0	7,788	477,113	154,218	66.02
67.00	06700	OCCUPATIONAL THERAPY	47,552	0	20,114	1,127,079	364,307	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	7,549	655,677	211,935	68.00
69.00	06900	ELECTROCARDIOLOGY	11,766	0	69,505	702,637	227,114	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	11,766	0	2,201	145,115	46,906	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	109,196	7,268,677	2,349,462	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	116,748	7,494,778	2,422,545	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	244,187	5,856,265	1,892,926	73.00
74.00	07400	RENAL DIALYSIS	49,023	0	14,894	724,198	234,083	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	5,428	360,036	116,375	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	77,947	0	1,615	411,098	132,880	90.00
90.01	09001	WELLNESS PROGRAM	0	0	252	100,435	32,464	90.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0117

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

Worksheet B
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Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	ADMINISTRATION & GENERAL	
			5.20	5.30	5.50	5A.50	5.60	
90.02	09002	WOUND CARE CENTER	0	0	10,206	414,159	133,869	90.02
91.00	09100	EMERGENCY	48,043	0	130,432	2,825,740	913,367	91.00
91.01	04040	FAMILY PRACTICE	49,023	0	0	568,365	183,713	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	25,894	1,053,492	340,521	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,199,242	0	2,292,169	145,931,053	35,119,186	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	272	88	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	57,378	18,546	193.00
194.00	07950	OTHER	0	0	0	122,160	39,486	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers	0	-124,601	0	-124,601	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,199,242	-124,601	2,292,169	145,986,262	35,177,306	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0117	Period: From 01/01/2018 To 06/30/2018	Worksheet B Part I Date/Time Prepared: 11/28/2018 4:03 pm			
Cost Center Description			RNP ADMINISTRATION 5.90	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	ELECTRICITY 7.01	RNP OPERATION OF PLANT 7.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.10	01160	COMMUNICATIONS						5.10
5.20	00550	DATA PROCESSING						5.20
5.30	00560	PURCHASING RECEIVING AND STORES						5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.50
5.60	00592	ADMINISTRATION & GENERAL						5.60
5.90	00593	RNP ADMINISTRATION	1,811,740					5.90
6.00	00600	MAINTENANCE & REPAIRS	0	99,234				6.00
7.00	00700	OPERATION OF PLANT	0	67,236	8,309,876			7.00
7.01	00701	ELECTRICITY	0	0	0	2,874		7.01
7.02	00702	RNP OPERATION OF PLANT	155,852	4,371	0	0	672,196	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	97,276	34	7,869	8.00
8.01	00801	RNP LAUNDRY	25,588	376	0	0	0	8.01
9.00	00900	HOUSEKEEPING	0	779	162,171	56	13,118	9.00
9.01	00901	RNP HOUSEKEEPING	59,518	206	0	0	0	9.01
10.00	01000	DIETARY	0	3,967	304,202	105	24,607	10.00
10.01	01001	RNP DIETARY	362,189	601	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	112,034	39	9,063	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	83	89,425	31	7,234	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	4	205,103	71	16,591	14.00
15.00	01500	PHARMACY	0	52	170,089	59	13,759	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	81	161,823	56	13,090	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	18,630	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	7	87,454	30	7,074	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	404	2,327,278	804	188,256	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	438,497	152	35,471	31.00
41.00	04100	SUBPROVIDER - IRF	0	110	660,130	228	53,399	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	579,415	32	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	17,014	356,807	123	28,863	50.00
50.01	03330	AMBULATORY SURGERY	0	0	225,427	78	18,235	50.01
51.00	05100	RECOVERY ROOM	0	0	30,626	11	2,477	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	35,909	12	2,905	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	39	704,222	244	56,965	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	17	182,080	63	14,729	55.00
56.00	05600	RADIOISOTOPE	0	269	97,989	34	7,926	56.00
57.00	05700	CT SCAN	0	7	43,744	15	3,538	57.00
58.00	05800	MRI	0	7	83,446	29	6,750	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	162,304	56	13,129	59.00
60.00	06000	LABORATORY	0	1,679	229,253	79	18,545	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	8,762	3	709	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	7	51,247	18	4,145	65.00
66.00	06600	PHYSICAL THERAPY	0	39	125,831	44	10,179	66.00
66.01	06601	RNRC PHYSICAL THERAPY	89,953	0	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	250	89,955	31	7,277	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	39	129,078	45	10,441	67.00
68.00	06800	SPEECH PATHOLOGY	0	33	28,174	10	2,279	68.00
69.00	06900	ELECTROCARDIOLOGY	0	526	208,383	72	16,856	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	40	0	0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	90,398	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	882	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	429,315	0	62,112	21	5,024	73.00
74.00	07400	RENAL DIALYSIS	0	179	91,479	32	7,400	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	652	123,380	43	9,980	90.00
90.01	09001	WELLNESS PROGRAM	0	0	35,992	12	2,911	90.01
90.02	09002	WOUND CARE CENTER	0	0	0	0	0	90.02

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			RNP ADMINISTRATION	MAINTENANCE & REPAIRS	OPERATION OF PLANT	ELECTRICITY	RNP OPERATION OF PLANT	
			5.90	6.00	7.00	7.01	7.02	
91.00	09100	EMERGENCY	0	0	283,696	98	22,949	91.00
91.01	04040	FAMILY PRACTICE	0	128	10,849	4	878	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,811,740	99,234	8,216,227	2,842	664,621	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	93,649	32	7,575	193.00
194.00	07950	OTHER	0	0	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,811,740	99,234	8,309,876	2,874	672,196	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0117		Period: From 01/01/2018 To 06/30/2018		Worksheet B Part I Date/Time Prepared: 11/28/2018 4:03 pm	
Cost Center Description			LAUNDRY & LINEN SERVICE	RNP LAUNDRY	HOUSEKEEPING	RNP HOUSEKEEPING	DIETARY	
			8.00	8.01	9.00	9.01	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.10	01160	COMMUNICATIONS						5.10
5.20	00550	DATA PROCESSING						5.20
5.30	00560	PURCHASING RECEIVING AND STORES						5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.50
5.60	00592	ADMINISTRATION & GENERAL						5.60
5.90	00593	RNP ADMINISTRATION						5.90
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	ELECTRICITY						7.01
7.02	00702	RNP OPERATION OF PLANT						7.02
8.00	00800	LAUNDRY & LINEN SERVICE	800,825					8.00
8.01	00801	RNP LAUNDRY	0	179,467				8.01
9.00	00900	HOUSEKEEPING	0	0	2,533,914			9.00
9.01	00901	RNP HOUSEKEEPING	0	0	0	425,361		9.01
10.00	01000	DIETARY	0	0	66,604	174,770	865,856	10.00
10.01	01001	RNP DIETARY	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	16,651	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	9,217	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	982	0	8,325	0	0	14.00
15.00	01500	PHARMACY	0	0	19,624	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	12,488	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	0	16,445	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	13,602	0	2,973	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	275,841	0	937,608	0	239,790	30.00
31.00	03100	INTENSIVE CARE UNIT	69,420	0	135,586	0	48,720	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	149,858	0	53,030	41.00
43.00	04300	NURSERY	16,189	0	20,516	0	11,839	43.00
44.00	04400	SKILLED NURSING FACILITY	0	179,467	0	0	512,477	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	63,144	0	312,800	0	0	50.00
50.01	03330	AMBULATORY SURGERY	55,048	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	17,834	0	5,947	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	2,962	0	5,947	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	76,059	0	58,278	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	11,768	0	37,465	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	11,894	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	18,007	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	67,991	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	4,163	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	11,299	0	0	65.00
66.00	06600	PHYSICAL THERAPY	60,703	0	17,840	0	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	198,176	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	23,787	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	15,694	0	14,867	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	3,568	0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	35,970	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	2,973	0	0	73.00
74.00	07400	RENAL DIALYSIS	6,096	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	174	0	120,323	0	0	90.00
90.01	09001	WELLNESS PROGRAM	85	0	0	0	0	90.01
90.02	09002	WOUND CARE CENTER	0	0	0	0	0	90.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0117

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

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Cost Center Description			LAUNDRY & LINEN SERVICE	RNP LAUNDRY	HOUSEKEEPING	RNP HOUSEKEEPING	DIETARY	
			8.00	8.01	9.00	9.01	10.00	
91.00	09100	EMERGENCY	96,822	0	150,651	0	0	91.00
91.01	04040	FAMILY PRACTICE	395	0	28,544	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	800,825	179,467	2,257,787	425,361	865,856	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	2,081	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	225,243	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	47,574	0	0	193.00
194.00	07950	OTHER	0	0	1,229	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	800,825	179,467	2,533,914	425,361	865,856	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0117		Period: From 01/01/2018 To 06/30/2018		Worksheet B Part I Date/Time Prepared: 11/28/2018 4:03 pm	
Cost Center Description			RNP DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.01	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.10	01160	COMMUNICATIONS						5.10
5.20	00550	DATA PROCESSING						5.20
5.30	00560	PURCHASING RECEIVING AND STORES						5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.50
5.60	00592	ADMINISTRATION & GENERAL						5.60
5.90	00593	RNP ADMINISTRATION						5.90
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	ELECTRICITY						7.01
7.02	00702	RNP OPERATION OF PLANT						7.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	RNP LAUNDRY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	RNP HOUSEKEEPING						9.01
10.00	01000	DIETARY						10.00
10.01	01001	RNP DIETARY	1,383,667					10.01
11.00	01100	CAFETERIA	0	2,184,156				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	24,460	0	2,377,152		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	18,333	0	0	488,734	14.00
15.00	01500	PHARMACY	0	45,680	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	39,282	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	0	4,467	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	97,258	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	383,192	577,512	0	702,336	0	30.00
31.00	03100	INTENSIVE CARE UNIT	77,855	181,109	0	220,253	0	31.00
41.00	04100	SUBPROVIDER - I&R	84,744	93,906	0	114,202	0	41.00
43.00	04300	NURSERY	18,919	23,293	0	28,327	0	43.00
44.00	04400	SKILLED NURSING FACILITY	818,957	239,743	0	291,560	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	97,120	0	118,111	0	50.00
50.01	03330	AMBULATORY SURGERY	0	45,897	0	55,817	0	50.01
51.00	05100	RECOVERY ROOM	0	19,041	0	23,157	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	7,492	0	9,111	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	99,928	0	121,526	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	19,002	0	23,109	0	55.00
56.00	05600	RADIOISOTOPE	0	25,275	0	30,738	0	56.00
57.00	05700	CT SCAN	0	19,490	0	23,703	0	57.00
58.00	05800	MRI	0	10,114	0	12,300	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	30,640	0	37,262	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	59,055	0	71,819	0	65.00
66.00	06600	PHYSICAL THERAPY	0	53,759	0	65,378	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	29,151	0	35,451	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	9,778	0	11,891	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	26,709	0	32,482	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	15,652	0	19,034	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	18,691	0	22,731	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	11,647	0	14,164	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	240,695	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	248,039	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	14,190	0	17,257	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	7,245	0	8,811	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	5,260	0	6,397	0	90.00
90.01	09001	WELLNESS PROGRAM	0	1,809	0	2,200	0	90.01

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			RNP DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.01	11.00	12.00	13.00	14.00	
90.02	09002	WOUND CARE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	116,000	0	141,072	0	91.00
91.01	04040	FAMILY PRACTICE	0	46,198	0	56,183	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	49,970	0	60,770	0	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,383,667	2,184,156	0	2,377,152	488,734	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER	0	0	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,383,667	2,184,156	0	2,377,152	488,734	202.00

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	RNP SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			15.00	16.00	17.00	17.01	19.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.10	01160	COMMUNICATIONS						5.10
5.20	00550	DATA PROCESSING						5.20
5.30	00560	PURCHASING RECEIVING AND STORES						5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.50
5.60	00592	ADMINISTRATION & GENERAL						5.60
5.90	00593	RNP ADMINISTRATION						5.90
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	ELECTRICITY						7.01
7.02	00702	RNP OPERATION OF PLANT						7.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	RNP LAUNDRY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	RNP HOUSEKEEPING						9.01
10.00	01000	DIETARY						10.00
10.01	01001	RNP DIETARY						10.01
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	2,936,602					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	5,159,457				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	0	188,723		17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	358,147	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	22,746	0	0	0	31.00
41.00	04100	SUBPROVIDER - I&R	0	28,671	0	0	0	41.00
43.00	04300	NURSERY	0	162,914	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	188,723	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	33,769	0	0	0	50.00
50.01	03330	AMBULATORY SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	15,574	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	27,567	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,284,437	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	202,346	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	605,109	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	296,390	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	38,826	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	157,663	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	78,882	0	0	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	54,349	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	732,576	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	218,342	0	0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	307,219	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	2,936,602	80,888	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	292,058	0	0	0	90.00
90.01	09001	WELLNESS PROGRAM	0	0	0	0	0	90.01

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	RNP SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			15.00	16.00	17.00	17.01	19.00	
90.02	09002	WOUND CARE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	160,984	0	0	0	91.00
91.01	04040	FAMILY PRACTICE	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,936,602	5,159,457	0	188,723	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER	0	0	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,936,602	5,159,457	0	188,723	0	202.00

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Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
		20.00	21.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.10 01160	COMMUNICATIONS					5.10
5.20 00550	DATA PROCESSING					5.20
5.30 00560	PURCHASING RECEIVING AND STORES					5.30
5.50 00580	CASHIERING/ACCOUNTS RECEIVABLE					5.50
5.60 00592	ADMINISTRATION & GENERAL					5.60
5.90 00593	RNP ADMINISTRATION					5.90
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
7.01 00701	ELECTRICITY					7.01
7.02 00702	RNP OPERATION OF PLANT					7.02
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
8.01 00801	RNP LAUNDRY					8.01
9.00 00900	HOUSEKEEPING					9.00
9.01 00901	RNP HOUSEKEEPING					9.01
10.00 01000	DIETARY					10.00
10.01 01001	RNP DIETARY					10.01
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
17.01 01701	RNP SOCIAL SERVICE					17.01
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL	0				20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV		4,255,748			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV			4,382,681		22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)				0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	2,430,573	2,503,065	0	27,932,143 30.00
31.00 03100	INTENSIVE CARE UNIT	0	302,698	311,726	0	8,134,513 31.00
41.00 04100	SUBPROVIDER - I&R	0	0	0	0	4,181,752 41.00
43.00 04300	NURSERY	0	29,970	30,864	0	1,112,638 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	8,934,353 44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	263,736	271,603	0	7,165,594 50.00
50.01 03330	AMBULATORY SURGERY	0	0	0	0	2,701,119 50.01
51.00 05100	RECOVERY ROOM	0	0	0	0	874,712 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	363,611 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	29,970	30,864	0	7,479,445 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	2,698,815 55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	2,484,940 56.00
57.00 05700	CT SCAN	0	0	0	0	1,120,912 57.00
58.00 05800	MRI	0	0	0	0	935,946 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	2,168,720 59.00
60.00 06000	LABORATORY	0	59,940	61,728	0	9,112,393 60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	714,429 62.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30
65.00 06500	RESPIRATORY THERAPY	0	149,850	154,320	0	2,360,577 65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	0	3,043,864 66.00
66.01 06601	RNRC PHYSICAL THERAPY	0	0	0	0	1,920,607 66.01
66.02 06602	DAY REHABILITATION FACILITY	0	0	0	0	750,513 66.02
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	1,713,967 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	932,794 68.00
69.00 06900	ELECTROCARDIOLOGY	0	149,850	154,320	0	2,264,317 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	29,970	30,864	0	500,616 70.00
70.01 07001	ELECTROPHYSIOLOGY	0	0	0	0	0 70.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	10,292,421 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	10,166,244 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	11,266,126 73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	1,094,914 74.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	492,467 76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	0 76.99

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Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal			
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV					
		20.00	21.00				22.00	23.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	59,940	61,728	0	1,223,913	90.00
90.01	09001	WELLNESS PROGRAM	0	59,940	61,728	0	297,576	90.01
90.02	09002	WOUND CARE CENTER	0	0	0	0	548,028	90.02
91.00	09100	EMERGENCY	0	449,551	462,959	0	5,623,889	91.00
91.01	04040	FAMILY PRACTICE	0	239,760	246,912	0	1,381,929	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	1,504,753	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	4,255,748	4,382,681	0	145,495,550	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	2,441	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	225,243	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	224,754	193.00
194.00	07950	OTHER	0	0	0	0	162,875	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	-124,601	201.00
202.00		TOTAL (sum lines 118 through 201)	0	4,255,748	4,382,681	0	145,986,262	202.00

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.10	01160	COMMUNICATIONS		5.10
5.20	00550	DATA PROCESSING		5.20
5.30	00560	PURCHASING RECEIVING AND STORES		5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.50
5.60	00592	ADMINISTRATION & GENERAL		5.60
5.90	00593	RNP ADMINISTRATION		5.90
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
7.01	00701	ELECTRICITY		7.01
7.02	00702	RNP OPERATION OF PLANT		7.02
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
8.01	00801	RNP LAUNDRY		8.01
9.00	00900	HOUSEKEEPING		9.00
9.01	00901	RNP HOUSEKEEPING		9.01
10.00	01000	DIETARY		10.00
10.01	01001	RNP DIETARY		10.01
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
17.01	01701	RNP SOCIAL SERVICE		17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-4,933,638	22,998,505
31.00	03100	INTENSIVE CARE UNIT	-614,424	7,520,089
41.00	04100	SUBPROVIDER - I RF	0	4,181,752
43.00	04300	NURSERY	-60,834	1,051,804
44.00	04400	SKILLED NURSING FACILITY	0	8,934,353
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-535,339	6,630,255
50.01	03330	AMBULATORY SURGERY	0	2,701,119
51.00	05100	RECOVERY ROOM	0	874,712
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0
53.00	05300	ANESTHESIOLOGY	0	363,611
54.00	05400	RADIOLOGY-DIAGNOSTIC	-60,834	7,418,611
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,698,815
56.00	05600	RADIOISOTOPE	0	2,484,940
57.00	05700	CT SCAN	0	1,120,912
58.00	05800	MRI	0	935,946
59.00	05900	CARDIAC CATHETERIZATION	0	2,168,720
60.00	06000	LABORATORY	-121,668	8,990,725
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	714,429
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0
65.00	06500	RESPIRATORY THERAPY	-304,170	2,056,407
66.00	06600	PHYSICAL THERAPY	0	3,043,864
66.01	06601	RNRC PHYSICAL THERAPY	0	1,920,607
66.02	06602	DAY REHABILITATION FACILITY	0	750,513
67.00	06700	OCCUPATIONAL THERAPY	0	1,713,967
68.00	06800	SPEECH PATHOLOGY	0	932,794
69.00	06900	ELECTROCARDIOLOGY	-304,170	1,960,147
70.00	07000	ELECTROENCEPHALOGRAPHY	-60,834	439,782
70.01	07001	ELECTROPHYSIOLOGY	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	10,292,421
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	10,166,244
73.00	07300	DRUGS CHARGED TO PATIENTS	0	11,266,126
74.00	07400	RENAL DIALYSIS	0	1,094,914
76.97	07697	CARDIAC REHABILITATION	0	492,467
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0
76.99	07699	LITHOTRIPSY	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0117

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

Worksheet B
Part I
Date/Time Prepared:
11/28/2018 4:03 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-121,668	1,102,245	90.00
90.01	09001	WELLNESS PROGRAM	-121,668	175,908	90.01
90.02	09002	WOUND CARE CENTER	0	548,028	90.02
91.00	09100	EMERGENCY	-912,510	4,711,379	91.00
91.01	04040	FAMILY PRACTICE	-486,672	895,257	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	1,504,753	92.01
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-8,638,429	136,857,121	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,441	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	225,243	192.00
193.00	19300	NONPAID WORKERS	0	224,754	193.00
194.00	07950	OTHER	0	162,875	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	194.05
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	-124,601	201.00
202.00		TOTAL (sum lines 118 through 201)	-8,638,429	137,347,833	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0117

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

Worksheet B
Part II
Date/Time Prepared:
11/28/2018 4:03 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	75,347	68,544	14,404	158,295	4.00
5.10 01160	COMMUNICATIONS	0	33,043	37	33,080	5.10
5.20 00550	DATA PROCESSING	0	0	0	0	5.20
5.30 00560	PURCHASING RECEIVING AND STORES	0	0	0	0	5.30
5.50 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.50
5.60 00592	ADMINISTRATION & GENERAL	50,278	944,254	119,395	1,113,927	5.60
5.90 00593	RNP ADMINISTRATION	18,912	0	90,863	109,775	5.90
6.00 00600	MAINTENANCE & REPAIRS	278	41,308	1,698	43,284	6.00
7.00 00700	OPERATION OF PLANT	6,341	1,070,039	119,544	1,195,924	7.00
7.01 00701	ELECTRICITY	0	0	0	0	7.01
7.02 00702	RNP OPERATION OF PLANT	0	0	18,392	18,392	7.02
8.00 00800	LAUNDRY & LINEN SERVICE	837	40,994	0	41,831	8.00
8.01 00801	RNP LAUNDRY	0	0	131	131	8.01
9.00 00900	HOUSEKEEPING	2,408	68,341	5,520	76,269	9.00
9.01 00901	RNP HOUSEKEEPING	0	0	0	0	9.01
10.00 01000	DIETARY	13,144	128,195	16,980	158,319	10.00
10.01 01001	RNP DIETARY	0	0	3,253	3,253	10.01
11.00 01100	CAFETERIA	0	47,213	0	47,213	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	4,055	37,685	286,345	328,085	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	35,014	86,433	64,954	186,401	14.00
15.00 01500	PHARMACY	4,393	71,678	22,197	98,268	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	18,810	68,195	1,323	88,328	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
17.01 01701	RNP SOCIAL SERVICE	0	0	0	0	17.01
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	4,361	36,854	46	41,261	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	15,062	980,746	96,470	1,092,278	30.00
31.00 03100	INTENSIVE CARE UNIT	5,863	184,788	42,163	232,814	31.00
41.00 04100	SUBPROVIDER - I&R	8,115	278,188	11,398	297,701	41.00
43.00 04300	NURSERY	0	0	21,334	21,334	43.00
44.00 04400	SKILLED NURSING FACILITY	2,084	0	13,281	15,365	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	195,980	150,363	325,244	671,587	50.00
50.01 03330	AMBULATORY SURGERY	3,479	94,998	55,115	153,592	50.01
51.00 05100	RECOVERY ROOM	31	12,906	100	13,037	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	2,516	15,133	31,848	49,497	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	147,030	296,769	701,745	1,145,544	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	64,354	76,731	148,919	290,004	55.00
56.00 05600	RADIOISOTOPE	1,769	41,294	33,219	76,282	56.00
57.00 05700	CT SCAN	0	18,434	69,141	87,575	57.00
58.00 05800	MRI	23,215	35,165	185,390	243,770	58.00
59.00 05900	CARDIAC CATHETERIZATION	2,397	68,397	140,417	211,211	59.00
60.00 06000	LABORATORY	15,299	96,610	44,492	156,401	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	84	3,692	559	4,335	62.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00 06500	RESPIRATORY THERAPY	24,849	21,596	22,271	68,716	65.00
66.00 06600	PHYSICAL THERAPY	5,659	53,027	9,089	67,775	66.00
66.01 06601	RNRC PHYSICAL THERAPY	0	0	1,076	1,076	66.01
66.02 06602	DAY REHABILITATION FACILITY	79,956	37,908	1,640	119,504	66.02
67.00 06700	OCCUPATIONAL THERAPY	0	54,395	0	54,395	67.00
68.00 06800	SPEECH PATHOLOGY	218	11,873	6,531	18,622	68.00
69.00 06900	ELECTROCARDIOLOGY	3,314	87,815	37,134	128,263	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	209	0	186,114	186,323	70.00
70.01 07001	ELECTROPHYSIOLOGY	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	26,175	0	26,175	73.00
74.00 07400	RENAL DIALYSIS	3,785	38,551	3,021	45,357	74.00
76.97 07697	CARDIAC REHABILITATION	89,173	0	6,163	95,336	76.97
76.98 07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	76.98
76.99 07699	LITHOTRI PSY	0	0	0	0	76.99

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0117

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

Worksheet B
Part II
Date/Time Prepared:
11/28/2018 4:03 pm

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			
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	40,713	51,994	197	92,904	598	90.00
90.01	09001	WELLNESS PROGRAM	1,690	15,168	0	16,858	262	90.01
90.02	09002	WOUND CARE CENTER	1,548	0	11,210	12,758	383	90.02
91.00	09100	EMERGENCY	7,148	119,553	31,687	158,388	6,807	91.00
91.01	04040	FAMILY PRACTICE	113,705	4,572	3,799	122,076	1,409	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	285	0	131	416	2,770	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,093,708	5,619,617	3,005,980	9,719,305	157,947	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	889	39,465	0	40,354	18	193.00
194.00	07950	OTHER	0	0	0	0	330	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers			0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,094,597	5,659,082	3,005,980	9,759,659	158,295	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0117		Period: From 01/01/2018 To 06/30/2018		Worksheet B Part II Date/Time Prepared: 11/28/2018 4:03 pm	
Cost Center Description			COMMUNICATIONS	DATA PROCESSING	PURCHASING RECEIVING AND STORES	CASHIERING/ACCOUNTS RECEIVABLE	ADMINISTRATION & GENERAL	
			5.10	5.20	5.30	5.50	5.60	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.10	01160	COMMUNICATIONS	33,080					5.10
5.20	00550	DATA PROCESSING	0	0				5.20
5.30	00560	PURCHASING RECEIVING AND STORES	873	0	873			5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,507	0	0	1,507		5.50
5.60	00592	ADMINISTRATION & GENERAL	6,110	0	0	0	1,128,195	5.60
5.90	00593	RNP ADMINISTRATION	79	0	0	0	0	5.90
6.00	00600	MAINTENANCE & REPAIRS	793	0	0	0	777	6.00
7.00	00700	OPERATION OF PLANT	555	0	0	0	64,578	7.00
7.01	00701	ELECTRICITY	635	0	0	0	23	7.01
7.02	00702	RNP OPERATION OF PLANT	0	0	0	0	4,011	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	79	0	0	0	5,450	8.00
8.01	00801	RNP LAUNDRY	0	0	0	0	1,203	8.01
9.00	00900	HOUSEKEEPING	79	0	0	0	18,472	9.00
9.01	00901	RNP HOUSEKEEPING	0	0	0	0	2,865	9.01
10.00	01000	DIETARY	555	0	0	0	0	10.00
10.01	01001	RNP DIETARY	0	0	0	0	7,998	10.01
11.00	01100	CAFETERIA	476	0	0	0	16,033	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,507	0	0	0	17,602	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	79	0	0	0	1,875	14.00
15.00	01500	PHARMACY	714	0	0	0	21,054	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,221	0	0	0	38,645	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	0	0	1,169	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	33,342	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	873	0	0	0	32,704	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,173	0	0	179	133,200	30.00
31.00	03100	INTENSIVE CARE UNIT	159	0	0	52	49,282	31.00
41.00	04100	SUBPROVIDER - I&R	238	0	0	29	23,061	41.00
43.00	04300	NURSERY	159	0	0	15	6,031	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	20	47,979	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	397	0	0	121	43,893	50.00
50.01	03330	AMBULATORY SURGERY	0	0	0	32	18,024	50.01
51.00	05100	RECOVERY ROOM	79	0	0	24	5,955	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	159	0	0	30	2,129	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,666	0	0	60	39,306	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	952	0	0	31	17,301	55.00
56.00	05600	RADIOISOTOPE	317	0	0	42	13,364	56.00
57.00	05700	CT SCAN	0	0	0	65	8,073	57.00
58.00	05800	MRI	0	0	0	20	6,450	58.00
59.00	05900	CARDIAC CATHETERIZATION	79	0	0	67	14,943	59.00
60.00	06000	LABORATORY	1,904	0	0	138	65,629	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	79	0	0	6	5,186	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	397	0	0	36	13,328	65.00
66.00	06600	PHYSICAL THERAPY	873	0	0	29	20,614	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	5	11,858	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0	0	5	4,946	66.02
67.00	06700	OCCUPATIONAL THERAPY	555	0	0	13	11,684	67.00
68.00	06800	SPEECH PATHOLOGY	79	0	0	5	6,797	68.00
69.00	06900	ELECTROCARDIOLOGY	714	0	0	46	7,284	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	79	0	0	1	1,504	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	72	75,354	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	77	77,698	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	162	60,712	73.00
74.00	07400	RENAL DIALYSIS	159	0	0	10	7,508	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	4	3,732	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	952	0	0	1	4,262	90.00
90.01	09001	WELLNESS PROGRAM	79	0	0	0	1,041	90.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0117

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

Worksheet B
Part II
Date/Time Prepared:
11/28/2018 4:03 pm

Cost Center Description			COMMUNICATIONS	DATA PROCESSING	PURCHASING RECEIVING AND STORES	CASHIERING/ACCOUNTS RECEIVABLE	ADMINISTRATION & GENERAL	
			5.10	5.20	5.30	5.50	5.60	
90.02	09002	WOUND CARE CENTER	0	0	0	7	4,294	90.02
91.00	09100	EMERGENCY	952	0	0	86	29,294	91.00
91.01	04040	FAMILY PRACTICE	1,666	0	0	0	5,892	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	17	10,922	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	33,001	0	0	1,507	1,126,331	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	79	0	0	0	3	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	595	193.00
194.00	07950	OTHER	0	0	0	0	1,266	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	873	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	33,080	0	873	1,507	1,128,195	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0117		Period: From 01/01/2018 To 06/30/2018		Worksheet B Part II Date/Time Prepared: 11/28/2018 4:03 pm	
Cost Center Description			RNP ADMINISTRATION	MAINTENANCE & REPAIRS	OPERATION OF PLANT	ELECTRICITY	RNP OPERATION OF PLANT	
			5.90	6.00	7.00	7.01	7.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.10	01160	COMMUNICATIONS						5.10
5.20	00550	DATA PROCESSING						5.20
5.30	00560	PURCHASING RECEIVING AND STORES						5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.50
5.60	00592	ADMINISTRATION & GENERAL						5.60
5.90	00593	RNP ADMINISTRATION	111,071					5.90
6.00	00600	MAINTENANCE & REPAIRS	0	44,854				6.00
7.00	00700	OPERATION OF PLANT	0	30,392	1,293,895			7.00
7.01	00701	ELECTRICITY	0	0	0	658		7.01
7.02	00702	RNP OPERATION OF PLANT	9,555	1,975	0	0	34,115	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	15,146	8	399	8.00
8.01	00801	RNP LAUNDRY	1,569	170	0	0	0	8.01
9.00	00900	HOUSEKEEPING	0	352	25,251	13	666	9.00
9.01	00901	RNP HOUSEKEEPING	3,649	93	0	0	0	9.01
10.00	01000	DIETARY	0	1,793	47,366	24	1,249	10.00
10.01	01001	RNP DIETARY	22,204	272	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	17,444	9	460	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	37	13,924	7	367	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2	31,936	16	842	14.00
15.00	01500	PHARMACY	0	23	26,484	13	698	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	36	25,197	13	664	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	1,142	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	3	13,617	7	359	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	183	362,372	185	9,554	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	68,276	35	1,800	31.00
41.00	04100	SUBPROVIDER - IRF	0	50	102,786	52	2,710	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	35,522	15	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	7,690	55,557	28	1,465	50.00
50.01	03330	AMBULATORY SURGERY	0	0	35,100	18	925	50.01
51.00	05100	RECOVERY ROOM	0	0	4,769	2	126	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	5,591	3	147	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	18	109,651	56	2,891	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	8	28,351	14	748	55.00
56.00	05600	RADIOISOTOPE	0	122	15,257	8	402	56.00
57.00	05700	CT SCAN	0	3	6,811	3	180	57.00
58.00	05800	MRI	0	3	12,993	7	343	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	25,272	13	666	59.00
60.00	06000	LABORATORY	0	759	35,696	18	941	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	1,364	1	36	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	3	7,979	4	210	65.00
66.00	06600	PHYSICAL THERAPY	0	17	19,593	10	517	66.00
66.01	06601	RNRC PHYSICAL THERAPY	5,515	0	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	113	14,007	7	369	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	17	20,098	10	530	67.00
68.00	06800	SPEECH PATHOLOGY	0	15	4,387	2	116	68.00
69.00	06900	ELECTROCARDIOLOGY	0	238	32,446	17	855	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	18	0	0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,542	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	54	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	26,319	0	9,671	5	255	73.00
74.00	07400	RENAL DIALYSIS	0	81	14,244	7	376	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	295	19,211	10	507	90.00
90.01	09001	WELLNESS PROGRAM	0	0	5,604	3	148	90.01
90.02	09002	WOUND CARE CENTER	0	0	0	0	0	90.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0117

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

Worksheet B
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Cost Center Description			RNP ADMINISTRATION	MAINTENANCE & REPAIRS	OPERATION OF PLANT	ELECTRICITY	RNP OPERATION OF PLANT	
			5.90	6.00	7.00	7.01	7.02	
91.00	09100	EMERGENCY	0	0	44,173	22	1,165	91.00
91.01	04040	FAMILY PRACTICE	0	58	1,689	1	45	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	111,071	44,854	1,279,313	651	33,731	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	14,582	7	384	193.00
194.00	07950	OTHER	0	0	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	111,071	44,854	1,293,895	658	34,115	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0117		Period: From 01/01/2018 To 06/30/2018		Worksheet B Part II Date/Time Prepared: 11/28/2018 4:03 pm	
Cost Center Description			LAUNDRY & LINEN SERVICE	RNP LAUNDRY	HOUSEKEEPING	RNP HOUSEKEEPING	DIETARY	
			8.00	8.01	9.00	9.01	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.10	01160	COMMUNICATIONS						5.10
5.20	00550	DATA PROCESSING						5.20
5.30	00560	PURCHASING RECEIVING AND STORES						5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.50
5.60	00592	ADMINISTRATION & GENERAL						5.60
5.90	00593	RNP ADMINISTRATION						5.90
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	ELECTRICITY						7.01
7.02	00702	RNP OPERATION OF PLANT						7.02
8.00	00800	LAUNDRY & LINEN SERVICE	63,154					8.00
8.01	00801	RNP LAUNDRY	0	3,360				8.01
9.00	00900	HOUSEKEEPING	0	0	123,635			9.00
9.01	00901	RNP HOUSEKEEPING	0	0	0	7,207		9.01
10.00	01000	DIETARY	0	0	3,250	2,961	216,232	10.00
10.01	01001	RNP DIETARY	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	812	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	450	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	77	0	406	0	0	14.00
15.00	01500	PHARMACY	0	0	958	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	609	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	0	279	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,073	0	145	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	21,751	0	45,748	0	59,883	30.00
31.00	03100	INTENSIVE CARE UNIT	5,475	0	6,616	0	12,167	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	7,312	0	13,243	41.00
43.00	04300	NURSERY	1,277	0	1,001	0	2,957	43.00
44.00	04400	SKILLED NURSING FACILITY	0	3,360	0	0	127,982	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,980	0	15,262	0	0	50.00
50.01	03330	AMBULATORY SURGERY	4,341	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	1,406	0	290	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	234	0	290	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,998	0	2,844	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	928	0	1,828	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	580	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	1,420	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	3,317	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	203	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	551	0	0	65.00
66.00	06600	PHYSICAL THERAPY	4,787	0	870	0	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	3,358	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,161	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,238	0	725	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	174	0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	609	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	145	0	0	73.00
74.00	07400	RENAL DIALYSIS	481	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	14	0	5,871	0	0	90.00
90.01	09001	WELLNESS PROGRAM	7	0	0	0	0	90.01
90.02	09002	WOUND CARE CENTER	0	0	0	0	0	90.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0117

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

Worksheet B
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Cost Center Description			LAUNDRY & LINEN SERVICE	RNP LAUNDRY	HOUSEKEEPING	RNP HOUSEKEEPING	DIETARY	
			8.00	8.01	9.00	9.01	10.00	
91.00	09100	EMERGENCY	7,636	0	7,351	0	0	91.00
91.01	04040	FAMILY PRACTICE	31	0	1,393	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	63,154	3,360	110,162	7,207	216,232	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	102	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	10,990	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	2,321	0	0	193.00
194.00	07950	OTHER	0	0	60	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	63,154	3,360	123,635	7,207	216,232	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0117		Period: From 01/01/2018 To 06/30/2018		Worksheet B Part II Date/Time Prepared: 11/28/2018 4:03 pm	
Cost Center Description			RNP DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.01	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.10	01160	COMMUNICATIONS						5.10
5.20	00550	DATA PROCESSING						5.20
5.30	00560	PURCHASING RECEIVING AND STORES						5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.50
5.60	00592	ADMINISTRATION & GENERAL						5.60
5.90	00593	RNP ADMINISTRATION						5.90
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	ELECTRICITY						7.01
7.02	00702	RNP OPERATION OF PLANT						7.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	RNP LAUNDRY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	RNP HOUSEKEEPING						9.01
10.00	01000	DIETARY						10.00
10.01	01001	RNP DIETARY	33,727					10.01
11.00	01100	CAFETERIA	0	84,011				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	941	0	365,536		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	705	0	0	209,981	14.00
15.00	01500	PHARMACY	0	1,757	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,511	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	RNP SOCIAL SERVICE	0	172	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	3,741	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	9,340	22,213	0	107,999	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,898	6,966	0	33,868	0	31.00
41.00	04100	SUBPROVIDER - IIRF	2,066	3,612	0	17,561	0	41.00
43.00	04300	NURSERY	461	896	0	4,356	0	43.00
44.00	04400	SKILLED NURSING FACILITY	19,962	9,221	0	44,833	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	3,736	0	18,162	0	50.00
50.01	03330	AMBULATORY SURGERY	0	1,765	0	8,583	0	50.01
51.00	05100	RECOVERY ROOM	0	732	0	3,561	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	288	0	1,401	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,844	0	18,687	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	731	0	3,553	0	55.00
56.00	05600	RADIOISOTOPE	0	972	0	4,727	0	56.00
57.00	05700	CT SCAN	0	750	0	3,645	0	57.00
58.00	05800	MRI	0	389	0	1,891	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,179	0	5,730	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	2,271	0	11,044	0	65.00
66.00	06600	PHYSICAL THERAPY	0	2,068	0	10,053	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	1,121	0	5,451	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	376	0	1,828	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	1,027	0	4,995	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	602	0	2,927	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	719	0	3,495	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	448	0	2,178	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	103,412	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	106,569	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	546	0	2,654	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	279	0	1,355	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	202	0	984	0	90.00
90.01	09001	WELLNESS PROGRAM	0	70	0	338	0	90.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0117

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

Worksheet B
Part II
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Cost Center Description			RNP DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.01	11.00	12.00	13.00	14.00	
90.02	09002	WOUND CARE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	4,462	0	21,693	0	91.00
91.01	04040	FAMILY PRACTICE	0	1,777	0	8,639	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	1,922	0	9,345	0	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	33,727	84,011	0	365,536	209,981	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER	0	0	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	13,023	201.00
202.00		TOTAL (sum lines 118 through 201)	33,727	84,011	0	365,536	223,004	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0117		Period: From 01/01/2018 To 06/30/2018		Worksheet B Part II Date/Time Prepared: 11/28/2018 4:03 pm	
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	RNP SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			15.00	16.00	17.00	17.01	19.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.10	01160	COMMUNICATIONS						5.10
5.20	00550	DATA PROCESSING						5.20
5.30	00560	PURCHASING RECEIVING AND STORES						5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.50
5.60	00592	ADMINISTRATION & GENERAL						5.60
5.90	00593	RNP ADMINISTRATION						5.90
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	ELECTRICITY						7.01
7.02	00702	RNP OPERATION OF PLANT						7.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	RNP LAUNDRY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	RNP HOUSEKEEPING						9.01
10.00	01000	DIETARY						10.00
10.01	01001	RNP DIETARY						10.01
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	154,123					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	161,714				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	0	3,024		17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	11,225	0	0		30.00
31.00	03100	INTENSIVE CARE UNIT	0	713	0	0		31.00
41.00	04100	SUBPROVIDER - I&R	0	899	0	0		41.00
43.00	04300	NURSERY	0	5,106	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	3,024		44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	1,058	0	0		50.00
50.01	03330	AMBULATORY SURGERY	0	0	0	0		50.01
51.00	05100	RECOVERY ROOM	0	488	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	864	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	40,260	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	6,342	0	0		55.00
56.00	05600	RADIOISOTOPE	0	18,966	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	9,290	0	0		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	1,217	0	0		62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0		62.30
65.00	06500	RESPIRATORY THERAPY	0	4,942	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	2,472	0	0		66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	1,703	0	0		66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0	0	0		66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	22,961	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	6,844	0	0		70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	9,629	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	154,123	2,535	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0		74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0	0	0		76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	9,154	0	0		90.00
90.01	09001	WELLNESS PROGRAM	0	0	0	0		90.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0117

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

Worksheet B
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	RNP SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			15.00	16.00	17.00	17.01	19.00	
90.02	09002	WOUND CARE CENTER	0	0	0	0		90.02
91.00	09100	EMERGENCY	0	5,046	0	0		91.00
91.01	04040	FAMILY PRACTICE	0	0	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0		92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	154,123	161,714	0	3,024	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
193.00	19300	NONPAID WORKERS	0	0	0	0		193.00
194.00	07950	OTHER	0	0	0	0		194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0		194.05
200.00		Cross Foot Adjustments						0200.00
201.00		Negative Cost Centers	0	0	0	0		0201.00
202.00		TOTAL (sum lines 118 through 201)	154,123	161,714	0	3,024	0	0202.00

ALLOCATION OF CAPITAL RELATED COSTS	Provider CCN: 14-0117	Period: From 01/01/2018 To 06/30/2018	Worksheet B Part II Date/Time Prepared: 11/28/2018 4:03 pm
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Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
		20.00	21.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.10 01160	COMMUNICATIONS					5.10
5.20 00550	DATA PROCESSING					5.20
5.30 00560	PURCHASING RECEIVING AND STORES					5.30
5.50 00580	CASHIERING/ACCOUNTS RECEIVABLE					5.50
5.60 00592	ADMINISTRATION & GENERAL					5.60
5.90 00593	RNP ADMINISTRATION					5.90
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
7.01 00701	ELECTRICITY					7.01
7.02 00702	RNP OPERATION OF PLANT					7.02
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
8.01 00801	RNP LAUNDRY					8.01
9.00 00900	HOUSEKEEPING					9.00
9.01 00901	RNP HOUSEKEEPING					9.01
10.00 01000	DIETARY					10.00
10.01 01001	RNP DIETARY					10.01
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
17.01 01701	RNP SOCIAL SERVICE					17.01
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL	0				20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV		42,143			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV			96,333		22.00
23.00 02300	PARAMED PRGM-(SPECIFY)				0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS				1,909,399	30.00
31.00 03100	INTENSIVE CARE UNIT				430,948	31.00
41.00 04100	SUBPROVIDER - I&F				476,358	41.00
43.00 04300	NURSERY				44,956	43.00
44.00 04400	SKILLED NURSING FACILITY				318,643	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM				830,285	50.00
50.01 03330	AMBULATORY SURGERY				226,038	50.01
51.00 05100	RECOVERY ROOM				31,843	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM				0	52.00
53.00 05300	ANESTHESIOLOGY				60,906	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC				1,376,097	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC				352,837	55.00
56.00 05600	RADIOISOTOPE				133,243	56.00
57.00 05700	CT SCAN				108,579	57.00
58.00 05800	MRI				266,664	58.00
59.00 05900	CARDIAC CATHETERIZATION				262,962	59.00
60.00 06000	LABORATORY				274,093	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL				12,427	62.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS				0	62.30
65.00 06500	RESPIRATORY THERAPY				112,555	65.00
66.00 06600	PHYSICAL THERAPY				134,705	66.00
66.01 06601	RNRC PHYSICAL THERAPY				33,153	66.01
66.02 06602	DAY REHABILITATION FACILITY				142,077	66.02
67.00 06700	OCCUPATIONAL THERAPY				97,193	67.00
68.00 06800	SPEECH PATHOLOGY				35,288	68.00
69.00 06900	ELECTROCARDIOLOGY				200,157	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY				197,702	70.00
70.01 07001	ELECTROPHYSIOLOGY				0	70.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT				194,618	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS				184,398	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS				280,102	73.00
74.00 07400	RENAL DIALYSIS				72,501	74.00
76.97 07697	CARDIAC REHABILITATION				101,509	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY				0	76.98
76.99 07699	LITHOTRIPSY				0	76.99

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0117

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal			
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV					
		20.00	21.00				22.00	23.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC				134,965	90.00	
90.01	09001	WELLNESS PROGRAM				24,410	90.01	
90.02	09002	WOUND CARE CENTER				17,442	90.02	
91.00	09100	EMERGENCY				287,075	91.00	
91.01	04040	FAMILY PRACTICE				144,676	91.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)				25,392	92.01	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE					113.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	9,536,196	118.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				184	190.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES				10,990	192.00	
193.00	19300	NONPAID WORKERS				58,261	193.00	
194.00	07950	OTHER				1,656	194.00	
194.05	07955	NON EMPLOYEE CHILD CARE				0	194.05	
200.00		Cross Foot Adjustments	0	42,143	96,333	0	138,476	200.00
201.00		Negative Cost Centers	0	0	0	0	13,896	201.00
202.00		TOTAL (sum lines 118 through 201)	0	42,143	96,333	0	9,759,659	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0117

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

Worksheet B
Part II
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.10	01160	COMMUNICATIONS		5.10
5.20	00550	DATA PROCESSING		5.20
5.30	00560	PURCHASING RECEIVING AND STORES		5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.50
5.60	00592	ADMINISTRATION & GENERAL		5.60
5.90	00593	RNP ADMINISTRATION		5.90
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
7.01	00701	ELECTRICITY		7.01
7.02	00702	RNP OPERATION OF PLANT		7.02
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
8.01	00801	RNP LAUNDRY		8.01
9.00	00900	HOUSEKEEPING		9.00
9.01	00901	RNP HOUSEKEEPING		9.01
10.00	01000	DIETARY		10.00
10.01	01001	RNP DIETARY		10.01
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
17.01	01701	RNP SOCIAL SERVICE		17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	1,909,399
31.00	03100	INTENSIVE CARE UNIT	0	430,948
41.00	04100	SUBPROVIDER - I RF	0	476,358
43.00	04300	NURSERY	0	44,956
44.00	04400	SKILLED NURSING FACILITY	0	318,643
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	830,285
50.01	03330	AMBULATORY SURGERY	0	226,038
51.00	05100	RECOVERY ROOM	0	31,843
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0
53.00	05300	ANESTHESIOLOGY	0	60,906
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,376,097
55.00	05500	RADIOLOGY-THERAPEUTIC	0	352,837
56.00	05600	RADIOISOTOPE	0	133,243
57.00	05700	CT SCAN	0	108,579
58.00	05800	MRI	0	266,664
59.00	05900	CARDIAC CATHETERIZATION	0	262,962
60.00	06000	LABORATORY	0	274,093
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	12,427
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0
65.00	06500	RESPIRATORY THERAPY	0	112,555
66.00	06600	PHYSICAL THERAPY	0	134,705
66.01	06601	RNRC PHYSICAL THERAPY	0	33,153
66.02	06602	DAY REHABILITATION FACILITY	0	142,077
67.00	06700	OCCUPATIONAL THERAPY	0	97,193
68.00	06800	SPEECH PATHOLOGY	0	35,288
69.00	06900	ELECTROCARDIOLOGY	0	200,157
70.00	07000	ELECTROENCEPHALOGRAPHY	0	197,702
70.01	07001	ELECTROPHYSIOLOGY	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	194,618
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	184,398
73.00	07300	DRUGS CHARGED TO PATIENTS	0	280,102
74.00	07400	RENAL DIALYSIS	0	72,501
76.97	07697	CARDIAC REHABILITATION	0	101,509
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0
76.99	07699	LITHOTRIPSY	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0117

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

Worksheet B
Part II
Date/Time Prepared:
11/28/2018 4:03 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	134,965	90.00
90.01	09001	WELLNESS PROGRAM	0	24,410	90.01
90.02	09002	WOUND CARE CENTER	0	17,442	90.02
91.00	09100	EMERGENCY	0	287,075	91.00
91.01	04040	FAMILY PRACTICE	0	144,676	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	25,392	92.01
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	9,536,196	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	184	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	10,990	192.00
193.00	19300	NONPAID WORKERS	0	58,261	193.00
194.00	07950	OTHER	0	1,656	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	194.05
200.00		Cross Foot Adjustments	0	138,476	200.00
201.00		Negative Cost Centers	0	13,896	201.00
202.00		TOTAL (sum lines 118 through 201)	0	9,759,659	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0117

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

Worksheet B-1

Date/Time Prepared:
11/28/2018 4:03 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHONES)	DATA PROCESSING (MACHINE TIME)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	810,757				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		2,609,745			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	9,820	12,505	47,296,613		4.00
5.10 01160	COMMUNICATIONS	4,734	32	0	417	5.10
5.20 00550	DATA PROCESSING	0	0	0	0	7,209,220 5.20
5.30 00560	PURCHASING RECEIVING AND STORES	0	0	0	11	256,289 5.30
5.50 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	19	269,545 5.50
5.60 00592	ADMINISTRATION & GENERAL	135,280	103,657	2,437,359	77	947,826 5.60
5.90 00593	RNP ADMINISTRATION	0	78,886	363,750	1	160,180 5.90
6.00 00600	MAINTENANCE & REPAIRS	5,918	1,474	0	10	0 6.00
7.00 00700	OPERATION OF PLANT	153,301	103,786	730,691	7	39,769 7.00
7.01 00701	ELECTRICITY	0	0	0	8	0 7.01
7.02 00702	RNP OPERATION OF PLANT	0	15,968	54,402	0	0 7.02
8.00 00800	LAUNDRY & LINEN SERVICE	5,873	0	72,098	1	0 8.00
8.01 00801	RNP LAUNDRY	0	114	85,873	0	0 8.01
9.00 00900	HOUSEKEEPING	9,791	4,792	756,650	1	0 9.00
9.01 00901	RNP HOUSEKEEPING	0	0	179,180	0	0 9.01
10.00 01000	DIETARY	18,366	14,742	213,588	7	22,094 10.00
10.01 01001	RNP DIETARY	0	2,824	0	0	0 10.01
11.00 01100	CAFETERIA	6,764	0	467,419	6	18,780 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	5,399	248,600	781,520	19	161,285 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	12,383	56,392	198,617	1	34,245 14.00
15.00 01500	PHARMACY	10,269	19,271	1,241,044	9	416,469 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	9,770	1,149	1,341,528	28	795,378 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0 17.00
17.01 01701	RNP SOCIAL SERVICE	0	0	78,346	0	0 17.01
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	2,629,445	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	5,280	40	761,959	11	13,256 22.00
23.00 02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	140,508	83,754	8,999,869	40	420,887 30.00
31.00 03100	INTENSIVE CARE UNIT	26,474	36,605	3,234,847	2	95,004 31.00
41.00 04100	SUBPROVIDER - IRF	39,855	9,896	1,505,088	3	40,874 41.00
43.00 04300	NURSERY	0	18,522	407,123	2	40,874 43.00
44.00 04400	SKILLED NURSING FACILITY	0	11,530	3,394,154	0	0 44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	21,542	282,372	1,896,991	5	80,643 50.00
50.01 03330	AMBULATORY SURGERY	13,610	47,850	1,092,868	0	0 50.01
51.00 05100	RECOVERY ROOM	1,849	87	410,492	1	26,513 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00 05300	ANESTHESIOLOGY	2,168	27,650	81,708	2	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	42,517	609,245	1,575,218	21	943,407 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	10,993	129,289	611,194	12	53,025 55.00
56.00 05600	RADIOISOTOPE	5,916	28,840	658,439	4	121,516 56.00
57.00 05700	CT SCAN	2,641	60,027	440,420	0	0 57.00
58.00 05800	MRI	5,038	160,953	238,384	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	9,799	121,908	711,703	1	0 59.00
60.00 06000	LABORATORY	13,841	38,627	0	24	1,293,593 60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	529	485	0	1	188,902 62.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30
65.00 06500	RESPIRATORY THERAPY	3,094	19,335	918,441	5	40,874 65.00
66.00 06600	PHYSICAL THERAPY	7,597	7,891	1,501,944	11	62,967 66.00
66.01 06601	RNRC PHYSICAL THERAPY	0	934	916,099	0	0 66.01
66.02 06602	DAY REHABILITATION FACILITY	5,431	1,424	275,542	0	0 66.02
67.00 06700	OCCUPATIONAL THERAPY	7,793	0	809,133	7	107,155 67.00
68.00 06800	SPEECH PATHOLOGY	1,701	5,670	518,525	1	0 68.00
69.00 06900	ELECTROCARDIOLOGY	12,581	32,239	345,513	9	26,513 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	161,581	39,646	1	26,513 70.00
70.01 07001	ELECTROPHYSIOLOGY	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	3,750	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	5,523	2,623	322,206	2	110,469 74.00
76.97 07697	CARDIAC REHABILITATION	0	5,351	239,814	0	0 76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0117

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

Worksheet B-1

Date/Time Prepared:
11/28/2018 4:03 pm

Cost Center Description	CAPITAL RELATED COSTS					
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHONES)	DATA PROCESSING (MACHINE TIME)	
	1.00	2.00	4.00	5.10	5.20	
76.99 07699 LI THOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	7,449	171	178,582	12	175,646	90.00
90.01 09001 WELLNESS PROGRAM	2,173	0	78,337	1	0	90.01
90.02 09002 WOUND CARE CENTER	0	9,732	114,325	0	0	90.02
91.00 09100 EMERGENCY	17,128	27,510	2,033,803	12	108,260	91.00
91.01 04040 FAMILY PRACTICE	655	3,298	421,010	21	110,469	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	114	827,704	0	0	92.01
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	805,103	2,609,745	47,192,591	416	7,209,220	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 19300 NONPAID WORKERS	5,654	0	5,343	0	0	193.00
194.00 07950 OTHER	0	0	98,679	0	0	194.00
194.05 07955 NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	5,659,082	3,005,980	10,553,785	113,230	3,199,242	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	6.979998	1.151829	0.223140	271.534772	0.443771	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			158,295	33,080	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.003347	79.328537	0.000000	205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0117

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

Worksheet B-1

Date/Time Prepared:
11/28/2018 4:03 pm

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLY COST)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	ADMINISTRATION & GENERAL (ACCUM. COST)	RNP ADMINISTRATION (RNP DIRECT EXP)	
		5.30	5.50	5A.60	5.60	5.90	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.10	01160	COMMUNICATIONS					5.10
5.20	00550	DATA PROCESSING					5.20
5.30	00560	PURCHASING RECEIVING AND STORES	17,976,650				5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	759,727,967			5.50
5.60	00592	ADMINISTRATION & GENERAL	267,071	0	-35,177,306	108,830,216	5.60
5.90	00593	RNP ADMINISTRATION	18,875	0	-1,811,740	0	3,865,052
6.00	00600	MAINTENANCE & REPAIRS	180	0	0	74,994	0
7.00	00700	OPERATION OF PLANT	162,882	0	0	6,229,177	0
7.01	00701	ELECTRICITY	0	0	0	2,172	0
7.02	00702	RNP OPERATION OF PLANT	0	0	0	386,911	332,485
8.00	00800	LAUNDRY & LINEN SERVICE	148,660	0	0	525,718	0
8.01	00801	RNP LAUNDRY	14,960	0	0	116,006	54,587
9.00	00900	HOUSEKEEPING	120,003	0	0	1,781,843	0
9.01	00901	RNP HOUSEKEEPING	37,044	0	0	276,321	126,973
10.00	01000	DIETARY	252,368	0	-291,601	0	0
10.01	01001	RNP DIETARY	278,603	0	0	771,503	772,671
11.00	01100	CAFETERIA	0	0	0	1,546,494	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	25,166	0	0	1,697,891	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	180,864	0
15.00	01500	PHARMACY	74,763	0	0	2,030,892	0
16.00	01600	MEDICAL RECORDS & LIBRARY	3,811	0	0	3,727,722	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
17.01	01701	RNP SOCIAL SERVICE	0	0	0	112,740	39,744
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	3,216,179	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	11,885	0	0	3,154,614	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	242,360	95,286,508	0	12,852,882	0
31.00	03100	INTENSIVE CARE UNIT	47,620	25,950,934	0	4,753,728	0
41.00	04100	SUBPROVIDER - I/R	20,947	14,365,128	0	2,224,460	0
43.00	04300	NURSERY	328	7,443,539	0	581,763	0
44.00	04400	SKILLED NURSING FACILITY	45,817	10,115,946	0	4,628,050	1,236,088
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	483,084	60,369,648	0	4,233,958	0
50.01	03330	AMBULATORY SURGERY	191,529	16,181,696	0	1,738,636	0
51.00	05100	RECOVERY ROOM	2,516	11,935,840	0	574,386	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	7,953	15,030,592	0	205,335	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	69,688	30,146,104	0	3,791,411	0
55.00	05500	RADIOLOGY-THERAPEUTIC	9,055	15,311,722	0	1,668,821	0
56.00	05600	RADIOISOTOPE	213,756	20,898,405	0	1,289,046	0
57.00	05700	CT SCAN	4,814	32,490,872	0	778,711	0
58.00	05800	MRI	1,869	9,907,649	0	622,189	0
59.00	05900	CARDIAC CATHETERIZATION	27,808	33,496,780	0	1,441,413	0
60.00	06000	LABORATORY	73,679	68,879,603	0	6,330,556	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	426,627	2,787,883	0	500,265	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	16,820	18,200,801	0	1,285,606	0
66.00	06600	PHYSICAL THERAPY	2,202	14,699,329	0	1,988,473	0
66.01	06601	RNRC PHYSICAL THERAPY	10,260	2,331,422	0	1,143,812	191,900
66.02	06602	DAY REHABILITATION FACILITY	2,072	2,581,314	0	477,113	0
67.00	06700	OCCUPATIONAL THERAPY	6,362	6,666,866	0	1,127,079	0
68.00	06800	SPEECH PATHOLOGY	2,847	2,502,226	0	655,677	0
69.00	06900	ELECTROCARDIOLOGY	5,768	23,037,934	0	702,637	0
70.00	07000	ELECTROENCEPHALOGRAPHY	397	729,439	0	145,115	0
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,159,481	36,193,648	0	7,268,677	192,849
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,378,029	38,696,683	0	7,494,778	1,882
73.00	07300	DRUGS CHARGED TO PATIENTS	0	80,937,156	0	5,856,265	915,873
74.00	07400	RENAL DIALYSIS	6,515	4,936,708	0	724,198	0
76.97	07697	CARDIAC REHABILITATION	3,339	1,799,072	0	360,036	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0117

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

Worksheet B-1

Date/Time Prepared:
11/28/2018 4:03 pm

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLY COST)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	ADMINISTRATION & GENERAL (ACCUM. COST)	RNP ADMINISTRATION (RNP DIRECT EXP)	
		5.30	5.50	5A.60	5.60	5.90	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	12,226	535,243	0	411,098	0
90.01	09001	WELLNESS PROGRAM	2,140	83,431	0	100,435	0
90.02	09002	WOUND CARE CENTER	2,761	3,382,786	0	414,159	0
91.00	09100	EMERGENCY	63,146	43,232,327	0	2,825,740	0
91.01	04040	FAMILY PRACTICE	5,235	0	0	568,365	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	11,280	8,582,733	0	1,053,492	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	17,976,601	759,727,967	-37,280,647	108,650,406	3,865,052
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	272	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
193.00	19300	NONPAID WORKERS	49	0	0	57,378	0
194.00	07950	OTHER	0	0	0	122,160	0
194.05	07955	NON EMPLOYEE CHILD CARE	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)	-124,601	2,292,169		35,177,306	1,811,740
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.003017		0.323231	0.468749
204.00		Cost to be allocated (per Wkst. B, Part II)	873	1,507		1,128,195	111,071
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000049	0.000002		0.010367	0.028737
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0117

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

Worksheet B-1

Date/Time Prepared:
11/28/2018 4:03 pm

Cost Center Description		MAINTENANCE & REPAIRS (MTCE REQS)	OPERATION OF PLANT (SQUARE FEET)	ELECTRICITY (SQUARE FEET)	RNP OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
		6.00	7.00	7.01	7.02	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.10	01160						5.10
5.20	00550						5.20
5.30	00560						5.30
5.50	00580						5.50
5.60	00592						5.60
5.90	00593						5.90
6.00	00600	1,303,626					6.00
7.00	00700	883,312	501,704				7.00
7.01	00701	0	0	501,704			7.01
7.02	00702	57,415	0	0	501,704		7.02
8.00	00800	0	5,873	5,873	5,873	760,509	8.00
8.01	00801	4,937	0	0	0	0	8.01
9.00	00900	10,239	9,791	9,791	9,791	0	9.00
9.01	00901	2,703	0	0	0	0	9.01
10.00	01000	52,116	18,366	18,366	18,366	0	10.00
10.01	01001	7,899	0	0	0	0	10.01
11.00	01100	0	6,764	6,764	6,764	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	1,089	5,399	5,399	5,399	0	13.00
14.00	01400	46	12,383	12,383	12,383	933	14.00
15.00	01500	680	10,269	10,269	10,269	0	15.00
16.00	01600	1,060	9,770	9,770	9,770	0	16.00
17.00	01700	0	0	0	0	0	17.00
17.01	01701	0	0	0	0	0	17.01
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	89	5,280	5,280	5,280	12,917	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	5,305	140,508	140,508	140,508	261,954	30.00
31.00	03100	0	26,474	26,474	26,474	65,925	31.00
41.00	04100	1,449	39,855	39,855	39,855	0	41.00
43.00	04300	0	0	0	0	15,374	43.00
44.00	04400	422	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	223,507	21,542	21,542	21,542	59,965	50.00
50.01	03330	0	13,610	13,610	13,610	52,277	50.01
51.00	05100	0	1,849	1,849	1,849	16,936	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	2,168	2,168	2,168	2,813	53.00
54.00	05400	509	42,517	42,517	42,517	72,230	54.00
55.00	05500	228	10,993	10,993	10,993	11,176	55.00
56.00	05600	3,535	5,916	5,916	5,916	0	56.00
57.00	05700	96	2,641	2,641	2,641	0	57.00
58.00	05800	96	5,038	5,038	5,038	0	58.00
59.00	05900	0	9,799	9,799	9,799	17,100	59.00
60.00	06000	22,054	13,841	13,841	13,841	0	60.00
62.00	06200	0	529	529	529	0	62.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	89	3,094	3,094	3,094	0	65.00
66.00	06600	506	7,597	7,597	7,597	57,647	66.00
66.01	06601	0	0	0	0	0	66.01
66.02	06602	3,282	5,431	5,431	5,431	0	66.02
67.00	06700	506	7,793	7,793	7,793	0	67.00
68.00	06800	431	1,701	1,701	1,701	0	68.00
69.00	06900	6,910	12,581	12,581	12,581	14,904	69.00
70.00	07000	523	0	0	0	0	70.00
70.01	07001	0	0	0	0	0	70.01
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	3,750	3,750	3,750	0	73.00
74.00	07400	2,350	5,523	5,523	5,523	5,789	74.00
76.97	07697	0	0	0	0	0	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	8,568	7,449	7,449	7,449	165	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0117

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

Worksheet B-1

Date/Time Prepared:
11/28/2018 4:03 pm

Cost Center Description		MAINTENANCE & REPAIRS (MTCE REQS)	OPERATION OF PLANT (SQUARE FEET)	ELECTRICITY (SQUARE FEET)	RNP OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
		6.00	7.00	7.01	7.02	8.00	
90.01	09001 WELLNESS PROGRAM	0	2,173	2,173	2,173	81	90.01
90.02	09002 WOUND CARE CENTER	0	0	0	0	0	90.02
91.00	09100 EMERGENCY	0	17,128	17,128	17,128	91,948	91.00
91.01	04040 FAMILY PRACTICE	1,675	655	655	655	375	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,303,626	496,050	496,050	496,050	760,509	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	5,654	5,654	5,654	0	193.00
194.00	07950 OTHER	0	0	0	0	0	194.00
194.05	07955 NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	99,234	8,309,876	2,874	672,196	800,825	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.076122	16.563304	0.005728	1.339826	1.053012	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	44,854	1,293,895	658	34,115	63,154	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.034407	2.579001	0.001312	0.067998	0.083042	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: 14-0117

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

Worksheet B-1

Date/Time Prepared:
11/28/2018 4:03 pm

Cost Center Description		RNP LAUNDRY (RNP POUNDS OF LAUNDR)	HOUSEKEEPING (HOURS OF S ERVICE))	RNP HOSUEKEEPING (RNP HSKPG HRS OF SVC)	DIETARY (PATIENT DA YS)	RNP DIETARY (PATIENT DA YS)	
		8.01	9.00	9.01	10.00	10.01	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.10	01160						5.10
5.20	00550						5.20
5.30	00560						5.30
5.50	00580						5.50
5.60	00592						5.60
5.90	00593						5.90
6.00	00600						6.00
7.00	00700						7.00
7.01	00701						7.01
7.02	00702						7.02
8.00	00800						8.00
8.01	00801	68,530					8.01
9.00	00900		127,830				9.00
9.01	00901			10,631			9.01
10.00	01000		3,360	4,368	89,590		10.00
10.01	01001					89,590	10.01
11.00	01100		840				11.00
12.00	01200						12.00
13.00	01300		465				13.00
14.00	01400		420				14.00
15.00	01500		990				15.00
16.00	01600		630				16.00
17.00	01700						17.00
17.01	01701			411			17.01
19.00	01900						19.00
20.00	02000						20.00
21.00	02100						21.00
22.00	02200		150				22.00
23.00	02300						23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000		47,300		24,811	24,811	30.00
31.00	03100		6,840		5,041	5,041	31.00
41.00	04100		7,560		5,487	5,487	41.00
43.00	04300		1,035		1,225	1,225	43.00
44.00	04400	68,530			53,026	53,026	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000		15,780				50.00
50.01	03330						50.01
51.00	05100		300				51.00
52.00	05200						52.00
53.00	05300		300				53.00
54.00	05400		2,940				54.00
55.00	05500		1,890				55.00
56.00	05600		600				56.00
57.00	05700						57.00
58.00	05800						58.00
59.00	05900						59.00
60.00	06000		3,430				60.00
62.00	06200		210				62.00
62.30	06250						62.30
65.00	06500		570				65.00
66.00	06600		900				66.00
66.01	06601			4,953			66.01
66.02	06602						66.02
67.00	06700		1,200				67.00
68.00	06800						68.00
69.00	06900		750				69.00
70.00	07000		180				70.00
70.01	07001						70.01
71.00	07100			899			71.00
72.00	07200						72.00
73.00	07300		150				73.00
74.00	07400						74.00
76.97	07697						76.97
76.98	07698						76.98
76.99	07699						76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000		6,070				90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0117

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

Worksheet B-1

Date/Time Prepared:
11/28/2018 4:03 pm

Cost Center Description			RNP LAUNDRY (RNP POUNDS OF LAUNDR)	HOUSEKEEPING (HOURS OF S ERVICE))	RNP HOUSEKEEPING (RNP HSKPG HRS OF SVC)	DIETARY (PATIENT DA YS)	RNP DIETARY (PATIENT DA YS)	
			8.01	9.00	9.01	10.00	10.01	
90.01	09001	WELLNESS PROGRAM	0	0	0	0	0	90.01
90.02	09002	WOUND CARE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	7,600	0	0	0	91.00
91.01	04040	FAMILY PRACTICE	0	1,440	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	68,530	113,900	10,631	89,590	89,590	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	105	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	11,363	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	2,400	0	0	0	193.00
194.00	07950	OTHER	0	62	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	179,467	2,533,914	425,361	865,856	1,383,667	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	2.618809	19.822530	40.011382	9.664650	15.444436	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	3,360	123,635	7,207	216,232	33,727	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.049030	0.967183	0.677923	2.413573	0.376459	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: 14-0117

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

Worksheet B-1

Date/Time Prepared:
11/28/2018 4:03 pm

Cost Center Description		CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (MEALS SERVED)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS)	
		11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.10	01160						5.10
5.20	00550						5.20
5.30	00560						5.30
5.50	00580						5.50
5.60	00592						5.60
5.90	00593						5.90
6.00	00600						6.00
7.00	00700						7.00
7.01	00701						7.01
7.02	00702						7.02
8.00	00800						8.00
8.01	00801						8.01
9.00	00900						9.00
9.01	00901						9.01
10.00	01000						10.00
10.01	01001						10.01
11.00	01100						11.00
12.00	01200	1,883,357	0				12.00
13.00	01300	21,091	0	1,685,481			13.00
14.00	01400	15,808	0	0	14,537,510		14.00
15.00	01500	39,389	0	0	0	5,585,903	15.00
16.00	01600	33,872	0	0	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
17.01	01701	3,852	0	0	0	0	17.01
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	83,864	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	497,979	0	497,979	0	0	30.00
31.00	03100	156,167	0	156,167	0	0	31.00
41.00	04100	80,973	0	80,973	0	0	41.00
43.00	04300	20,085	0	20,085	0	0	43.00
44.00	04400	206,726	0	206,726	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	83,745	0	83,745	0	0	50.00
50.01	03330	39,576	0	39,576	0	0	50.01
51.00	05100	16,419	0	16,419	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	6,460	0	6,460	0	0	53.00
54.00	05400	86,166	0	86,166	0	0	54.00
55.00	05500	16,385	0	16,385	0	0	55.00
56.00	05600	21,794	0	21,794	0	0	56.00
57.00	05700	16,806	0	16,806	0	0	57.00
58.00	05800	8,721	0	8,721	0	0	58.00
59.00	05900	26,420	0	26,420	0	0	59.00
60.00	06000	0	0	0	0	0	60.00
62.00	06200	0	0	0	0	0	62.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	50,922	0	50,922	0	0	65.00
66.00	06600	46,355	0	46,355	0	0	66.00
66.01	06601	25,136	0	25,136	0	0	66.01
66.02	06602	8,431	0	8,431	0	0	66.02
67.00	06700	23,031	0	23,031	0	0	67.00
68.00	06800	13,496	0	13,496	0	0	68.00
69.00	06900	16,117	0	16,117	0	0	69.00
70.00	07000	10,043	0	10,043	0	0	70.00
70.01	07001	0	0	0	0	0	70.01
71.00	07100	0	0	0	7,159,481	0	71.00
72.00	07200	0	0	0	7,378,029	0	72.00
73.00	07300	0	0	0	0	5,585,903	73.00
74.00	07400	12,236	0	12,236	0	0	74.00
76.97	07697	6,247	0	6,247	0	0	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0117

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

Worksheet B-1

Date/Time Prepared:
11/28/2018 4:03 pm

Cost Center Description		CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (MEALS SERVED)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS)	
		11.00	12.00	13.00	14.00	15.00	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	4,536	0	4,536	0	90.00
90.01	09001	WELLNESS PROGRAM	1,560	0	1,560	0	90.01
90.02	09002	WOUND CARE CENTER	0	0	0	0	90.02
91.00	09100	EMERGENCY	100,025	0	100,025	0	91.00
91.01	04040	FAMILY PRACTICE	39,836	0	39,836	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	43,088	0	43,088	0	92.01
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,883,357	0	1,685,481	14,537,510	5,585,903
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07950	OTHER	0	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	194.05
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,184,156	0	2,377,152	488,734	2,936,602
203.00		Unit cost multiplier (Wkst. B, Part I)	1.159714	0.000000	1.410370	0.033619	0.525717
204.00		Cost to be allocated (per Wkst. B, Part II)	84,011	0	365,536	223,004	154,123
205.00		Unit cost multiplier (Wkst. B, Part II)	0.044607	0.000000	0.216873	0.014444	0.027591
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0117

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

Worksheet B-1
Date/Time Prepared:
11/28/2018 4:03 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY (TIME SPENT))	SOCIAL SERVICE (TIME SPENT))	RNP SOCIAL SERVICE (RNP TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
		16.00	17.00	17.01	19.00	20.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.10	01160	COMMUNICATIONS					5.10
5.20	00550	DATA PROCESSING					5.20
5.30	00560	PURCHASING RECEIVING AND STORES					5.30
5.50	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.50
5.60	00592	ADMINISTRATION & GENERAL					5.60
5.90	00593	RNP ADMINISTRATION					5.90
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	ELECTRICITY					7.01
7.02	00702	RNP OPERATION OF PLANT					7.02
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
8.01	00801	RNP LAUNDRY					8.01
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	RNP HOUSEKEEPING					9.01
10.00	01000	DIETARY					10.00
10.01	01001	RNP DIETARY					10.01
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	612,211				16.00
17.00	01700	SOCIAL SERVICE	0	0			17.00
17.01	01701	RNP SOCIAL SERVICE	0	0	100		17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	42,497	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	2,699	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	3,402	0	0	0	41.00
43.00	04300	NURSERY	19,331	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	100	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,007	0	0	0	50.00
50.01	03330	AMBULATORY SURGERY	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	1,848	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	3,271	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	152,409	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	24,010	0	0	0	55.00
56.00	05600	RADIOISOTOPE	71,801	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	35,169	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	4,607	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	18,708	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	9,360	0	0	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	6,449	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	86,926	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	25,908	0	0	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	36,454	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	9,598	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	34,655	0	0	0	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0117

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

Worksheet B-1

Date/Time Prepared:
11/28/2018 4:03 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (TIME SPENT))	SOCIAL SERVICE (TIME SPENT))	RNP SOCIAL SERVICE (RNP TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
			16.00	17.00	17.01	19.00	20.00	
90.01	09001	WELLNESS PROGRAM	0	0	0	0	0	90.01
90.02	09002	WOUND CARE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	19,102	0	0	0	0	91.00
91.01	04040	FAMILY PRACTICE	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	612,211	0	100	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER	0	0	0	0	0	194.00
194.05	07955	NON EMPLOYEE CHILD CARE	0	0	0	0	0	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,159,457	0	188,723	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	8.427580	0.000000	1,887.230000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	161,714	0	3,024	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.264147	0.000000	30.240000	0.000000	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0117

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

Worksheet B-1
Date/Time Prepared:
11/28/2018 4:03 pm

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
	21.00	22.00	23.00		
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.10 01160	COMMUNICATIONS				5.10
5.20 00550	DATA PROCESSING				5.20
5.30 00560	PURCHASING RECEIVING AND STORES				5.30
5.50 00580	CASHIERING/ACCOUNTS RECEIVABLE				5.50
5.60 00592	ADMINISTRATION & GENERAL				5.60
5.90 00593	RNP ADMINISTRATION				5.90
6.00 00600	MAINTENANCE & REPAIRS				6.00
7.00 00700	OPERATION OF PLANT				7.00
7.01 00701	ELECTRICITY				7.01
7.02 00702	RNP OPERATION OF PLANT				7.02
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
8.01 00801	RNP LAUNDRY				8.01
9.00 00900	HOUSEKEEPING				9.00
9.01 00901	RNP HOUSEKEEPING				9.01
10.00 01000	DIETARY				10.00
10.01 01001	RNP DIETARY				10.01
11.00 01100	CAFETERIA				11.00
12.00 01200	MAINTENANCE OF PERSONNEL				12.00
13.00 01300	NURSING ADMINISTRATION				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00
15.00 01500	PHARMACY				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY				16.00
17.00 01700	SOCIAL SERVICE				17.00
17.01 01701	RNP SOCIAL SERVICE				17.01
19.00 01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00 02000	NURSING SCHOOL				20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	1,420			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		1,420		22.00
23.00 02300	PARAMED PRGM - (SPECIFY)			0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	811	811	0	30.00
31.00 03100	INTENSIVE CARE UNIT	101	101	0	31.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	41.00
43.00 04300	NURSERY	10	10	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	88	88	0	50.00
50.01 03330	AMBULATORY SURGERY	0	0	0	50.01
51.00 05100	RECOVERY ROOM	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	10	10	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00 05600	RADIOISOTOPE	0	0	0	56.00
57.00 05700	CT SCAN	0	0	0	57.00
58.00 05800	MRI	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 06000	LABORATORY	20	20	0	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00 06500	RESPIRATORY THERAPY	50	50	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	66.00
66.01 06601	RNRC PHYSICAL THERAPY	0	0	0	66.01
66.02 06602	DAY REHABILITATION FACILITY	0	0	0	66.02
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	50	50	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	10	10	0	70.00
70.01 07001	ELECTROPHYSIOLOGY	0	0	0	70.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	74.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0117

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

Worksheet B-1

Date/Time Prepared:
11/28/2018 4:03 pm

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
	21.00	22.00	23.00		
76.99 07699 LI THOTRIPSY	0	0	0		76.99
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	20	20	0		90.00
90.01 09001 WELLNESS PROGRAM	20	20	0		90.01
90.02 09002 WOUND CARE CENTER	0	0	0		90.02
91.00 09100 EMERGENCY	150	150	0		91.00
91.01 04040 FAMILY PRACTICE	80	80	0		91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0		92.01
SPECIAL PURPOSE COST CENTERS					
113.00 11300 INTEREST EXPENSE					113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	1,420	1,420	0		118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0		192.00
193.00 19300 NONPAID WORKERS	0	0	0		193.00
194.00 07950 OTHER	0	0	0		194.00
194.05 07955 NON EMPLOYEE CHILD CARE	0	0	0		194.05
200.00 Cross Foot Adjustments					200.00
201.00 Negative Cost Centers					201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	4,255,748	4,382,681	0		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	2,997.005634	3,086.395070	0.000000		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	42,143	96,333	0		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	29.678169	67.840141	0.000000		205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)			0		206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)			0.000000		207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0117	Period: From 01/01/2018 To 06/30/2018	Worksheet C Part I Date/Time Prepared: 11/28/2018 4:03 pm		
			Title XVIII	Hospital	PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	22,998,505		0	22,998,505	30.00
31.00	03100	INTENSIVE CARE UNIT	7,520,089		206	7,520,295	31.00
41.00	04100	SUBPROVIDER - I RF	4,181,752		0	4,181,752	41.00
43.00	04300	NURSERY	1,051,804		0	1,051,804	43.00
44.00	04400	SKILLED NURSING FACILITY	8,934,353		0	8,934,353	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	6,630,255		0	6,630,255	50.00
50.01	03330	AMBULATORY SURGERY	2,701,119		0	2,701,119	50.01
51.00	05100	RECOVERY ROOM	874,712		0	874,712	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	52.00
53.00	05300	ANESTHESIOLOGY	363,611		0	363,611	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,418,611		0	7,418,611	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,698,815		0	2,698,815	55.00
56.00	05600	RADIOISOTOPE	2,484,940		0	2,484,940	56.00
57.00	05700	CT SCAN	1,120,912		0	1,120,912	57.00
58.00	05800	MRI	935,946		0	935,946	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,168,720		0	2,168,720	59.00
60.00	06000	LABORATORY	8,990,725		0	8,990,725	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	714,429		0	714,429	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	62.30
65.00	06500	RESPIRATORY THERAPY	2,056,407	0	0	2,056,407	65.00
66.00	06600	PHYSICAL THERAPY	3,043,864	0	0	3,043,864	66.00
66.01	06601	RNRC PHYSICAL THERAPY	1,920,607	0	0	1,920,607	66.01
66.02	06602	DAY REHABILITATION FACILITY	750,513	0	0	750,513	66.02
67.00	06700	OCCUPATIONAL THERAPY	1,713,967	0	0	1,713,967	67.00
68.00	06800	SPEECH PATHOLOGY	932,794	0	0	932,794	68.00
69.00	06900	ELECTROCARDIOLOGY	1,960,147		0	1,960,147	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	439,782		0	439,782	70.00
70.01	07001	ELECTROPHYSIOLOGY	0		0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,292,421		0	10,292,421	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,166,244		0	10,166,244	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,266,126		0	11,266,126	73.00
74.00	07400	RENAL DIALYSIS	1,094,914		0	1,094,914	74.00
76.97	07697	CARDIAC REHABILITATION	492,467		0	492,467	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0		0	0	76.98
76.99	07699	LITHOTRI PSY	0		0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,102,245		0	1,102,245	90.00
90.01	09001	WELLNESS PROGRAM	175,908		0	175,908	90.01
90.02	09002	WOUND CARE CENTER	548,028		0	548,028	90.02
91.00	09100	EMERGENCY	4,711,379		0	4,711,379	91.00
91.01	04040	FAMILY PRACTICE	895,257		0	895,257	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,306,750		0	1,306,750	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,504,753		0	1,504,753	92.01
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	138,163,871	0		138,164,077	200.00
201.00		Less Observation Beds	1,306,750			1,306,750	201.00
202.00		Total (see instructions)	136,857,121	0	206	136,857,327	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0117		Period: From 01/01/2018 To 06/30/2018		Worksheet C Part I Date/Time Prepared: 11/28/2018 4:03 pm		
			Title XVIII			Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio				
	Inpatient	Outpatient	Total (col. 6 + col. 7)						
	6.00	7.00	8.00				9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	89,333,099		89,333,099				30.00
31.00	03100	INTENSIVE CARE UNIT	25,950,934		25,950,934				31.00
41.00	04100	SUBPROVIDER - IRF	14,365,128		14,365,128				41.00
43.00	04300	NURSERY	7,443,539		7,443,539				43.00
44.00	04400	SKILLED NURSING FACILITY	10,115,946		10,115,946				44.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	36,961,920	23,407,728	60,369,648	0.109828	0.000000		50.00
50.01	03330	AMBULATORY SURGERY	3,259,888	12,921,808	16,181,696	0.166924	0.000000		50.01
51.00	05100	RECOVERY ROOM	6,130,006	5,805,834	11,935,840	0.073284	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	7,571,030	7,459,562	15,030,592	0.024191	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,848,438	21,297,666	30,146,104	0.246089	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	742,654	14,569,068	15,311,722	0.176258	0.000000		55.00
56.00	05600	RADIO SOTOPE	5,630,741	15,267,664	20,898,405	0.118906	0.000000		56.00
57.00	05700	CT SCAN	12,798,681	19,692,191	32,490,872	0.034499	0.000000		57.00
58.00	05800	MRI	2,291,304	7,616,345	9,907,649	0.094467	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	17,788,026	15,708,754	33,496,780	0.064744	0.000000		59.00
60.00	06000	LABORATORY	45,255,664	23,623,939	68,879,603	0.130528	0.000000		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	2,489,026	298,857	2,787,883	0.256262	0.000000		62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000		62.30
65.00	06500	RESPIRATORY THERAPY	17,089,339	1,111,462	18,200,801	0.112984	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	9,118,643	5,580,686	14,699,329	0.207075	0.000000		66.00
66.01	06601	RNRC PHYSICAL THERAPY	2,331,422	0	2,331,422	0.823792	0.000000		66.01
66.02	06602	DAY REHABILITATION FACILITY	5,870	2,575,444	2,581,314	0.290748	0.000000		66.02
67.00	06700	OCCUPATIONAL THERAPY	5,027,783	1,639,083	6,666,866	0.257087	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	1,263,070	1,239,156	2,502,226	0.372786	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	11,588,417	11,449,517	23,037,934	0.085083	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	144,097	585,342	729,439	0.602904	0.000000		70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0.000000	0.000000		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	24,326,176	11,867,472	36,193,648	0.284371	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	29,905,787	8,790,896	38,696,683	0.262716	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	57,439,563	23,497,593	80,937,156	0.139196	0.000000		73.00
74.00	07400	RENAL DIALYSIS	3,187,805	1,748,903	4,936,708	0.221790	0.000000		74.00
76.97	07697	CARDIAC REHABILITATION	291,957	1,507,115	1,799,072	0.273734	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000		76.98
76.99	07699	LITHOTRIpsy	0	0	0	0.000000	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	781	534,462	535,243	2.059336	0.000000		90.00
90.01	09001	WELLNESS PROGRAM	0	83,431	83,431	2.108425	0.000000		90.01
90.02	09002	WOUND CARE CENTER	22,968	3,359,818	3,382,786	0.162005	0.000000		90.02
91.00	09100	EMERGENCY	13,488,824	29,743,503	43,232,327	0.108978	0.000000		91.00
91.01	04040	FAMILY PRACTICE	0	0	0	0.000000	0.000000		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	811,600	5,141,809	5,953,409	0.219496	0.000000		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	4,145,772	4,436,961	8,582,733	0.175323	0.000000		92.01
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	477,165,898	282,562,069	759,727,967				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	477,165,898	282,562,069	759,727,967				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0117	Period: From 01/01/2018 To 06/30/2018	Worksheet C Part I Date/Time Prepared: 11/28/2018 4:03 pm
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
44.00	04400	SKILLED NURSING FACILITY			44.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.109828		50.00
50.01	03330	AMBULATORY SURGERY	0.166924		50.01
51.00	05100	RECOVERY ROOM	0.073284		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.024191		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.246089		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.176258		55.00
56.00	05600	RADIOISOTOPE	0.118906		56.00
57.00	05700	CT SCAN	0.034499		57.00
58.00	05800	MRI	0.094467		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.064744		59.00
60.00	06000	LABORATORY	0.130528		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.256262		62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
65.00	06500	RESPIRATORY THERAPY	0.112984		65.00
66.00	06600	PHYSICAL THERAPY	0.207075		66.00
66.01	06601	RNRC PHYSICAL THERAPY	0.823792		66.01
66.02	06602	DAY REHABILITATION FACILITY	0.290748		66.02
67.00	06700	OCCUPATIONAL THERAPY	0.257087		67.00
68.00	06800	SPEECH PATHOLOGY	0.372786		68.00
69.00	06900	ELECTROCARDIOLOGY	0.085083		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.602904		70.00
70.01	07001	ELECTROPHYSIOLOGY	0.000000		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.284371		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.262716		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.139196		73.00
74.00	07400	RENAL DIALYSIS	0.221790		74.00
76.97	07697	CARDIAC REHABILITATION	0.273734		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	2.059336		90.00
90.01	09001	WELLNESS PROGRAM	2.108425		90.01
90.02	09002	WOUND CARE CENTER	0.162005		90.02
91.00	09100	EMERGENCY	0.108978		91.00
91.01	04040	FAMILY PRACTICE	0.000000		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.219496		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.175323		92.01
		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: 14-0117	Period: From 01/01/2018 To 06/30/2018	Worksheet C Part I Date/Time Prepared: 11/28/2018 4:03 pm		
			Title XIX	Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	22,998,505		22,998,505	0	22,998,505	30.00
31.00	03100 INTENSIVE CARE UNIT	7,520,089		7,520,089	206	7,520,295	31.00
41.00	04100 SUBPROVIDER - I RF	4,181,752		4,181,752	0	4,181,752	41.00
43.00	04300 NURSERY	1,051,804		1,051,804	0	1,051,804	43.00
44.00	04400 SKILLED NURSING FACILITY	8,934,353		8,934,353	0	8,934,353	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	6,630,255		6,630,255	0	6,630,255	50.00
50.01	03330 AMBULATORY SURGERY	2,701,119		2,701,119	0	2,701,119	50.01
51.00	05100 RECOVERY ROOM	874,712		874,712	0	874,712	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	363,611		363,611	0	363,611	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	7,418,611		7,418,611	0	7,418,611	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,698,815		2,698,815	0	2,698,815	55.00
56.00	05600 RADIOISOTOPE	2,484,940		2,484,940	0	2,484,940	56.00
57.00	05700 CT SCAN	1,120,912		1,120,912	0	1,120,912	57.00
58.00	05800 MRI	935,946		935,946	0	935,946	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,168,720		2,168,720	0	2,168,720	59.00
60.00	06000 LABORATORY	8,990,725		8,990,725	0	8,990,725	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	714,429		714,429	0	714,429	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	2,056,407	0	2,056,407	0	2,056,407	65.00
66.00	06600 PHYSICAL THERAPY	3,043,864	0	3,043,864	0	3,043,864	66.00
66.01	06601 RNRC PHYSICAL THERAPY	1,920,607	0	1,920,607	0	1,920,607	66.01
66.02	06602 DAY REHABILITATION FACILITY	750,513	0	750,513	0	750,513	66.02
67.00	06700 OCCUPATIONAL THERAPY	1,713,967	0	1,713,967	0	1,713,967	67.00
68.00	06800 SPEECH PATHOLOGY	932,794	0	932,794	0	932,794	68.00
69.00	06900 ELECTROCARDIOLOGY	1,960,147		1,960,147	0	1,960,147	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	439,782		439,782	0	439,782	70.00
70.01	07001 ELECTROPHYSIOLOGY	0		0	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	10,292,421		10,292,421	0	10,292,421	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	10,166,244		10,166,244	0	10,166,244	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	11,266,126		11,266,126	0	11,266,126	73.00
74.00	07400 RENAL DIALYSIS	1,094,914		1,094,914	0	1,094,914	74.00
76.97	07697 CARDIAC REHABILITATION	492,467		492,467	0	492,467	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0		0	0	0	76.98
76.99	07699 LI THOTRI PSY	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	1,102,245		1,102,245	0	1,102,245	90.00
90.01	09001 WELLNESS PROGRAM	175,908		175,908	0	175,908	90.01
90.02	09002 WOUND CARE CENTER	548,028		548,028	0	548,028	90.02
91.00	09100 EMERGENCY	4,711,379		4,711,379	0	4,711,379	91.00
91.01	04040 FAMILY PRACTICE	895,257		895,257	0	895,257	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1,306,750		1,306,750	0	1,306,750	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	1,504,753		1,504,753	0	1,504,753	92.01
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	138,163,871	0	138,163,871	206	138,164,077	200.00
201.00	Less Observation Beds	1,306,750		1,306,750		1,306,750	201.00
202.00	Total (see instructions)	136,857,121	0	136,857,121	206	136,857,327	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0117		Period: From 01/01/2018 To 06/30/2018		Worksheet C Part I Date/Time Prepared: 11/28/2018 4:03 pm	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	89,333,099		89,333,099			30.00
31.00	03100	INTENSIVE CARE UNIT	25,950,934		25,950,934			31.00
41.00	04100	SUBPROVIDER - IRF	14,365,128		14,365,128			41.00
43.00	04300	NURSERY	7,443,539		7,443,539			43.00
44.00	04400	SKILLED NURSING FACILITY	10,115,946		10,115,946			44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	36,961,920	23,407,728	60,369,648	0.109828	0.000000	50.00
50.01	03330	AMBULATORY SURGERY	3,259,888	12,921,808	16,181,696	0.166924	0.000000	50.01
51.00	05100	RECOVERY ROOM	6,130,006	5,805,834	11,935,840	0.073284	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	7,571,030	7,459,562	15,030,592	0.024191	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,848,438	21,297,666	30,146,104	0.246089	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	742,654	14,569,068	15,311,722	0.176258	0.000000	55.00
56.00	05600	RADIO SOTOPE	5,630,741	15,267,664	20,898,405	0.118906	0.000000	56.00
57.00	05700	CT SCAN	12,798,681	19,692,191	32,490,872	0.034499	0.000000	57.00
58.00	05800	MRI	2,291,304	7,616,345	9,907,649	0.094467	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	17,788,026	15,708,754	33,496,780	0.064744	0.000000	59.00
60.00	06000	LABORATORY	45,255,664	23,623,939	68,879,603	0.130528	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	2,489,026	298,857	2,787,883	0.256262	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	17,089,339	1,111,462	18,200,801	0.112984	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	9,118,643	5,580,686	14,699,329	0.207075	0.000000	66.00
66.01	06601	RNRC PHYSICAL THERAPY	2,331,422	0	2,331,422	0.823792	0.000000	66.01
66.02	06602	DAY REHABILITATION FACILITY	5,870	2,575,444	2,581,314	0.290748	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	5,027,783	1,639,083	6,666,866	0.257087	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,263,070	1,239,156	2,502,226	0.372786	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	11,588,417	11,449,517	23,037,934	0.085083	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	144,097	585,342	729,439	0.602904	0.000000	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0.000000	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	24,326,176	11,867,472	36,193,648	0.284371	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	29,905,787	8,790,896	38,696,683	0.262716	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	57,439,563	23,497,593	80,937,156	0.139196	0.000000	73.00
74.00	07400	RENAL DIALYSIS	3,187,805	1,748,903	4,936,708	0.221790	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	291,957	1,507,115	1,799,072	0.273734	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0.000000	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	781	534,462	535,243	2.059336	0.000000	90.00
90.01	09001	WELLNESS PROGRAM	0	83,431	83,431	2.108425	0.000000	90.01
90.02	09002	WOUND CARE CENTER	22,968	3,359,818	3,382,786	0.162005	0.000000	90.02
91.00	09100	EMERGENCY	13,488,824	29,743,503	43,232,327	0.108978	0.000000	91.00
91.01	04040	FAMILY PRACTICE	0	0	0	0.000000	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	811,600	5,141,809	5,953,409	0.219496	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	4,145,772	4,436,961	8,582,733	0.175323	0.000000	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	477,165,898	282,562,069	759,727,967			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	477,165,898	282,562,069	759,727,967			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0117	Period: From 01/01/2018 To 06/30/2018	Worksheet C Part I Date/Time Prepared: 11/28/2018 4:03 pm
			Title XIX	Hospital	Cost
Cost Center Description			PPS Inpatient Ratio		
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
50.01	03330	AMBULATORY SURGERY	0.000000		50.01
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
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
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000		62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
66.01	06601	RNRC PHYSICAL THERAPY	0.000000		66.01
66.02	06602	DAY REHABILITATION FACILITY	0.000000		66.02
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
70.01	07001	ELECTROPHYSIOLOGY	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
74.00	07400	RENAL DIALYSIS	0.000000		74.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	WELLNESS PROGRAM	0.000000		90.01
90.02	09002	WOUND CARE CENTER	0.000000		90.02
91.00	09100	EMERGENCY	0.000000		91.00
91.01	04040	FAMILY PRACTICE	0.000000		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 14-0117	Period: From 01/01/2018 To 06/30/2018	Worksheet D Part I Date/Time Prepared: 11/28/2018 4:03 pm
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Cost Center Description	Title XVIII			Hospital	PPS
	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)
	1.00	2.00	3.00	4.00	5.00

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,909,399	0	1,909,399	23,355	81.76	30.00
31.00	INTENSIVE CARE UNIT	430,948	0	430,948	4,401	97.92	31.00
41.00	SUBPROVIDER - IRF	476,358	0	476,358	5,311	89.69	41.00
43.00	NURSERY	44,956		44,956	795	56.55	43.00
44.00	SKILLED NURSING FACILITY	318,643		318,643	33,995	9.37	44.00
200.00	Total (lines 30 through 199)	3,180,304		3,180,304	67,857		200.00

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)
		6.00

INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	12,191	996,736	30.00
31.00	INTENSIVE CARE UNIT	1,499	146,782	31.00
41.00	SUBPROVIDER - IRF	4,333	388,627	41.00
43.00	NURSERY	0	0	43.00
44.00	SKILLED NURSING FACILITY	7,335	68,729	44.00
200.00	Total (lines 30 through 199)	25,358	1,600,874	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0117

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

Worksheet D
Part II
Date/Time Prepared:
11/28/2018 4:03 pm

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital		Capital Costs (column 3 x column 4)	
					Inpatient Program Charges	PPS		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	830,285	60,369,648	0.013753	15,123,476	207,993	50.00
50.01	03330	AMBULATORY SURGERY	226,038	16,181,696	0.013969	1,847,378	25,806	50.01
51.00	05100	RECOVERY ROOM	31,843	11,935,840	0.002668	2,594,380	6,922	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	60,906	15,030,592	0.004052	3,098,547	12,555	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,376,097	30,146,104	0.045648	4,898,734	223,617	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	352,837	15,311,722	0.023044	328,129	7,561	55.00
56.00	05600	RADIOISOTOPE	133,243	20,898,405	0.006376	2,741,462	17,480	56.00
57.00	05700	CT SCAN	108,579	32,490,872	0.003342	6,691,358	22,363	57.00
58.00	05800	MRI	266,664	9,907,649	0.026915	1,149,284	30,933	58.00
59.00	05900	CARDIAC CATHETERIZATION	262,962	33,496,780	0.007850	8,213,577	64,477	59.00
60.00	06000	LABORATORY	274,093	68,879,603	0.003979	21,937,008	87,287	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	12,427	2,787,883	0.004458	1,143,422	5,097	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	112,555	18,200,801	0.006184	8,374,462	51,788	65.00
66.00	06600	PHYSICAL THERAPY	134,705	14,699,329	0.009164	2,565,869	23,514	66.00
66.01	06601	RNRC PHYSICAL THERAPY	33,153	2,331,422	0.014220	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	142,077	2,581,314	0.055041	5,870	323	66.02
67.00	06700	OCCUPATIONAL THERAPY	97,193	6,666,866	0.014579	1,038,375	15,138	67.00
68.00	06800	SPEECH PATHOLOGY	35,288	2,502,226	0.014103	305,986	4,315	68.00
69.00	06900	ELECTROCARDIOLOGY	200,157	23,037,934	0.008688	6,631,277	57,613	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	197,702	729,439	0.271033	82,154	22,266	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0.000000	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	194,618	36,193,648	0.005377	11,128,494	59,838	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	184,398	38,696,683	0.004765	15,331,711	73,056	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	280,102	80,937,156	0.003461	26,131,141	90,440	73.00
74.00	07400	RENAL DIALYSIS	72,501	4,936,708	0.014686	1,888,080	27,728	74.00
76.97	07697	CARDIAC REHABILITATION	101,509	1,799,072	0.056423	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	134,965	535,243	0.252156	756	191	90.00
90.01	09001	WELLNESS PROGRAM	24,410	83,431	0.292577	0	0	90.01
90.02	09002	WOUND CARE CENTER	17,442	3,382,786	0.005156	19,962	103	90.02
91.00	09100	EMERGENCY	287,075	43,232,327	0.006640	7,284,013	48,366	91.00
91.01	04040	FAMILY PRACTICE	144,676	0	0.000000	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	108,490	5,953,409	0.018223	811,600	14,790	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	25,392	8,582,733	0.002958	1,971,265	5,831	92.01
200.00		Total (lines 50 through 199)	6,464,382	612,519,321		153,337,770	1,207,391	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0117	Period: From 01/01/2018 To 06/30/2018	Worksheet D Part III Date/Time Prepared: 11/28/2018 4:03 pm
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Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00	
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 col. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	23,355	0.00	12,191	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	4,401	0.00	1,499	31.00	
41.00	04100	SUBPROVIDER - IRF	0	0	5,311	0.00	4,333	41.00	
43.00	04300	NURSERY	0	0	795	0.00	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	33,995	0.00	7,335	44.00	
200.00		Total (lines 30 through 199)	0	0	67,857	0.00	25,358	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
41.00	04100	SUBPROVIDER - IRF	0						41.00
43.00	04300	NURSERY	0						43.00
44.00	04400	SKILLED NURSING FACILITY	0						44.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0117	Period: From 01/01/2018 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/28/2018 4:03 pm
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Cost Center Description	Title XVIII			Hospital		Allied Health	Allied Health	
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	PPS			
	1.00	2A	2.00	3A	3.00			
ANCILLARY SERVICE COST CENTERS								
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	0	50.00
50.01 03330 AMBULATORY SURGERY	0	0	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	0	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	0	66.00
66.01 06601 RNRC PHYSICAL THERAPY	0	0	0	0	0	0	0	66.01
66.02 06602 DAY REHABILITATION FACILITY	0	0	0	0	0	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	0	70.00
70.01 07001 ELECTROPHYSIOLOGY	0	0	0	0	0	0	0	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	0	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00 09000 CLINIC	0	0	0	0	0	0	0	90.00
90.01 09001 WELLNESS PROGRAM	0	0	0	0	0	0	0	90.01
90.02 09002 WOUND CARE CENTER	0	0	0	0	0	0	0	90.02
91.00 09100 EMERGENCY	0	0	0	0	0	0	0	91.00
91.01 04040 FAMILY PRACTICE	0	0	0	0	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	0	0	92.01
200.00 Total (Lines 50 through 199)	0	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0117	Period: From 01/01/2018 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/28/2018 4:03 pm
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Cost Center Description		Title XVIII		Hospital		PPS		
		All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	60,369,648	0.000000	50.00
50.01	03330	AMBULATORY SURGERY	0	0	0	16,181,696	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	11,935,840	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	15,030,592	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	30,146,104	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	15,311,722	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	20,898,405	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	32,490,872	0.000000	57.00
58.00	05800	MRI	0	0	0	9,907,649	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	33,496,780	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	68,879,603	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	2,787,883	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	18,200,801	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	14,699,329	0.000000	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	2,331,422	0.000000	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0	0	2,581,314	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	6,666,866	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,502,226	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	23,037,934	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	729,439	0.000000	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	36,193,648	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	38,696,683	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	80,937,156	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	4,936,708	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,799,072	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	535,243	0.000000	90.00
90.01	09001	WELLNESS PROGRAM	0	0	0	83,431	0.000000	90.01
90.02	09002	WOUND CARE CENTER	0	0	0	3,382,786	0.000000	90.02
91.00	09100	EMERGENCY	0	0	0	43,232,327	0.000000	91.00
91.01	04040	FAMILY PRACTICE	0	0	0	0	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	5,953,409	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	8,582,733	0.000000	92.01
200.00		Total (lines 50 through 199)	0	0	0	612,519,321		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0117	Period: From 01/01/2018 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/28/2018 4:03 pm
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Cost Center Description		Title XVIII					Hospital	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PPS	
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	15,123,476	0	5,449,853	0	50.00
50.01	03330	AMBULATORY SURGERY	0.000000	1,847,378	0	3,943,364	0	50.01
51.00	05100	RECOVERY ROOM	0.000000	2,594,380	0	1,551,833	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	3,098,547	0	2,018,585	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	4,898,734	0	6,073,044	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	328,129	0	4,018,018	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	2,741,462	0	4,345,277	0	56.00
57.00	05700	CT SCAN	0.000000	6,691,358	0	6,892,042	0	57.00
58.00	05800	MRI	0.000000	1,149,284	0	2,192,959	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	8,213,577	0	6,903,793	0	59.00
60.00	06000	LABORATORY	0.000000	21,937,008	0	5,166,287	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	1,143,422	0	57,789	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.000000	8,374,462	0	253,257	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	2,565,869	0	144,641	0	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0.000000	0	0	0	0	66.01
66.02	06602	DAY REHABILITATION FACILITY	0.000000	5,870	0	82,652	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.000000	1,038,375	0	58,392	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	305,986	0	65,090	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	6,631,277	0	4,601,230	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	82,154	0	150,195	0	70.00
70.01	07001	ELECTROPHYSIOLOGY	0.000000	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	11,128,494	0	2,974,844	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	15,331,711	0	3,582,728	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	26,131,141	0	6,601,599	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	1,888,080	0	174,276	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LI THOTRI PSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	756	0	205,016	0	90.00
90.01	09001	WELLNESS PROGRAM	0.000000	0	0	0	0	90.01
90.02	09002	WOUND CARE CENTER	0.000000	19,962	0	1,791,627	0	90.02
91.00	09100	EMERGENCY	0.000000	7,284,013	0	5,870,591	0	91.00
91.01	04040	FAMILY PRACTICE	0.000000	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	811,600	0	3,772,829	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	1,971,265	0	10,063	0	92.01
200.00		Total (lines 50 through 199)		153,337,770	0	78,951,874	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0117	Period: From 01/01/2018 To 06/30/2018	Worksheet D Part V Date/Time Prepared: 11/28/2018 4:03 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.109828	5,449,853	0	0	598,546
50.01 03330 AMBULATORY SURGERY	0.166924	3,943,364	0	0	658,242
51.00 05100 RECOVERY ROOM	0.073284	1,551,833	0	0	113,725
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0
53.00 05300 ANESTHESIOLOGY	0.024191	2,018,585	0	0	48,832
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.246089	6,073,044	0	0	1,494,509
55.00 05500 RADIOLOGY-THERAPEUTIC	0.176258	4,018,018	0	0	708,208
56.00 05600 RADIO SOTOP	0.118906	4,345,277	0	0	516,680
57.00 05700 CT SCAN	0.034499	6,892,042	0	0	237,769
58.00 05800 MRI	0.094467	2,192,959	0	0	207,162
59.00 05900 CARDIAC CATHETERIZATION	0.064744	6,903,793	0	0	446,979
60.00 06000 LABORATORY	0.130528	5,166,287	0	0	674,345
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.256262	57,789	0	0	14,809
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0
65.00 06500 RESPIRATORY THERAPY	0.112984	253,257	0	0	28,614
66.00 06600 PHYSICAL THERAPY	0.207075	144,641	0	0	29,952
66.01 06601 RNRC PHYSICAL THERAPY	0.823792	0	0	0	0
66.02 06602 DAY REHABILITATION FACILITY	0.290748	82,652	0	0	24,031
67.00 06700 OCCUPATIONAL THERAPY	0.257087	58,392	0	0	15,012
68.00 06800 SPEECH PATHOLOGY	0.372786	65,090	0	0	24,265
69.00 06900 ELECTROCARDIOLOGY	0.085083	4,601,230	0	0	391,486
70.00 07000 ELECTROENCEPHALOGRAPHY	0.602904	150,195	0	0	90,553
70.01 07001 ELECTROPHYSIOLOGY	0.000000	0	0	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.284371	2,974,844	0	0	845,959
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.262716	3,582,728	0	0	941,240
73.00 07300 DRUGS CHARGED TO PATIENTS	0.139196	6,601,599	14,236	77,065	918,916
74.00 07400 RENAL DIALYSIS	0.221790	174,276	0	0	38,653
76.97 07697 CARDIAC REHABILITATION	0.273734	0	0	0	0
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0
76.99 07699 LI THOTRI PSY	0.000000	0	0	0	0
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	2.059336	205,016	0	0	422,197
90.01 09001 WELLNESS PROGRAM	2.108425	0	0	0	0
90.02 09002 WOUND CARE CENTER	0.162005	1,791,627	0	0	290,253
91.00 09100 EMERGENCY	0.108978	5,870,591	0	0	639,765
91.01 04040 FAMILY PRACTICE	0.000000	0	0	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.219496	3,772,829	0	0	828,121
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0.175323	10,063	0	0	1,764
200.00 Subtotal (see instructions)		78,951,874	14,236	77,065	11,250,587
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	0
202.00 Net Charges (line 200 - line 201)		78,951,874	14,236	77,065	11,250,587

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0117	Period: From 01/01/2018 To 06/30/2018	Worksheet D Part V Date/Time Prepared: 11/28/2018 4:03 pm
Title XVIII		Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 03330 AMBULATORY SURGERY	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
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
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
66.01 06601 RNRC PHYSICAL THERAPY	0	0		66.01
66.02 06602 DAY REHABILITATION FACILITY	0	0		66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01 07001 ELECTROPHYSIOLOGY	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	1,982	10,727		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99 07699 LI THOTRI PSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 WELLNESS PROGRAM	0	0		90.01
90.02 09002 WOUND CARE CENTER	0	0		90.02
91.00 09100 EMERGENCY	0	0		91.00
91.01 04040 FAMILY PRACTICE	0	0		91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
200.00 Subtotal (see instructions)	1,982	10,727		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	1,982	10,727		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0117 Component CCN: 14-T117		Period: From 01/01/2018 To 06/30/2018		Worksheet D Part II Date/Time Prepared: 11/28/2018 4:03 pm	
Title XVIII				Subprovider - IRF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	830,285	60,369,648	0.013753	0	0	50.00
50.01	03330 AMBULATORY SURGERY	226,038	16,181,696	0.013969	0	0	50.01
51.00	05100 RECOVERY ROOM	31,843	11,935,840	0.002668	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300 ANESTHESIOLOGY	60,906	15,030,592	0.004052	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,376,097	30,146,104	0.045648	167,964	7,667	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	352,837	15,311,722	0.023044	152,312	3,510	55.00
56.00	05600 RADIOISOTOPE	133,243	20,898,405	0.006376	134,484	857	56.00
57.00	05700 CT SCAN	108,579	32,490,872	0.003342	120,570	403	57.00
58.00	05800 MRI	266,664	9,907,649	0.026915	28,305	762	58.00
59.00	05900 CARDIAC CATHETERIZATION	262,962	33,496,780	0.007850	0	0	59.00
60.00	06000 LABORATORY	274,093	68,879,603	0.003979	2,477,448	9,858	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	12,427	2,787,883	0.004458	22,055	98	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	112,555	18,200,801	0.006184	1,025,954	6,344	65.00
66.00	06600 PHYSICAL THERAPY	134,705	14,699,329	0.009164	3,874,483	35,506	66.00
66.01	06601 RNRC PHYSICAL THERAPY	33,153	2,331,422	0.014220	0	0	66.01
66.02	06602 DAY REHABILITATION FACILITY	142,077	2,581,314	0.055041	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	97,193	6,666,866	0.014579	2,637,478	38,452	67.00
68.00	06800 SPEECH PATHOLOGY	35,288	2,502,226	0.014103	544,207	7,675	68.00
69.00	06900 ELECTROCARDIOLOGY	200,157	23,037,934	0.008688	50,101	435	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	197,702	729,439	0.271033	4,262	1,155	70.00
70.01	07001 ELECTROPHYSIOLOGY	0	0	0.000000	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	194,618	36,193,648	0.005377	343,466	1,847	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	184,398	38,696,683	0.004765	12,696	60	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	280,102	80,937,156	0.003461	2,246,970	7,777	73.00
74.00	07400 RENAL DIALYSIS	72,501	4,936,708	0.014686	236,651	3,475	74.00
76.97	07697 CARDIAC REHABILITATION	101,509	1,799,072	0.056423	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	134,965	535,243	0.252156	0	0	90.00
90.01	09001 WELLNESS PROGRAM	24,410	83,431	0.292577	0	0	90.01
90.02	09002 WOUND CARE CENTER	17,442	3,382,786	0.005156	0	0	90.02
91.00	09100 EMERGENCY	287,075	43,232,327	0.006640	0	0	91.00
91.01	04040 FAMILY PRACTICE	144,676	0	0.000000	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	5,953,409	0.000000	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	25,392	8,582,733	0.002958	0	0	92.01
200.00	Total (lines 50 through 199)	6,355,892	612,519,321		14,079,406	125,881	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0117 Component CCN: 14-T117	Period: From 01/01/2018 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/28/2018 4:03 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
	1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01 03330 AMBULATORY SURGERY	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
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
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01 06601 RNRC PHYSICAL THERAPY	0	0	0	0	0	66.01
66.02 06602 DAY REHABILITATION FACILITY	0	0	0	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01 07001 ELECTROPHYSIOLOGY	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
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 WELLNESS PROGRAM	0	0	0	0	0	90.01
90.02 09002 WOUND CARE CENTER	0	0	0	0	0	90.02
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
91.01 04040 FAMILY PRACTICE	0	0	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
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: 14-0117 Component CCN: 14-T117	Period: From 01/01/2018 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/28/2018 4:03 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	60,369,648	0.000000	50.00
50.01 03330 AMBULATORY SURGERY	0	0	0	16,181,696	0.000000	50.01
51.00 05100 RECOVERY ROOM	0	0	0	11,935,840	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	15,030,592	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	30,146,104	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	15,311,722	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	0	0	20,898,405	0.000000	56.00
57.00 05700 CT SCAN	0	0	0	32,490,872	0.000000	57.00
58.00 05800 MRI	0	0	0	9,907,649	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	33,496,780	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	68,879,603	0.000000	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	2,787,883	0.000000	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00 06500 RESPIRATORY THERAPY	0	0	0	18,200,801	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	14,699,329	0.000000	66.00
66.01 06601 RNRC PHYSICAL THERAPY	0	0	0	2,331,422	0.000000	66.01
66.02 06602 DAY REHABILITATION FACILITY	0	0	0	2,581,314	0.000000	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	6,666,866	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	2,502,226	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	23,037,934	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	729,439	0.000000	70.00
70.01 07001 ELECTROPHYSIOLOGY	0	0	0	0	0.000000	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	36,193,648	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	38,696,683	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	80,937,156	0.000000	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	4,936,708	0.000000	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	1,799,072	0.000000	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	535,243	0.000000	90.00
90.01 09001 WELLNESS PROGRAM	0	0	0	83,431	0.000000	90.01
90.02 09002 WOUND CARE CENTER	0	0	0	3,382,786	0.000000	90.02
91.00 09100 EMERGENCY	0	0	0	43,232,327	0.000000	91.00
91.01 04040 FAMILY PRACTICE	0	0	0	0	0.000000	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	5,953,409	0.000000	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	8,582,733	0.000000	92.01
200.00 Total (lines 50 through 199)	0	0	0	612,519,321		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0117 Component CCN: 14-T117	Period: From 01/01/2018 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/28/2018 4:03 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	0	0	0	0	50.00
50.01	03330 AMBULATORY SURGERY	0.000000	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	167,964	0	3,350	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	152,312	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	134,484	0	1,291	0	56.00
57.00	05700 CT SCAN	0.000000	120,570	0	10,966	0	57.00
58.00	05800 MRI	0.000000	28,305	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	2,477,448	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	22,055	0	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.000000	1,025,954	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	3,874,483	0	0	0	66.00
66.01	06601 RNRC PHYSICAL THERAPY	0.000000	0	0	0	0	66.01
66.02	06602 DAY REHABILITATION FACILITY	0.000000	0	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.000000	2,637,478	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	544,207	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	50,101	0	924	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	4,262	0	0	0	70.00
70.01	07001 ELECTROPHYSIOLOGY	0.000000	0	0	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	343,466	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	12,696	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	2,246,970	0	1,931	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	236,651	0	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 WELLNESS PROGRAM	0.000000	0	0	0	0	90.01
90.02	09002 WOUND CARE CENTER	0.000000	0	0	0	0	90.02
91.00	09100 EMERGENCY	0.000000	0	0	0	0	91.00
91.01	04040 FAMILY PRACTICE	0.000000	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
200.00	Total (lines 50 through 199)		14,079,406	0	18,462	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0117 Component CCN: 14-T117	Period: From 01/01/2018 To 06/30/2018	Worksheet D Part V Date/Time Prepared: 11/28/2018 4:03 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	PPS Services (see inst.)
		Cost Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.109828	0	0	0	0	50.00
50.01 03330 AMBULATORY SURGERY	0.166924	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0.073284	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	0.024191	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.246089	3,350	0	0	824	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.176258	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0.118906	1,291	0	0	154	56.00
57.00 05700 CT SCAN	0.034499	10,966	0	0	378	57.00
58.00 05800 MRI	0.094467	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.064744	0	0	0	0	59.00
60.00 06000 LABORATORY	0.130528	0	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.256262	0	0	0	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0.112984	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.207075	0	0	0	0	66.00
66.01 06601 RNRC PHYSICAL THERAPY	0.823792	0	0	0	0	66.01
66.02 06602 DAY REHABILITATION FACILITY	0.290748	0	0	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0.257087	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.372786	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.085083	924	0	0	79	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.602904	0	0	0	0	70.00
70.01 07001 ELECTROPHYSIOLOGY	0.000000	0	0	0	0	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.284371	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.262716	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.139196	1,931	0	0	269	73.00
74.00 07400 RENAL DIALYSIS	0.221790	0	0	0	0	74.00
76.97 07697 CARDIAC REHABILITATION	0.273734	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	2.059336	0	0	0	0	90.00
90.01 09001 WELLNESS PROGRAM	2.108425	0	0	0	0	90.01
90.02 09002 WOUND CARE CENTER	0.162005	0	0	0	0	90.02
91.00 09100 EMERGENCY	0.108978	0	0	0	0	91.00
91.01 04040 FAMILY PRACTICE	0.000000	0	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.219496	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0.175323	0	0	0	0	92.01
200.00	Subtotal (see instructions)	18,462	0	0	1,704	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0		201.00
202.00	Net Charges (line 200 - line 201)	18,462	0	0	1,704	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0117 Component CCN: 14-T117	Period: From 01/01/2018 To 06/30/2018	Worksheet D Part V Date/Time Prepared: 11/28/2018 4:03 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
50.01 03330 AMBULATORY SURGERY	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
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
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
66.01 06601 RNRC PHYSICAL THERAPY	0	0	66.01
66.02 06602 DAY REHABILITATION FACILITY	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01 07001 ELECTROPHYSIOLOGY	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
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
90.01 09001 WELLNESS PROGRAM	0	0	90.01
90.02 09002 WOUND CARE CENTER	0	0	90.02
91.00 09100 EMERGENCY	0	0	91.00
91.01 04040 FAMILY PRACTICE	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
200.00 Subtotal (see instructions)	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00 Net Charges (line 200 - line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0117 Component CCN: 14-5324	Period: From 01/01/2018 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/28/2018 4:03 pm
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
	1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01 03330 AMBULATORY SURGERY	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
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
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01 06601 RNRC PHYSICAL THERAPY	0	0	0	0	0	66.01
66.02 06602 DAY REHABILITATION FACILITY	0	0	0	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01 07001 ELECTROPHYSIOLOGY	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
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 WELLNESS PROGRAM	0	0	0	0	0	90.01
90.02 09002 WOUND CARE CENTER	0	0	0	0	0	90.02
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
91.01 04040 FAMILY PRACTICE	0	0	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
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: 14-0117 Component CCN: 14-5324	Period: From 01/01/2018 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/28/2018 4:03 pm
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)	
		4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	60,369,648	0.000000	50.00
50.01	03330 AMBULATORY SURGERY	0	0	0	16,181,696	0.000000	50.01
51.00	05100 RECOVERY ROOM	0	0	0	11,935,840	0.000000	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	15,030,592	0.000000	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	30,146,104	0.000000	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	15,311,722	0.000000	55.00
56.00	05600 RADIOISOTOPE	0	0	0	20,898,405	0.000000	56.00
57.00	05700 CT SCAN	0	0	0	32,490,872	0.000000	57.00
58.00	05800 MRI	0	0	0	9,907,649	0.000000	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	33,496,780	0.000000	59.00
60.00	06000 LABORATORY	0	0	0	68,879,603	0.000000	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	2,787,883	0.000000	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00	06500 RESPIRATORY THERAPY	0	0	0	18,200,801	0.000000	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	14,699,329	0.000000	66.00
66.01	06601 RNRC PHYSICAL THERAPY	0	0	0	2,331,422	0.000000	66.01
66.02	06602 DAY REHABILITATION FACILITY	0	0	0	2,581,314	0.000000	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	6,666,866	0.000000	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	2,502,226	0.000000	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	23,037,934	0.000000	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	729,439	0.000000	70.00
70.01	07001 ELECTROPHYSIOLOGY	0	0	0	0	0.000000	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	36,193,648	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	38,696,683	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	80,937,156	0.000000	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	4,936,708	0.000000	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	1,799,072	0.000000	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	535,243	0.000000	90.00
90.01	09001 WELLNESS PROGRAM	0	0	0	83,431	0.000000	90.01
90.02	09002 WOUND CARE CENTER	0	0	0	3,382,786	0.000000	90.02
91.00	09100 EMERGENCY	0	0	0	43,232,327	0.000000	91.00
91.01	04040 FAMILY PRACTICE	0	0	0	0	0.000000	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	5,953,409	0.000000	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	8,582,733	0.000000	92.01
200.00	Total (lines 50 through 199)	0	0	0	612,519,321		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0117 Component CCN: 14-5324	Period: From 01/01/2018 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/28/2018 4:03 pm
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	0	0	0	0	50.00
50.01	03330 AMBULATORY SURGERY	0.000000	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800 MRI	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	0	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	824,737	0	0	0	66.00
66.01	06601 RNRC PHYSICAL THERAPY	0.000000	0	0	0	0	66.01
66.02	06602 DAY REHABILITATION FACILITY	0.000000	0	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.000000	640,583	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	58,972	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
70.01	07001 ELECTROPHYSIOLOGY	0.000000	0	0	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	312,999	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699 LIOTHOTRIpsy	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 WELLNESS PROGRAM	0.000000	0	0	0	0	90.01
90.02	09002 WOUND CARE CENTER	0.000000	0	0	0	0	90.02
91.00	09100 EMERGENCY	0.000000	0	0	0	0	91.00
91.01	04040 FAMILY PRACTICE	0.000000	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
200.00	Total (lines 50 through 199)		1,837,291	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0117	Period: From 01/01/2018 To 06/30/2018	Worksheet D Part III Date/Time Prepared: 11/28/2018 4:03 pm
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Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00	
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 col. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	23,355	0.00	2,783	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	4,401	0.00	640	31.00	
41.00	04100	SUBPROVIDER - IRF	0	0	5,311	0.00	176	41.00	
43.00	04300	NURSERY	0	0	795	0.00	430	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	33,995	0.00	19,031	44.00	
200.00		Total (lines 30 through 199)	0	0	67,857	0.00	23,060	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
41.00	04100	SUBPROVIDER - IRF	0						41.00
43.00	04300	NURSERY	0						43.00
44.00	04400	SKILLED NURSING FACILITY	0						44.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0117	Period: From 01/01/2018 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/28/2018 4:03 pm
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Cost Center Description	Title XIX				Hospital		Allied Health Cost
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00
50.01 03330 AMBULATORY SURGERY	0	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
66.01 06601 RNRC PHYSICAL THERAPY	0	0	0	0	0	0	66.01
66.02 06602 DAY REHABILITATION FACILITY	0	0	0	0	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
70.01 07001 ELECTROPHYSIOLOGY	0	0	0	0	0	0	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
90.01 09001 WELLNESS PROGRAM	0	0	0	0	0	0	90.01
90.02 09002 WOUND CARE CENTER	0	0	0	0	0	0	90.02
91.00 09100 EMERGENCY	0	0	0	0	0	0	91.00
91.01 04040 FAMILY PRACTICE	0	0	0	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	0	92.01
200.00 Total (Lines 50 through 199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0117	Period: From 01/01/2018 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/28/2018 4:03 pm
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Cost Center Description	Title XIX			Hospital	Cost			
	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)			
	4.00	5.00	6.00	7.00	8.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	60,369,648	0.000000	50.00
50.01	03330	AMBULATORY SURGERY	0	0	0	16,181,696	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	11,935,840	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	15,030,592	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	30,146,104	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	15,311,722	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	20,898,405	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	32,490,872	0.000000	57.00
58.00	05800	MRI	0	0	0	9,907,649	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	33,496,780	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	68,879,603	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	2,787,883	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	18,200,801	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	14,699,329	0.000000	66.00
66.01	06601	RNRC PHYSICAL THERAPY	0	0	0	2,331,422	0.000000	66.01
66.02	06602	DAY REHABILITATION FACILITY	0	0	0	2,581,314	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	6,666,866	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,502,226	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	23,037,934	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	729,439	0.000000	70.00
70.01	07001	ELECTROPHYSIOLOGY	0	0	0	0	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	36,193,648	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	38,696,683	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	80,937,156	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	4,936,708	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,799,072	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	535,243	0.000000	90.00
90.01	09001	WELLNESS PROGRAM	0	0	0	83,431	0.000000	90.01
90.02	09002	WOUND CARE CENTER	0	0	0	3,382,786	0.000000	90.02
91.00	09100	EMERGENCY	0	0	0	43,232,327	0.000000	91.00
91.01	04040	FAMILY PRACTICE	0	0	0	0	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	5,953,409	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	8,582,733	0.000000	92.01
200.00		Total (lines 50 through 199)	0	0	0	612,519,321		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0117	Period: From 01/01/2018 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/28/2018 4:03 pm
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Cost Center Description	Title XIX			Hospital		Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
	9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0.000000	0	0	0	0	0	50.00
50.01 03330 AMBULATORY SURGERY	0.000000	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0.000000	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.000000	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0.000000	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0.000000	0	0	0	0	0	57.00
58.00 05800 MRI	0.000000	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0.000000	0	0	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0.000000	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.000000	0	0	0	0	0	66.00
66.01 06601 RNRC PHYSICAL THERAPY	0.000000	0	0	0	0	0	66.01
66.02 06602 DAY REHABILITATION FACILITY	0.000000	0	0	0	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	0	70.00
70.01 07001 ELECTROPHYSIOLOGY	0.000000	0	0	0	0	0	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0.000000	0	0	0	0	0	74.00
76.97 07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	0	76.97
76.98 07698 HYPERBARI C OXYGEN THERAPY	0.000000	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0.000000	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0.000000	0	0	0	0	0	90.00
90.01 09001 WELLNESS PROGRAM	0.000000	0	0	0	0	0	90.01
90.02 09002 WOUND CARE CENTER	0.000000	0	0	0	0	0	90.02
91.00 09100 EMERGENCY	0.000000	0	0	0	0	0	91.00
91.01 04040 FAMILY PRACTICE	0.000000	0	0	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	0	92.01
200.00	Total (lines 50 through 199)		0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0117	Period: From 01/01/2018 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/28/2018 4:03 pm
		Title XVIII	Hospital	PPS
Cost Center Description		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		23,355	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		23,355	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)		22,028	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)		12,191	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		22,998,505	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		22,998,505	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		22,998,505	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		984.74	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		12,004,965	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)		12,004,965	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0117	Period: From 01/01/2018 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/28/2018 4:03 pm	
Title XVIII			Hospital	PPS		
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	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	7,520,295	4,401	1,708.77	1,499	2,561,446	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)					22,896,304	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					37,462,715	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)					1,143,518	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,207,391	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					2,350,909	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					35,111,806	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges					0	54.00
55.00 Target amount per discharge					0.00	55.00
56.00 Target amount (line 54 x line 55)					0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00 Bonus payment (see instructions)					0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00 Relief payment (see instructions)					0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00 Program routine service cost (line 9 x line 71)						72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00 Program capital-related costs (line 9 x line 76)						77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00 Inpatient routine service cost per diem limitation						81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00 Reasonable inpatient routine service costs (see instructions)						83.00
84.00 Program inpatient ancillary services (see instructions)						84.00
85.00 Utilization review - physician compensation (see instructions)						85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					1,327	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					984.74	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					1,306,750	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0117		Period: From 01/01/2018 To 06/30/2018		Worksheet D-1 Date/Time Prepared: 11/28/2018 4:03 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,909,399	22,998,505	0.083023	1,306,750	108,490	90.00
91.00	Nursing School cost	0	22,998,505	0.000000	1,306,750	0	91.00
92.00	Allied health cost	0	22,998,505	0.000000	1,306,750	0	92.00
93.00	All other Medical Education	0	22,998,505	0.000000	1,306,750	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 14-0117 Component CCN: 14-T117	Period: From 01/01/2018 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/28/2018 4:03 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		1.00	
PART I - ALL PROVIDER COMPONENTS			
INPATIENT DAYS			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	5,311	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	5,311	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)	5,311	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	4,333	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
SWING BED ADJUSTMENT			
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	4,181,752	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	4,181,752	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	4,181,752	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY			
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS			
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	787.38	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	3,411,718	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)	3,411,718	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0117 Component CCN: 14-T117		Period: From 01/01/2018 To 06/30/2018		Worksheet D-1 Date/Time Prepared: 11/28/2018 4:03 pm	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					2,692,288	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					6,104,006	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)					388,627	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					125,881	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					514,508	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					5,589,498	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0117 Component CCN: 14-T117		Period: From 01/01/2018 To 06/30/2018		Worksheet D-1 Date/Time Prepared: 11/28/2018 4:03 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	476,358	4,181,752	0.113913	0	0	90.00
91.00	Nursing School cost	0	4,181,752	0.000000	0	0	91.00
92.00	Allied health cost	0	4,181,752	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,181,752	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0117 Component CCN: 14-5324	Period: From 01/01/2018 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/28/2018 4:03 pm
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		33,995	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		33,995	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)		33,995	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)		7,335	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		8,934,353	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)		8,934,353	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		8,934,353	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0117 Component CCN: 14-5324		Period: From 01/01/2018 To 06/30/2018		Worksheet D-1 Date/Time Prepared: 11/28/2018 4:03 pm	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						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)						48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						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)						50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						54.00
55.00	Target amount per discharge						55.00
56.00	Target amount (line 54 x line 55)						56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00	Bonus payment (see instructions)						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						59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						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)						61.00
62.00	Relief payment (see instructions)						62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						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)						64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						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)						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)						68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						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)					8,934,353	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					262.81	71.00
72.00	Program routine service cost (line 9 x line 71)					1,927,711	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					1,927,711	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					0.00	76.00
77.00	Program capital-related costs (line 9 x line 76)					0	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					0	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0	80.00
81.00	Inpatient routine service cost per diem limitation					0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)					1,927,711	83.00
84.00	Program inpatient ancillary services (see instructions)					401,020	84.00
85.00	Utilization review - physician compensation (see instructions)					0	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					2,328,731	86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0117 Component CCN: 14-5324		Period: From 01/01/2018 To 06/30/2018		Worksheet D-1 Date/Time Prepared: 11/28/2018 4:03 pm	
		Title XVIII		Skilled Nursing Facility		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	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0117	Period: From 01/01/2018 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/28/2018 4:03 pm
Cost Center Description		Title XIX	Hospital	Cost
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			23,355 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			23,355 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)			22,028 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			2,783 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)			795 15.00
16.00	Nursery days (title V or XIX only)			430 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			22,998,505 21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0 22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0 23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0 24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0 25.00
26.00	Total swing-bed cost (see instructions)			0 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			22,998,505 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			22,998,505 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			984.74 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			2,740,531 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			2,740,531 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0117		Period: From 01/01/2018 To 06/30/2018		Worksheet D-1	
Title XIX		Hospital		Cost		Date/Time Prepared: 11/28/2018 4:03 pm	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	1,051,804	795	1,323.02	430	568,899		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	7,520,089	4,401	1,708.72	640	1,093,581		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						0	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						4,403,011	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						0	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges						0	54.00
55.00 Target amount per discharge						0.00	55.00
56.00 Target amount (line 54 x line 55)						0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00 Bonus payment (see instructions)						0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00 Relief payment (see instructions)						0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)						1,327	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						984.74	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						1,306,750	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0117		Period: From 01/01/2018 To 06/30/2018		Worksheet D-1 Date/Time Prepared: 11/28/2018 4:03 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,909,399	22,998,505	0.083023	1,306,750	108,490	90.00
91.00	Nursing School cost	0	22,998,505	0.000000	1,306,750	0	91.00
92.00	Allied health cost	0	22,998,505	0.000000	1,306,750	0	92.00
93.00	All other Medical Education	0	22,998,505	0.000000	1,306,750	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0117 Component CCN: 14-T117	Period: From 01/01/2018 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/28/2018 4:03 pm
		Title XIX	Subprovider - IRF	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			5,311 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			5,311 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)			5,311 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)			176 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)			795 15.00
16.00	Nursery days (title V or XIX only)			430 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			4,181,752 21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0 22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0 23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0 24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0 25.00
26.00	Total swing-bed cost (see instructions)			0 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			4,181,752 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			4,181,752 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			787.38 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			138,579 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)			138,579 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0117 Component CCN: 14-T117		Period: From 01/01/2018 To 06/30/2018		Worksheet D-1 Date/Time Prepared: 11/28/2018 4:03 pm	
		Title XIX		Subprovider - IRF		Cost	
Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)		
	Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)				
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				0		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				138,579		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)				0		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				0		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				0		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				0		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges				0		54.00
55.00	Target amount per discharge				0.00		55.00
56.00	Target amount (line 54 x line 55)				0		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				0		57.00
58.00	Bonus payment (see instructions)				0		58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				0.00		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				0.00		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)				0		61.00
62.00	Relief payment (see instructions)				0		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				0		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				0		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				0		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				0		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				0		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)				0		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				0.00		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0117 Component CCN: 14-T117		Period: From 01/01/2018 To 06/30/2018		Worksheet D-1 Date/Time Prepared: 11/28/2018 4:03 pm	
		Title XIX		Subprovider - IRF		Cost	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	476,358	4,181,752	0.113913	0	0	90.00
91.00	Nursing School cost	0	4,181,752	0.000000	0	0	91.00
92.00	Allied health cost	0	4,181,752	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,181,752	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0117 Component CCN: 14-5324	Period: From 01/01/2018 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/28/2018 4:03 pm
		Title XIX	Skilled Nursing Facility	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			33,995 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			33,995 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)			33,995 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)			19,031 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)			795 15.00
16.00	Nursery days (title V or XIX only)			430 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			8,934,353 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)			8,934,353 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			8,934,353 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0117 Component CCN: 14-5324		Period: From 01/01/2018 To 06/30/2018		Worksheet D-1 Date/Time Prepared: 11/28/2018 4:03 pm	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						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)						48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						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)						50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)						53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						54.00
55.00	Target amount per discharge						55.00
56.00	Target amount (line 54 x line 55)						56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00	Bonus payment (see instructions)						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						59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						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)						61.00
62.00	Relief payment (see instructions)						62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						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)						64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						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)						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)						68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						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)					8,934,353	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					262.81	71.00
72.00	Program routine service cost (line 9 x line 71)					5,001,537	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					5,001,537	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					318,643	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					9.37	76.00
77.00	Program capital-related costs (line 9 x line 76)					178,320	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					4,823,217	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					4,823,217	80.00
81.00	Inpatient routine service cost per diem limitation					0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)					178,320	83.00
84.00	Program inpatient ancillary services (see instructions)					0	84.00
85.00	Utilization review - physician compensation (see instructions)					0	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					178,320	86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0117 Component CCN: 14-5324		Period: From 01/01/2018 To 06/30/2018		Worksheet D-1 Date/Time Prepared: 11/28/2018 4:03 pm	
		Title XIX		Skilled Nursing Facility		Cost	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0117	Period: From 01/01/2018 To 06/30/2018	Worksheet D-3	
		Title XVIII		Hospital	
				PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		46,459,198	30.00
31.00	03100	INTENSIVE CARE UNIT		12,966,553	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.109828	15,123,476	1,660,981 50.00
50.01	03330	AMBULATORY SURGERY	0.166924	1,847,378	308,372 50.01
51.00	05100	RECOVERY ROOM	0.073284	2,594,380	190,127 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.024191	3,098,547	74,957 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.246089	4,898,734	1,205,525 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.176258	328,129	57,835 55.00
56.00	05600	RADIOISOTOPE	0.118906	2,741,462	325,976 56.00
57.00	05700	CT SCAN	0.034499	6,691,358	230,845 57.00
58.00	05800	MRI	0.094467	1,149,284	108,569 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.064744	8,213,577	531,780 59.00
60.00	06000	LABORATORY	0.130528	21,937,008	2,863,394 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.256262	1,143,422	293,016 62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0 62.30
65.00	06500	RESPIRATORY THERAPY	0.112984	8,374,462	946,180 65.00
66.00	06600	PHYSICAL THERAPY	0.207075	2,565,869	531,327 66.00
66.01	06601	RNRC PHYSICAL THERAPY	0.823792	0	0 66.01
66.02	06602	DAY REHABILITATION FACILITY	0.290748	5,870	1,707 66.02
67.00	06700	OCCUPATIONAL THERAPY	0.257087	1,038,375	266,953 67.00
68.00	06800	SPEECH PATHOLOGY	0.372786	305,986	114,067 68.00
69.00	06900	ELECTROCARDIOLOGY	0.085083	6,631,277	564,209 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.602904	82,154	49,531 70.00
70.01	07001	ELECTROPHYSIOLOGY	0.000000	0	0 70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.284371	11,128,494	3,164,621 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.262716	15,331,711	4,027,886 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.139196	26,131,141	3,637,350 73.00
74.00	07400	RENAL DIALYSIS	0.221790	1,888,080	418,757 74.00
76.97	07697	CARDIAC REHABILITATION	0.273734	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0 76.98
76.99	07699	LI THOTRI PSY	0.000000	0	0 76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	2.059336	756	1,557 90.00
90.01	09001	WELLNESS PROGRAM	2.108425	0	0 90.01
90.02	09002	WOUND CARE CENTER	0.162005	19,962	3,234 90.02
91.00	09100	EMERGENCY	0.108978	7,284,013	793,797 91.00
91.01	04040	FAMILY PRACTICE	0.000000	0	0 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.219496	811,600	178,143 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.175323	1,971,265	345,608 92.01
200.00		Total (sum of lines 50 through 94 and 96 through 98)		153,337,770	22,896,304 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		153,337,770	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0117 Component CCN: 14-T117	Period: From 01/01/2018 To 06/30/2018	Worksheet D-3 Date/Time Prepared: 11/28/2018 4:03 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
41.00	04100 SUBPROVIDER - IRF		11,660,823		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.109828	0	0	50.00
50.01	03330 AMBULATORY SURGERY	0.166924	0	0	50.01
51.00	05100 RECOVERY ROOM	0.073284	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.024191	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.246089	167,964	41,334	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.176258	152,312	26,846	55.00
56.00	05600 RADIOISOTOPE	0.118906	134,484	15,991	56.00
57.00	05700 CT SCAN	0.034499	120,570	4,160	57.00
58.00	05800 MRI	0.094467	28,305	2,674	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.064744	0	0	59.00
60.00	06000 LABORATORY	0.130528	2,477,448	323,376	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.256262	22,055	5,652	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.112984	1,025,954	115,916	65.00
66.00	06600 PHYSICAL THERAPY	0.207075	3,874,483	802,309	66.00
66.01	06601 RNRC PHYSICAL THERAPY	0.823792	0	0	66.01
66.02	06602 DAY REHABILITATION FACILITY	0.290748	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.257087	2,637,478	678,061	67.00
68.00	06800 SPEECH PATHOLOGY	0.372786	544,207	202,873	68.00
69.00	06900 ELECTROCARDIOLOGY	0.085083	50,101	4,263	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.602904	4,262	2,570	70.00
70.01	07001 ELECTROPHYSIOLOGY	0.000000	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.284371	343,466	97,672	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.262716	12,696	3,335	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.139196	2,246,970	312,769	73.00
74.00	07400 RENAL DIALYSIS	0.221790	236,651	52,487	74.00
76.97	07697 CARDIAC REHABILITATION	0.273734	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	2.059336	0	0	90.00
90.01	09001 WELLNESS PROGRAM	2.108425	0	0	90.01
90.02	09002 WOUND CARE CENTER	0.162005	0	0	90.02
91.00	09100 EMERGENCY	0.108978	0	0	91.00
91.01	04040 FAMILY PRACTICE	0.000000	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.219496	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.175323	0	0	92.01
200.00	Total (sum of lines 50 through 94 and 96 through 98)		14,079,406	2,692,288	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		14,079,406		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0117 Component CCN: 14-5324	Period: From 01/01/2018 To 06/30/2018	Worksheet D-3 Date/Time Prepared: 11/28/2018 4:03 pm	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.109828	0	0	50.00
50.01	03330 AMBULATORY SURGERY	0.166924	0	0	50.01
51.00	05100 RECOVERY ROOM	0.073284	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.024191	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.246089	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.176258	0	0	55.00
56.00	05600 RADIOISOTOPE	0.118906	0	0	56.00
57.00	05700 CT SCAN	0.034499	0	0	57.00
58.00	05800 MRI	0.094467	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.064744	0	0	59.00
60.00	06000 LABORATORY	0.130528	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.256262	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.112984	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.207075	824,737	170,782	66.00
66.01	06601 RNRC PHYSICAL THERAPY	0.823792	0	0	66.01
66.02	06602 DAY REHABILITATION FACILITY	0.290748	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.257087	640,583	164,686	67.00
68.00	06800 SPEECH PATHOLOGY	0.372786	58,972	21,984	68.00
69.00	06900 ELECTROCARDIOLOGY	0.085083	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.602904	0	0	70.00
70.01	07001 ELECTROPHYSIOLOGY	0.000000	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.284371	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.262716	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.139196	312,999	43,568	73.00
74.00	07400 RENAL DIALYSIS	0.221790	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0.273734	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	2.059336	0	0	90.00
90.01	09001 WELLNESS PROGRAM	2.108425	0	0	90.01
90.02	09002 WOUND CARE CENTER	0.162005	0	0	90.02
91.00	09100 EMERGENCY	0.108978	0	0	91.00
91.01	04040 FAMILY PRACTICE	0.000000	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.219496	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.175323	0	0	92.01
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,837,291	401,020	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		1,837,291	401,020	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0117	Period: From 01/01/2018 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 11/28/2018 4:03 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	28,225,831	1.01	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	0	1.02	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	1.03
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	1.04
2.00	Outlier payments for discharges. (see instructions)	609,115	2.00	2.00
2.01	Outlier reconciliation amount	0	2.01	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)	0	2.02	2.02
3.00	Managed Care Simulated Payments	8,423,996	3.00	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	215.81	4.00	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)	47.57	5.00	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)	18.00	6.00	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	7.00
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	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).	8.72	8.00	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	8.01
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	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)	74.29	9.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	73.78	10.00	10.00
11.00	FTE count for residents in dental and podiatric programs.	0.00	11.00	11.00
12.00	Current year allowable FTE (see instructions)	73.78	12.00	12.00
13.00	Total allowable FTE count for the prior year.	74.18	13.00	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.	73.74	14.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.	73.90	15.00	15.00
16.00	Adjustment for residents in initial years of the program	0.00	16.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure	0.00	17.00	17.00
18.00	Adjusted rolling average FTE count	73.90	18.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.342431	19.00	19.00
20.00	Prior year resident to bed ratio (see instructions)	0.356548	20.00	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.342431	21.00	21.00
22.00	IME payment adjustment (see instructions)	4,826,702	22.00	22.00
22.01	IME payment adjustment - Managed Care (see instructions)	1,440,529	22.01	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).	0.00	23.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)	-0.51	24.00	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	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)	0.000000	26.00	26.00
27.00	IME payments adjustment factor. (see instructions)	0.000000	27.00	27.00
28.00	IME add-on adjustment amount (see instructions)	0	28.00	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)	0	28.01	28.01
29.00	Total IME payment (sum of lines 22 and 28)	4,826,702	29.00	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	1,440,529	29.01	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	2.43	30.00	30.00
31.00	Percentage of Medicaid patient days (see instructions)	15.08	31.00	31.00
32.00	Sum of lines 30 and 31	17.51	32.00	32.00
33.00	Allowable disproportionate share percentage (see instructions)	4.13	33.00	33.00
34.00	Disproportionate share adjustment (see instructions)	291,432	34.00	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0117	Period: From 01/01/2018 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 11/28/2018 4:03 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		0	0 35.00
35.01	Factor 3 (see instructions)		0.000000000	0.000000000 35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		1,614,263	0 35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		800,497	0 35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		800,497	36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	46.00
47.00	Subtotal (see instructions)		34,753,577	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)		36,194,106	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,783,433	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).		2,019,010	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		6,110	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)		41,002,659	59.00
60.00	Primary payer payments		3,684	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		40,998,975	61.00
62.00	Deductibles billed to program beneficiaries		2,512,064	62.00
63.00	Coinurance billed to program beneficiaries		116,867	63.00
64.00	Allowable bad debts (see instructions)		117,824	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		76,586	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		11,018	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		38,446,630	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		12,304	70.93
70.94	HRR adjustment amount (see instructions)		-155,277	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0117	Period: From 01/01/2018 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 11/28/2018 4:03 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			38,303,657	71.00
71.01	Sequestration adjustment (see instructions)			766,073	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
72.00	Interim payments			37,296,538	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)			241,046	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			614,002	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	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	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the \$410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0117

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/28/2018 4:03 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	28,225,831	0	28,225,831	0	28,225,831	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	0	0	0	0	0	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	609,115	0	609,115	0	609,115	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	8,423,996	0	8,423,996	0	8,423,996	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.342431	0.342431	0.342431	0.342431		5.00
6.00	IME payment adjustment (see instructions)	22.00	4,826,702	0	4,826,702	0	4,826,702	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	1,440,529	0	1,440,529	0	1,440,529	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		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	4,826,702	0	4,826,702	0	4,826,702	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	1,440,529	0	1,440,529	0	1,440,529	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0413	0.0413	0.0413	0.0413		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	291,432	0	291,432	0	291,432	11.00
11.01	Uncompensated care payments	36.00	800,497	0	1,413,986	476,508	1,890,494	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	34,753,577	0	34,277,069	476,508	34,753,577	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	36,194,106	0	35,717,598	476,508	36,194,106	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,783,433	0	2,783,433	0	2,783,433	16.00
17.00	Special add-on payments for new technologies	54.00	6,110	0	6,110	0	6,110	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	38,507,141	476,508	38,983,649	19.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0117

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/28/2018 4:03 pm

		Title XVIII			Hospital		PPS	
		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	2,298,853	0	2,298,853	0	2,298,853	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	51,935	0	51,935	0	51,935	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	0.1521	0.1521	0.1521	0.1521		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	349,656	0	349,656	0	349,656	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0361	0.0361	0.0361	0.0361		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	82,989	0	82,989	0	82,989	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,783,433	0	2,783,433	0	2,783,433	26.00
		W/S E, Part A, line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		N					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 14-0117		Period: From 01/01/2018 To 06/30/2018		Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/28/2018 4:03 pm	
		Title XVIII		Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	28,225,831	28,225,831		28,225,831	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	0	0	0	0	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	609,115	609,115	0	609,115	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	8,423,996	8,423,996	0	8,423,996	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.342431	0.342431	0.342431		5.00
6.00	IME payment adjustment (see instructions)	22.00	4,826,702	4,826,702	0	4,826,702	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	1,440,529	1,440,529	0	1,440,529	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	4,826,702	4,826,702	0	4,826,702	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	1,440,529	1,440,529	0	1,440,529	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0413	0.0413	0.0413		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	291,432	291,432	0	291,432	11.00
11.01	Uncompensated care payments	36.00	800,497	800,497	0	800,497	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	34,753,577	34,753,577	0	34,753,577	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	36,194,106	36,194,106	0	36,194,106	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,783,433	2,783,433	0	2,783,433	16.00
17.00	Special add-on payments for new technologies	54.00	6,110	6,110	0	6,110	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			38,983,649	0	38,983,649	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 14-0117	Period: From 01/01/2018 To 06/30/2018	Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/28/2018 4:03 pm
		Title XVIII	Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	2,298,853	2,298,853	0	2,298,853	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	51,935	51,935	0	51,935	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	0.1521	0.1521	0.1521		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	349,656	349,656	0	349,656	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0361	0.0361	0.0361		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	82,989	82,989	0	82,989	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,783,433	2,783,433	0	2,783,433	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	12,304	12,304	0	12,304	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	-155,277	-155,277	0	-155,277	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: 14-0117	Period: From 01/01/2018 To 06/30/2018	Worksheet E Part B Date/Time Prepared: 11/28/2018 4:03 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		12,709	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		11,250,587	2.00
3.00	OPPS payments		10,264,867	3.00
4.00	Outlier payment (see instructions)		69,413	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)		12,709	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		91,301	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)		91,301	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		91,301	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		78,592	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)		12,709	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)		10,334,280	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		2,039,974	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)		8,307,015	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		456,678	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)		8,763,693	30.00
31.00	Primary payer payments		51	31.00
32.00	Subtotal (line 30 minus line 31)		8,763,642	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		60,689	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		39,448	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		9,118	36.00
37.00	Subtotal (see instructions)		8,803,090	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		8,803,090	40.00
40.01	Sequestration adjustment (see instructions)		176,062	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		8,697,808	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-70,780	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0117 Component CCN: 14-T117	Period: From 01/01/2018 To 06/30/2018	Worksheet E Part B Date/Time Prepared: 11/28/2018 4:03 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		1,704	2.00
3.00	OPPS payments		1,187	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	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)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	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)		0	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)		1,187	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		237	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)		950	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		950	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		950	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		950	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	
39.97	Demonstration payment adjustment before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		950	40.00
40.01	Sequestration adjustment (see instructions)		19	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		931	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0117

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

Worksheet E-1
Part I
Date/Time Prepared:
11/28/2018 4:03 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		35,314,549		8,141,698		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		1,981,989		556,110		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)		37,296,538		8,697,808		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		241,046		0		6.01
6.02	SETTLEMENT TO PROGRAM		0		70,780		6.02
7.00	Total Medicare program liability (see instructions)		37,537,584		8,627,028		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: 14-0117
Component CCN: 14-T117

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

Worksheet E-1
Part I
Date/Time Prepared:
11/28/2018 4:03 pm
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		6,728,064		931	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	08/03/2017	10,540		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)		10,540		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)		6,738,604		931	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		69,804		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		6,808,408		931	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: 14-0117 Component CCN: 14-5324	Period: From 01/01/2018 To 06/30/2018	Worksheet E-1 Part I Date/Time Prepared: 11/28/2018 4:03 pm		
		Title XVIII	Skilled Nursing Facility	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	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		3,557,479		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)		3,557,479		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		1		0	6.02
7.00	Total Medicare program liability (see instructions)		3,557,478		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: 14-0117

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

Worksheet E-1
Part II
Date/Time Prepared:
11/28/2018 4:03 pm

Title XVIII

Hospital

PPS

1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168	7.00
8.00	Calculation of the HIT incentive payment (see instructions)	8.00
9.00	Sequestration adjustment amount (see instructions)	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)	30.00
31.00	Other Adjustment (specify)	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0117 Component CCN: 14-T117	Period: From 01/01/2018 To 06/30/2018	Worksheet E-3 Part III Date/Time Prepared: 11/28/2018 4:03 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			6,821,161 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0171 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			147,337 3.00
4.00	Outlier Payments			78,117 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)			29.342541 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)			7,046,615 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)			7,046,615 17.00
18.00	Primary payer payments			12,479 18.00
19.00	Subtotal (line 17 less line 18).			7,034,136 19.00
20.00	Deductibles			58,816 20.00
21.00	Subtotal (line 19 minus line 20)			6,975,320 21.00
22.00	Coinsurance			31,155 22.00
23.00	Subtotal (line 21 minus line 22)			6,944,165 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			4,908 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			3,190 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			6,947,355 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)			6,947,355 32.00
32.01	Sequestration adjustment (see instructions)			138,947 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			6,738,604 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)			69,804 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			6,494 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			78,117 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0117 Component CCN: 14-5324	Period: From 01/01/2018 To 06/30/2018	Worksheet E-3 Part VI Date/Time Prepared: 11/28/2018 4:03 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		4,325,038	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		4,325,038	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		694,958	7.00
8.00	Allowable bad debts (see instructions)		0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		0	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)		3,630,080	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	14.50
14.99	Demonstration payment adjustment amount before sequestration		0	14.99
15.00	Subtotal (see instructions)		3,630,080	15.00
15.01	Sequestration adjustment (see instructions)		72,602	15.01
15.02	Demonstration payment adjustment amount after sequestration		0	15.02
16.00	Interim payments		3,557,479	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 15.02, 16, and 17)		-1	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2		0	19.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0117	Period: From 01/01/2018 To 06/30/2018	Worksheet E-3 Part VII Date/Time Prepared: 11/28/2018 4:03 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		4,403,011		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		4,403,011	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		4,403,011	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		0	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		4,403,011	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		4,403,011	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinsurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0117 Component CCN: 14-T117	Period: From 01/01/2018 To 06/30/2018	Worksheet E-3 Part VII Date/Time Prepared: 11/28/2018 4:03 pm
		Title XIX	Subprovider - IRF	Cost
		Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services	138,579		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)		0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	138,579	0	4.00
5.00	Inpatient primary payer payments		0	5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	138,579	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges		0	8.00
9.00	Ancillary service charges		0	9.00
10.00	Organ acquisition charges, net of revenue		0	10.00
11.00	Incentive from target amount computation		0	11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	138,579	0	18.00
19.00	Interns and Residents (see instructions)		0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments		0	22.00
23.00	Outlier payments		0	23.00
24.00	Program capital payments		0	24.00
25.00	Capital exception payments (see instructions)		0	25.00
26.00	Routine and Ancillary service other pass through costs		0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	138,579	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	31.00
32.00	Deductibles		0	32.00
33.00	Coinsurance		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Utilization review		0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	40.00
41.00	Interim payments		0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0117 Component CCN: 14-5324	Period: From 01/01/2018 To 06/30/2018	Worksheet E-3 Part VII Date/Time Prepared: 11/28/2018 4:03 pm
		Title XIX	Skilled Nursing Facility	Cost
		Inpatient	Outpatient	
		1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services	178,320		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	178,320	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	178,320	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	0	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	0	0	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	178,320	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0		24.00
25.00	Capital exception payments (see instructions)	0		25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	178,320	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	0	31.00
32.00	Deductibles	0		32.00
33.00	Coinsurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0117	Period: From 01/01/2018 To 06/30/2018	Worksheet E-4 Date/Time Prepared: 11/28/2018 4:03 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			24.01	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			8.93	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)			0.02	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))			4.35	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)			37.27	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			36.59	6.00
7.00	Enter the lesser of line 5 or line 6			36.59	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.	12.95	23.64	36.59	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.	12.95	23.64	36.59	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	12.95	23.64		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	13.72	23.10		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	13.13	23.10		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	13.27	23.28		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	13.27	23.28		17.00
18.00	Per resident amount	99,404.19	99,404.19		18.00
19.00	Approved amount for resident costs	1,319,094	2,314,130	3,633,224	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)			3,633,224	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	18,023	4,378		26.00
27.00	Total Inpatient Days (see instructions)	31,967	31,967		27.00
28.00	Ratio of inpatient days to total inpatient days	0.563800	0.136954		28.00
29.00	Program direct GME amount	2,048,412	497,585		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		70,309		30.00
31.00	Net Program direct GME amount			2,475,688	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0117	Period: From 01/01/2018 To 06/30/2018	Worksheet E-4 Date/Time Prepared: 11/28/2018 4:03 pm
		Title XVIII	Hospital	PPS
		1.00		
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		4,936,708	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		49,819,470	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)		16,163	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		49,803,307	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		11,265,000	42.00
43.00	Primary payer payments (see instructions)		51	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		11,264,949	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		61,068,256	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.815535	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.184465	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		2,475,688	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		2,019,010	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		456,678	50.00

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

Provider CCN: 14-0117

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

Worksheet G

Date/Time Prepared:
11/28/2018 4:03 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	52,221	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	158,926,592	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-117,812,375	0	0	0	6.00
7.00	Inventory	6,997,629	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	1,192,549	0	0	0	9.00
10.00	Due from other funds	-1,051,615	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	48,305,001	0	0	0	11.00
FIXED ASSETS						
12.00	Land	48,470,000	0	0	0	12.00
13.00	Land improvements	2,539,625	0	0	0	13.00
14.00	Accumulated depreciation	-158,182	0	0	0	14.00
15.00	Buildings	91,560,715	0	0	0	15.00
16.00	Accumulated depreciation	-1,084,448	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	119,000	0	0	0	21.00
22.00	Accumulated depreciation	-4,970	0	0	0	22.00
23.00	Major movable equipment	27,646,329	0	0	0	23.00
24.00	Accumulated depreciation	-2,150,660	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	166,937,409	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	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	60,264	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	60,264	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	215,302,674	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	1,186,825	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	223,091	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	25,601,695	0	0	0	43.00
44.00	Other current liabilities	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	27,011,611	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	0	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	27,011,611	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	188,291,064				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)	188,291,064	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	215,302,675	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0117

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

Worksheet G-1

Date/Time Prepared:
11/28/2018 4:03 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		188,277,857		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		5,421,463				2.00
3.00	Total (sum of line 1 and line 2)		193,699,320		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	TEMPORARILY RESTRICTED FUNDS	-5,408,256		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		-5,408,256		0		10.00
11.00	Subtotal (line 3 plus line 10)		188,291,064		0		11.00
12.00	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPEC	0		0		0	12.00
13.00	RECONCILIATION	0		0		0	13.00
14.00	TRANSFER TO AFFILIATE	0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		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)		188,291,064		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00	TEMPORARILY RESTRICTED FUNDS		0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPEC		0				12.00
13.00	RECONCILIATION		0				13.00
14.00	TRANSFER TO AFFILIATE		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: 14-0117

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/28/2018 4:03 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	88,562,200		88,562,200	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	14,365,128		14,365,128	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	10,115,946		10,115,946	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)	113,043,274		113,043,274	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	50,087,255		50,087,255	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)	50,087,255		50,087,255	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	163,130,529		163,130,529	17.00
18.00	Ancillary services	313,918,069	282,679,888	596,597,957	18.00
19.00	Outpatient services	0	5,091,107	5,091,107	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	477,048,598	287,770,995	764,819,593	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		140,448,648		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	RECONCILING ITEM	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)		140,448,648		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 14-0117	Period: From 01/01/2018 To 06/30/2018	Worksheet G-3 Date/Time Prepared: 11/28/2018 4:03 pm
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		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	764,819,593	1.00
2.00	Less contractual allowances and discounts on patients' accounts	621,871,732	2.00
3.00	Net patient revenues (line 1 minus line 2)	142,947,861	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	140,448,648	4.00
5.00	Net income from service to patients (line 3 minus line 4)	2,499,213	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	1,310	6.00
7.00	Income from investments	0	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	6,804	13.00
14.00	Revenue from meals sold to employees and guests	545,544	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	1,597	22.00
23.00	Governmental appropriations	126,584	23.00
24.00	REVENUE FROM OTHER SERVICES	2,023,380	24.00
24.01	NET ASSETS RELEASED FROM RESTRICTION	131,787	24.01
25.00	Total other income (sum of lines 6-24)	2,837,006	25.00
26.00	Total (line 5 plus line 25)	5,336,219	26.00
27.00	GAIN/LOSS ON SALE/DISCONTINUED OPERA	-85,244	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	-85,244	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	5,421,463	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 14-0117

Period:

Worksheet I-1

Component CCN: 14-2335

From 01/01/2018
To 06/30/2018

Date/Time Prepared:
11/28/2018 4:03 pm

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	REGISTERED NURSES	272,196	HOURS OF SERVICE	9,574.00	4.60	1.00
2.00	LICENSED PRACTICAL NURSES		HOURS OF SERVICE	0.00	0.00	2.00
3.00	NURSES AIDES		HOURS OF SERVICE	0.00	0.00	3.00
4.00	TECHNICIANS	33,366	HOURS OF SERVICE	1,667.00	0.80	4.00
5.00	SOCIAL WORKERS		HOURS OF SERVICE	0.00	0.00	5.00
6.00	DIETICIANS		HOURS OF SERVICE	0.00	0.00	6.00
7.00	PHYSICIANS		ACCUMULATED COST			7.00
8.00	NON-PATIENT CARE SALARY	16,645	ACCUMULATED COST			8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	322,207				9.00
10.00	EMPLOYEE BENEFITS	39,589	SALARY			10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES		SQUARE FEET			11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.		PERCENTAGE OF TIME			12.00
13.00	MACHINE COSTS & REPAIRS	150	PERCENTAGE OF TIME			13.00
14.00	SUPPLIES	46,550	REQUISITIONS			14.00
15.00	DRUGS	5,512	REQUISITIONS			15.00
16.00	OTHER	132,262	ACCUMULATED COST			16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	546,270				17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	38,551	SQUARE FEET			18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	3,021	PERCENTAGE OF TIME			19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	71,897	SALARY			20.00
21.00	ADMINISTRATIVE & GENERAL	298,543	ACCUMULATED COST			21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	99,090	SQUARE FEET			22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	0				23.00
24.00	CENTRAL SERVICE & SUPPLIES		REQUISITIONS			24.00
25.00	PHARMACY		REQUISITIONS			25.00
26.00	OTHER ALLOCATED COSTS	37,543	ACCUMULATED COST			26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	1,094,915				27.00
28.00	LABORATORY (SEE INSTRUCTIONS)		CHARGES	0		28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES	0		29.00
30.00	OTHER ANCILLARY SERVICE COST CENTERS		CHARGES	0		30.00
30.97	CARDIAC REHABILITATION		CHARGES	0		30.97
30.98	HYPERBARIC OXYGEN THERAPY		CHARGES	0		30.98
30.99	LITHOTRIpsy		CHARGES	0		30.99
31.00	TOTAL COSTS (SUM OF LINES 27-30)	1,094,915				31.00

* Line 17, column 1 should agree with Worksheet A, column 7 for line 74 or line 94 as appropriate, and line 27, column 1 should agree with Worksheet B, Part I, column 24, less the sum of columns 21 and 22, for line 74 or line 94 as appropriate.

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

Provider CCN: 14-0117

Period: From 01/01/2018

Worksheet 1-2

Component CCN: 14-2335

To 06/30/2018

Date/Time Prepared: 11/28/2018 4:03 pm

		Capital Related Costs		Direct Patient Care Salary		Employee Benefits Department	Drugs	
		Building	Equipment	RNs	Other			
		1.00	2.00	3.00	4.00			
1.00	Total Renal Department Costs	137,641	3,171	272,196	33,366	111,486	5,512	1.00
MAINTENANCE								
2.00	Hemodialysis	114,927	2,648	227,276	27,861	93,089	4,602	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
TRAINING								
4.00	Hemodialysis	0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	0	6.00
7.00	CCPD	0	0	0	0	0	0	7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	0	10.00
11.00	CCPD	0	0	0	0	0	0	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	22,714	523	44,920	5,505	18,397	910	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	ESAs (included in Renal Department)							14.00
15.00	Other	0	0	0	0	0	0	15.00
16.00	Total (sum of lines 2 through 16)	137,641	3,171	272,196	33,366	111,486	5,512	17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00
		Medical Supplies	Routine Ancillary Services	Subtotal (sum of col s. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	46,550	0	609,922	484,993	1,094,915		1.00
MAINTENANCE								
2.00	Hemodialysis	38,868	0	509,271	404,958	914,229		2.00
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
TRAINING								
4.00	Hemodialysis	0	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	0	0	0	0	0		6.00
7.00	CCPD	0	0	0	0	0		7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	0	0	0	0	0		10.00
11.00	CCPD	0	0	0	0	0		11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	7,682	0	100,651	80,035	180,686		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	ESAs (included in Renal Department)							14.00
15.00	Other	0	0	0	0	0		15.00
16.00	Total (sum of lines 2 through 16)	46,550	0	609,922	484,993	1,094,915		17.00
18.00	Medical Educational Program Costs					0		18.00
19.00	Total Renal Costs (line 17 + line 18)					1,094,915		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0117

Period: From 01/01/2018

Worksheet 1-3

Component CCN: 14-2335

To 06/30/2018

Date/Time Prepared: 11/28/2018 4:03 pm

		Capital Related Costs		Direct Patient Care Salary			
		Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)	Employee Benefits Department (Salary)	
		0	1.00	2.00	3.00	4.00	5.00
1.00	Total Renal Department Costs	137,641	3,171	272,196	33,366	111,486	1.00
MAINTENANCE							
2.00	Hemodialysis	3,137	17,835.00	15,725.00	10,324.00	913,207	2.00
3.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	3.00
TRAINING							
4.00	Hemodialysis	0	0.00	0.00	0.00	0	4.00
5.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	5.00
6.00	CAPD	0	0.00	0.00	0.00	0	6.00
7.00	CCPD	0	0.00	0.00	0.00	0	7.00
HOME							
8.00	Hemodialysis	0	0.00	0.00	0.00	0	8.00
9.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	9.00
10.00	CAPD	0	0.00	0.00	0.00	0	10.00
11.00	CCPD	0	0.00	0.00	0.00	0	11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	8,636	620	3,525.00	3,108.00	2,040.00	180,479
13.00	Method II Home Patient	0	0	0.00	0.00	0.00	0
14.00	ESAs						
15.00							
16.00	Other	0	0.00	0.00	0.00	0.00	0
17.00	Total Statistical Basis	3,757	21,360.00	18,833.00	12,364.00	1,093,686	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	36.635880	0.148455	14.453141	2.698641	0.101936	18.00
		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)	
		6.00	7.00	8.00	9.00	10.00	
1.00	Total Renal Department Costs	5,512	46,550	0	609,922	484,993	1.00
MAINTENANCE							
2.00	Hemodialysis	432,492	276,378	0			2.00
3.00	Intermittent Peritoneal	0	0	0			3.00
TRAINING							
4.00	Hemodialysis	0	0	0			4.00
5.00	Intermittent Peritoneal	0	0	0			5.00
6.00	CAPD	0	0	0			6.00
7.00	CCPD	0	0	0			7.00
HOME							
8.00	Hemodialysis	0	0	0			8.00
9.00	Intermittent Peritoneal	0	0	0			9.00
10.00	CAPD	0	0	0			10.00
11.00	CCPD	0	0	0			11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	85,474	54,621	0			12.00
13.00	Method II Home Patient	0	0	0			13.00
14.00	ESAs						
15.00							
16.00	Other	0	0	0			16.00
17.00	Total Statistical Basis	517,966	330,999	0		609,922	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.010642	0.140635	0.000000		0.795172	18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 14-0117

Period: From 01/01/2018

Worksheet 1-4

Component CCN: 14-2335

To 06/30/2018

Date/Time Prepared: 11/28/2018 4:03 pm

		Rate 0		Renal Dialysis			
	Number of Total Treatments	Total Cost (from Wkst. 1-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
1.00	Maintenance - Hemodialysis	6,183	914,229	147.86	937	138,545	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	0	0	0.00	0	0	3.00
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00	Training - CAPD	0	0	0.00	0	0	5.00
6.00	Training - CCPD	0	0	0.00	0	0	6.00
7.00	Home Program - Hemodialysis	0	0	0.00	0	0	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00
		Patient Weeks			Patient Weeks		
		1.00	2.00	3.00	4.00	5.00	
9.00	Home Program - CAPD	0	0	0.00	0	0	9.00
10.00	Home Program - CCPD	0	0	0.00	0	0	10.00
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	6,183	914,229		937	138,545	11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	6,183					12.00
		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)				
		6.00	7.00				
1.00	Maintenance - Hemodialysis	249,525	266.30				1.00
2.00	Maintenance - Peritoneal Dialysis	0	0.00				2.00
3.00	Training - Hemodialysis	0	0.00				3.00
4.00	Training - Peritoneal Dialysis	0	0.00				4.00
5.00	Training - CAPD	0	0.00				5.00
6.00	Training - CCPD	0	0.00				6.00
7.00	Home Program - Hemodialysis	0	0.00				7.00
8.00	Home Program - Peritoneal Dialysis	0	0.00				8.00
		6.00	7.00				
9.00	Home Program - CAPD	0	0.00				9.00
10.00	Home Program - CCPD	0	0.00				10.00
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	249,525					11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)						12.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 14-0117	Period: From 01/01/2018 To 06/30/2018	Worksheet I-5 Date/Time Prepared: 11/28/2018 4:03 pm
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		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	138,545		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	249,525	249,525	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	249,525	249,525	2.03
2.04	Outlier payments	16,383		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	49,905	49,905	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	49,905	49,905	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013			5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014			5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Allowable bad debts (sum of lines 5 through line 5.04)	0	0	5.05
6.00	Adjusted reimbursable bad debts (see instructions)	0		6.00
7.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	49,905	8.00
9.00	Program payment (see instructions)	199,620	199,620	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	914,229		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	914,229		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	1.000000		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0117	Period: From 01/01/2018 To 06/30/2018	Worksheet L Parts I-III Date/Time Prepared: 11/28/2018 4:03 pm
		Title XVII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,298,853	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		51,935	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)		147.27	3.00
4.00	Number of interns & residents (see instructions)		73.90	4.00
5.00	Indirect medical education percentage (see instructions)		15.21	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)		349,656	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30)(see instructions)		2.43	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		15.08	8.00
9.00	Sum of lines 7 and 8		17.51	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.61	10.00
11.00	Disproportionate share adjustment (see instructions)		82,989	11.00
12.00	Total prospective capital payments (see instructions)		2,783,433	12.00
		1.00		
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
		1.00		
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00