



HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0127	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part I Date/Time Prepared: 5/30/2019 10:22 am
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1.00	2.00	3.00	4.00	1.00	2.00
Hospital and Hospital Health Care Complex Address:					
1.00 Street: 1304 VIRGINIA		PO Box:		1.00	
2.00 City: NORMAL		State: IL		2.00 Zip Code: 61761- County: MCLEAN	

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
						V	XVIII	XIX		
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00			
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	ADVOCATE BROMENN MEDICAL CENTER	140127	14060	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	ADVOCATE BROMENN REHABILITATION	14T127	14060	5	07/01/1990	N	P	O	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From:	To:	
		1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	01/01/2018	12/31/2018	20.00
21.00	Type of Control (see instructions)	1		21.00

		1.00	2.00	3.00
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Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.			Y	N				22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)			Y	Y				22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.			N	N				22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)			N	N		Y		22.03
23.00	Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.								
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					1	N		23.00

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		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	6	5,369	0	33	1,786	157	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.	0	69	0	0	82		25.00	
						Urban/Rural	S	Date of Geogr	
						1.00		2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					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), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00	
						V	XVIII	XIX	
						1.00	2.00	3.00	
<b>Prospective Payment System (PPS)-Capital</b>									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	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
<b>Teaching Hospitals</b>									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					Y			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00

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		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)	Y					60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1			60.01
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00		61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00		61.20
						1.00	
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings						Y	63.00
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					Y	63.00
		Unweighted FTEs Nonprovi- der Site	Unweighted FTEs in Hospi- tal	Ratio (col. 1/ (col. 1 + col. 2))			
		1.00	2.00	3.00			
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.16	6.98	0.022409			64.00

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
					1.00	2.00	
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)	FAMILY PRACTICE - OSTEOPATHIC	3630	1.50	6.64	0.184275	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)			1.89	6.42	0.227437	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)	FAMILY MEDICINE & OSTEOPATHIC MANIPU	3630	1.77	3.86	0.314387	67.00
67.01		FAMILY MEDICINE & OMT	6400	0.00	0.50	0.000000	67.01
					1.00	2.00	3.00
Inpatient Psychiatric Facility PPS							
70.00	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

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			1.00	2.00	3.00	
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0	76.00	
			1.00			
<b>Long Term Care Hospital PPS</b>						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.				N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.				N	81.00
<b>TEFRA Providers</b>						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.				N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.				N	87.00
			V	XIX		
			1.00	2.00		
<b>Title V and XIX Services</b>						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	Y	Y		90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N		91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. 1, 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. 1, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.06	
<b>Rural Providers</b>						
105.00	Does this hospital qualify as a CAH?	N			105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.	N			107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00	

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		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	
					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:	127,740		1,582,500		-160,309		118.01
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.				N			118.02
119.00	DO NOT USE THIS LINE							119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.				N	N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.				Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.				N			122.00
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	14H036		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0127	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part I Date/Time Prepared: 5/30/2019 10:22 am	
1.00		2.00		3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name: ADVOCATE HEALTHCARE	Contractor's Name: NGS		Contractor's Number: 06101	
142.00	Street: 3075 HIGHLAND PKWY	PO Box: SUITE 600			
143.00	City: DOWNERS GROVE	State: IL		Zip Code: 60515	
144.00 Are provider based physicians' costs included in Worksheet A?					
				1.00	Y
145.00 If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.					
				1.00	N
146.00 Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.					
				1.00	N
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.					
				1.00	N
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.					
				1.00	N
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.					
				1.00	N
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC				
161.10	CORF				
Multi campus					
				1.00	N
165.00 Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					
		Name	County	State	Zip Code
		0	1.00	2.00	3.00
					4.00
					5.00
166.00 If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					
				1.00	0.00
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act					
				1.00	Y
167.00 Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.					
				1.00	0
168.00 If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					
				1.00	168.01
168.01 If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					
				1.00	9.99
169.00 If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					
				1.00	169.00
				1.00	2.00
170.00 Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)					
				1.00	01/01/2018
				1.00	12/31/2018
171.00 If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)					
				1.00	Y
				1.00	3,799

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0127		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part II Date/Time Prepared: 5/30/2019 10:22 am	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		03/06/2015		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.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				N		15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	05/01/2019	Y	03/13/2019		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00



HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0127

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet S-2  
Part II  
Date/Time Prepared:  
5/30/2019 10:22 am

		3.00	
<b>Cost Report Preparer Contact Information</b>			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SENIOR REIMBURSEMENT SPECIALIST	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: 14-0127

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/30/2019 10:22 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	176	64,240	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)		176	64,240	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	30	10,950	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)		206	75,190	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	15	5,475		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
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)		221				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0127

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/30/2019 10:22 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	7,736	2,466	20,247			1.00
2.00 HMO and other (see instructions)	3,799	1,786				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	351	82				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	7,736	2,466	20,247			7.00
8.00 INTENSIVE CARE UNIT	3,007	717	7,908			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		2,224	4,069			13.00
14.00 Total (see instructions)	10,743	5,407	32,224	14.44	903.36	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	1,635	69	2,847	0.00	15.41	17.00
18.00 SUBPROVIDER		0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0	0	0	0.00	0.00	24.00
24.10 HOSPICE (non-distinct part)			503			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
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)				14.44	918.77	27.00
28.00 Observation Bed Days		121	3,126			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			408			30.00
31.00 Employee discount days - IRF			9			31.00
32.00 Labor & delivery days (see instructions)	0	158	412			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			21			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: 14-0127

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/30/2019 10:22 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	2,527	559	8,164	1.00
2.00 HMO and other (see instructions)				969	1,121		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					6		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	2,527	559	8,164		14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	130	7	220		17.00
18.00 SUBPROVIDER	0.00	0	0	0	0	0	18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY	0.00						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE	0.00						24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
25.10 CMHC - CORF	0.00						25.10
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: 14-0127

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/30/2019 10:22 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	59,666,163	0	59,666,163	1,911,042.00	31.22
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		812,676	0	812,676	8,386.00	96.91
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		12,480	0	12,480	66.00	189.09
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	1,563,012	0	1,563,012	52,395.00	29.83
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		2,347,511	-181,303	2,166,208	91,884.00	23.58
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract Labor: Direct Patient Care		1,941,993	0	1,941,993	24,733.00	78.52
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		2,195,297	0	2,195,297	21,051.00	104.28
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		5,810,686	0	5,810,686	93,208.00	62.34
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
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) (see instructions)		14,401,432	0	14,401,432		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		580,549	0	580,549		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		154,688	0	154,688		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		3,252	0	3,252		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		407,274	0	407,274		
25.50	Home office wage-related (core)		1,091,718	0	1,091,718		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits Department	4.00	1,381,555	-1,162,206	219,349	8,403.00	26.10
27.00	Administrative & General	5.00	6,638,821	1,173,970	7,812,791	203,753.00	38.34

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0127

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/30/2019 10:22 am

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		882,718	0	882,718	5,407.00	163.25	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,105,998	-16,285	1,089,713	34,384.00	31.69	30.00
31.00	Laundry & Linen Service	8.00	409,340	-24,817	384,523	24,697.00	15.57	31.00
32.00	Housekeeping	9.00	1,529,256	0	1,529,256	93,787.00	16.31	32.00
33.00	Housekeeping under contract (see instructions)		1,218	0	1,218	11.80	103.22	33.00
34.00	Dietary	10.00	1,196,479	-662,338	534,141	30,281.00	17.64	34.00
35.00	Dietary under contract (see instructions)		128	0	128	2.50	51.20	35.00
36.00	Cafeteria	11.00	0	662,338	662,338	37,548.00	17.64	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,134,200	0	2,134,200	56,410.00	37.83	38.00
39.00	Central Services and Supply	14.00	361,080	0	361,080	19,282.00	18.73	39.00
40.00	Pharmacy	15.00	2,300,048	22,092	2,322,140	47,647.00	48.74	40.00
41.00	Medical Records & Medical Records Library	16.00	1,221,795	0	1,221,795	45,386.00	26.92	41.00
42.00	Social Service	17.00	1,325,225	9,866	1,335,091	32,448.00	41.15	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0127

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/30/2019 10:22 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	58,974,735	0	58,974,735	1,864,002.30	31.64	1.00
2.00	Excluded area salaries (see instructions)	2,347,511	-181,303	2,166,208	91,884.00	23.58	2.00
3.00	Subtotal salaries (line 1 minus line 2)	56,627,224	181,303	56,808,527	1,772,118.30	32.06	3.00
4.00	Subtotal other wages & related costs (see inst.)	9,947,976	0	9,947,976	138,992.00	71.57	4.00
5.00	Subtotal wage-related costs (see inst.)	15,647,838	0	15,647,838	0.00	27.54	5.00
6.00	Total (sum of lines 3 thru 5)	82,223,038	181,303	82,404,341	1,911,110.30	43.12	6.00
7.00	Total overhead cost (see instructions)	20,487,861	2,620	20,490,481	639,447.30	32.04	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 14-0127	Period: From 01/01/2018 To 12/31/2018	Worksheet S-3 Part IV Date/Time Prepared: 5/30/2019 10:22 am
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		Amount Reported	
		1.00	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	1,363,436	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)	1,441,200	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	83,128	6.00
7.00	Employee Managed Care Program Administration Fees	770,850	7.00
<b>HEALTH AND INSURANCE COST</b>			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	3,914,031	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	1,631,657	9.00
10.00	Dental, Hearing and Vision Plan	249,410	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	84,035	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)	545,985	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	810,265	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	4,190,119	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	-73,079	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
<b>OTHER</b>			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	243,347	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	292,810	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	15,547,194	24.00
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COSTS(SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 14-0127	Period: From 01/01/2018 To 12/31/2018	Worksheet S-3 Part V Date/Time Prepared: 5/30/2019 10:22 am
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost		1,941,993	15,547,194
2.00	Hospital		1,941,993	14,401,432
3.00	Subprovider - IPF		0	0
4.00	Subprovider - IRF		0	252,891
5.00	Subprovider - (Other)		0	0
6.00	Swing Beds - SNF		0	0
7.00	Swing Beds - NF		0	0
8.00	Hospital-Based SNF			
9.00	Hospital-Based NF			
10.00	Hospital-Based OLTC			
11.00	Hospital-Based HHA		0	0
12.00	Separately Certified ASC			
13.00	Hospital-Based Hospice		0	0
14.00	Hospital-Based Health Clinic RHC			
15.00	Hospital-Based Health Clinic FQHC			
16.00	Hospital-Based-CMHC			
16.10	Hospital-Based-CMHC 10		0	0
17.00	Renal Dialysis			
18.00	Other		0	892,871

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-0127	Period: From 01/01/2018 To 12/31/2018	Worksheet S-10
			Date/Time Prepared: 5/30/2019 10:22 am

			1.00	
<b>Uncompensated and indigent care cost computation</b>				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.279645	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		14,609,982	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		Y	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		74,333,033	6.00
7.00	Medicaid cost (line 1 times line 6)		20,786,861	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)		6,176,879	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)		6,176,879	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	5,647,357	659,173	6,306,530
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,579,255	659,173	2,238,428
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)	1,579,255	659,173	2,238,428
			1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		7,021,535	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		405,129	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		623,275	27.01
28.00	Non-Medicare bad debt expense (see instructions)		6,398,260	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		2,007,387	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		4,245,815	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		10,422,694	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 14-0127		Period: From 01/01/2018 To 12/31/2018		Worksheet A	
Date/Time Prepared: 5/30/2019 10:22 am							
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
	1.00	2.00	3.00	4.00	5.00		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT		5,907,773	5,907,773	0	5,907,773	1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	4,587,558	4,587,558	2.00
3.00 00300	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	1,381,555	11,523,304	12,904,859	-1,331,893	11,572,966	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	6,638,821	29,454,810	36,093,631	1,198,609	37,292,240	5.00
7.00 00700	OPERATION OF PLANT	1,105,998	5,209,814	6,315,812	-246,712	6,069,100	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	409,340	248,122	657,462	-55,051	602,411	8.00
9.00 00900	HOUSEKEEPING	1,529,256	469,556	1,998,812	-27,940	1,970,872	9.00
10.00 01000	DIETARY	1,196,479	752,478	1,948,957	-1,088,756	860,201	10.00
11.00 01100	CAFETERIA	0	0	0	1,066,654	1,066,654	11.00
13.00 01300	NURSING ADMINISTRATION	2,134,200	247,927	2,382,127	-7,422	2,374,705	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	361,080	834,148	1,195,228	-480,732	714,496	14.00
15.00 01500	PHARMACY	2,300,048	7,105,089	9,405,137	-236,443	9,168,694	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,221,795	480,305	1,702,100	-3,304	1,698,796	16.00
17.00 01700	SOCIAL SERVICE	1,325,225	137,884	1,463,109	9,866	1,472,975	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,563,012	0	1,563,012	0	1,563,012	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	624,042	624,042	0	624,042	22.00
23.00 02300	CLINICAL PASTORAL EDUCATION	411,824	60,488	472,312	-271,936	200,376	23.00
23.01 02301	EMS PROGRAM	0	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000	ADULTS & PEDIATRICS	12,717,989	7,956,370	20,674,359	-5,300,631	15,373,728	30.00
31.00 03100	INTENSIVE CARE UNIT	4,092,074	1,647,554	5,739,628	-1,063,353	4,676,275	31.00
40.00 04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - I RF	981,146	206,277	1,187,423	4,384	1,191,807	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300	NURSERY	0	0	0	2,860,665	2,860,665	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000	OPERATING ROOM	3,842,730	16,611,202	20,453,932	-12,620,919	7,833,013	50.00
51.00 05100	RECOVERY ROOM	582,634	83,419	666,053	-37,583	628,470	51.00
53.00 05300	ANESTHESIOLOGY	29,257	1,905,595	1,934,852	-311,048	1,623,804	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,165,239	2,006,570	4,171,809	-1,501,955	2,669,854	54.00
57.00 05700	CT SCAN	444,058	973,543	1,417,601	-668,415	749,186	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000	LABORATORY	2,107,926	3,110,879	5,218,805	-1,998,540	3,220,265	60.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	1,485,456	1,485,456	64.00
65.00 06500	RESPIRATORY THERAPY	894,837	301,548	1,196,385	-214,683	981,702	65.00
66.00 06600	PHYSICAL THERAPY	1,521,888	310,696	1,832,584	-22,701	1,809,883	66.00
67.00 06700	OCCUPATIONAL THERAPY	396,846	31,750	428,596	-1,949	426,647	67.00
68.00 06800	SPEECH PATHOLOGY	237,723	19,243	256,966	-1,336	255,630	68.00
69.00 06900	ELECTROCARDIOLOGY	1,860,522	3,519,652	5,380,174	-3,088,150	2,292,024	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	87,608	81,069	168,677	-8,631	160,046	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	11,414,718	11,414,718	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	9,323,320	9,323,320	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97 07697	CARDIAC REHABILITATION	353,825	47,765	401,590	-14,099	387,491	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000	CLINIC	480,765	72,937	553,702	-5,753	547,949	90.00
90.01 09001	BASIC DIAGNOSTIC TESTING	453,843	51,651	505,494	-505,494	0	90.01
90.03 09002	PSYCH OUTPATIENT	0	0	0	0	0	90.03
90.04 09003	WOUND CARE CLINIC	494,258	767,436	1,261,694	-337,619	924,075	90.04
91.00 09100	EMERGENCY	3,387,821	4,492,363	7,880,184	-497,874	7,382,310	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 04040	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10 09910	CORF	0	0	0	0	0	99.10
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300	INTEREST EXPENSE	0	1,814,653	1,814,653	0	1,814,653	113.00
116.00 11600	HOSPICE	0	0	0	0	0	116.00
118.00 11800	SUBTOTALS (SUM OF LINES 1 through 117)	58,711,622	109,067,912	167,779,534	308	167,779,842	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	470,077	403,051	873,128	-2,608	870,520	190.00
190.01 19001	OTHER NONREIMBURSABLE	484,464	1,266,220	1,750,684	2,300	1,752,984	190.01
190.13 19007	EUREKA	0	0	0	0	0	190.13
191.00 19100	RESEARCH	0	0	0	0	0	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00 20000	TOTAL (SUM OF LINES 118 through 199)	59,666,163	110,737,183	170,403,346	0	170,403,346	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0127

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet A  
Date/Time Prepared:  
5/30/2019 10:22 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	25,508	5,933,281	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	906,376	5,493,934	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-625,335	10,947,631	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-16,656,839	20,635,401	5.00
7.00	00700	OPERATION OF PLANT	-1,954	6,067,146	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-218,506	383,905	8.00
9.00	00900	HOUSEKEEPING	-42,180	1,928,692	9.00
10.00	01000	DIETARY	244	860,445	10.00
11.00	01100	CAFETERIA	-220,789	845,865	11.00
13.00	01300	NURSING ADMINISTRATION	-39,113	2,335,592	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	714,496	14.00
15.00	01500	PHARMACY	-78,734	9,089,960	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-665	1,698,131	16.00
17.00	01700	SOCIAL SERVICE	-1,200	1,471,775	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	1,563,012	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	93,058	717,100	22.00
23.00	02300	CLINICAL PASTORAL EDUCATION	-12,195	188,181	23.00
23.01	02301	EMS PROGRAM	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-3,964,110	11,409,618	30.00
31.00	03100	INTENSIVE CARE UNIT	-153,767	4,522,508	31.00
40.00	04000	SUBPROVIDER - I PF	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	1,191,807	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	-4,200	2,856,465	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-2,381,528	5,451,485	50.00
51.00	05100	RECOVERY ROOM	0	628,470	51.00
53.00	05300	ANESTHESIOLOGY	-1,556,227	67,577	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,178	2,678,032	54.00
57.00	05700	CT SCAN	76,504	825,690	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-226,259	2,994,006	60.00
64.00	06400	INTRAVENOUS THERAPY	0	1,485,456	64.00
65.00	06500	RESPIRATORY THERAPY	-50	981,652	65.00
66.00	06600	PHYSICAL THERAPY	218,984	2,028,867	66.00
67.00	06700	OCCUPATIONAL THERAPY	43,780	470,427	67.00
68.00	06800	SPEECH PATHOLOGY	33,815	289,445	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,292,024	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	160,046	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	11,414,718	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	9,323,320	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	387,491	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	171,520	719,469	90.00
90.01	09001	BASIC DIAGNOSTIC TESTING	0	0	90.01
90.03	09002	PSYCH OUTPATIENT	0	0	90.03
90.04	09003	WOUND CARE CLINIC	115,196	1,039,271	90.04
91.00	09100	EMERGENCY	-3,179,835	4,202,475	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	04040	OTHER OUTPATIENT SERVICES	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	-1,814,653	0	113.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-29,484,976	138,294,866	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	870,520	190.00
190.01	19001	OTHER NONREIMBURSABLE	419,238	2,172,222	190.01
190.13	19007	EUREKA	0	0	190.13
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-29,065,738	141,337,608	200.00

RECLASSIFICATIONS

Provider CCN: 14-0127

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet A-6

Date/Time Prepared:  
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - NURSERY EXPENSE</b>					
1.00	NURSERY	43.00	2,508,487	679,110	1.00
	TOTALS		2,508,487	679,110	
<b>B - CAFETERIA EXPENSE</b>					
1.00	CAFETERIA	11.00	662,338	404,316	1.00
	TOTALS		662,338	404,316	
<b>C - MEDICAL SUPPLY RECLASS</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	20,738,038	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
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
	TOTALS		0	20,738,038	
<b>D - MANAGEMENT COMPENSATION RECLASS</b>					
1.00		0.00	0	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	900,298	0	2.00
3.00	OPERATION OF PLANT	7.00	11,576	0	3.00
4.00	PHARMACY	15.00	35,094	0	4.00
5.00	SOCIAL SERVICE	17.00	9,866	0	5.00
6.00	CLINICAL PASTORAL EDUCATION	23.00	3,568	0	6.00
7.00	ADULTS & PEDIATRICS	30.00	44,616	0	7.00
8.00	NURSERY	43.00	54,314	0	8.00
9.00	OPERATING ROOM	50.00	23,083	0	9.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	1,783	0	11.00
12.00	LABORATORY	60.00	10,491	0	12.00
13.00	INTRAVENOUS THERAPY	64.00	8,012	0	13.00
14.00	PHYSICAL THERAPY	66.00	11,711	0	14.00
15.00	ELECTROCARDIOLOGY	69.00	29,908	0	15.00
16.00	EMERGENCY	91.00	10,026	0	16.00
17.00	OTHER NONREIMBURSABLE	190.01	7,860	0	17.00
	TOTALS		1,162,206	0	
<b>E - IMPLANT RECLASS</b>					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	9,323,320	1.00
	TOTALS		0	9,323,320	
<b>F - EQUIP DEPR EXPENSE</b>					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	4,608,862	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

Increases						
Cost Center	Line #	Salary	Other			
2.00	3.00	4.00	5.00			
9.00	0.00	0	0		9.00	
10.00	0.00	0	0		10.00	
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	
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	
TOTALS		0	4,608,862			
G - BASIC DIAGNOSTIC TESTING						
1.00	OPERATING ROOM	50.00	426,613	45,376	1.00	
2.00	RADIOLOGY-DIAGNOSTIC	54.00	4,538	483	2.00	
3.00	LABORATORY	60.00	13,615	1,448	3.00	
4.00	ELECTROCARDIOLOGY	69.00	9,077	965	4.00	
TOTALS			453,843	48,272		
H - RECLASS EUREKA ALLOCATED COSTS						
1.00	ADMINISTRATIVE & GENERAL	5.00	109,774	199,136	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	
TOTALS			109,774	199,136		
I - A&G RELATED CPE COSTS						
1.00	ADMINISTRATIVE & GENERAL	5.00	241,064	34,354	1.00	
TOTALS			241,064	34,354		
J - RECLASS MD CONTRACT EXPENSES						
1.00	ADULTS & PEDIATRICS	30.00	20,833	2,083	1.00	
2.00	SUBPROVIDER - IRF	41.00	48,333	9,667	2.00	
3.00	ADMINISTRATIVE & GENERAL	5.00	0	67,917	3.00	
4.00	WOUND CARE CLINIC	90.04	8,000	0	4.00	
TOTALS			77,166	79,667		
K - ASSOCIATE BONUS						
1.00		0.00	0	0	1.00	
TOTALS			0	0		
L - INFUSION THERAPY						
1.00	INTRAVENOUS THERAPY	64.00	1,204,125	273,319	1.00	
2.00		0.00	0	0	2.00	
TOTALS			1,204,125	273,319		
500.00	Grand Total: Increases		6,419,003	36,388,394	500.00	

RECLASSIFICATIONS

Provider CCN: 14-0127

Period:  
From 01/01/2018  
To 12/31/2018

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Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
<b>A - NURSERY EXPENSE</b>						
1.00	ADULTS & PEDIATRICS	30.00	2,508,487	679,110	0	1.00
	TOTALS		2,508,487	679,110		
<b>B - CAFETERIA EXPENSE</b>						
1.00	DIETARY	10.00	662,338	404,316	0	1.00
	TOTALS		662,338	404,316		
<b>C - MEDICAL SUPPLY RECLASS</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,294	0	1.00
2.00	OPERATION OF PLANT	7.00	0	144,747	0	2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	0	3,915	0	3.00
4.00	HOUSEKEEPING	9.00	0	7,457	0	4.00
5.00	DIETARY	10.00	0	5,217	0	5.00
6.00	NURSING ADMINISTRATION	13.00	0	3,621	0	6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	429,812	0	7.00
8.00	PHARMACY	15.00	0	74,008	0	8.00
11.00	ADULTS & PEDIATRICS	30.00	0	654,307	0	11.00
12.00	INTENSIVE CARE UNIT	31.00	0	373,218	0	12.00
13.00	SUBPROVIDER - IRF	41.00	0	40,323	0	13.00
14.00	NURSERY	43.00	0	207,104	0	14.00
15.00	OPERATING ROOM	50.00	0	12,337,700	0	15.00
16.00	RECOVERY ROOM	51.00	0	19,963	0	16.00
17.00	ANESTHESIOLOGY	53.00	0	261,627	0	17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	323,608	0	18.00
19.00	CT SCAN	57.00	0	216,175	0	19.00
20.00	LABORATORY	60.00	0	1,893,091	0	20.00
21.00	RESPIRATORY THERAPY	65.00	0	149,997	0	21.00
22.00	PHYSICAL THERAPY	66.00	0	17,975	0	22.00
23.00	OCCUPATIONAL THERAPY	67.00	0	1,949	0	23.00
24.00	SPEECH PATHOLOGY	68.00	0	1,336	0	24.00
25.00	ELECTROCARDIOLOGY	69.00	0	2,847,427	0	25.00
26.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,690	0	26.00
27.00	CARDIAC REHABILITATION	76.97	0	5,114	0	27.00
28.00	CLINIC	90.00	0	4,322	0	28.00
29.00	WOUND CARE CLINIC	90.04	0	344,805	0	29.00
30.00	EMERGENCY	91.00	0	339,517	0	30.00
31.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	1,713	0	31.00
32.00	BASIC DIAGNOSTIC TESTING	90.01	0	3,379	0	32.00
33.00	OTHER NONREIMBURSABLE	190.01	0	3,416	0	33.00
34.00	ADMINISTRATIVE & GENERAL	5.00	0	15,125	0	34.00
35.00	CLINICAL PASTORAL EDUCATION	23.00	0	86	0	35.00
	TOTALS		0	20,738,038		
<b>D - MANAGEMENT COMPENSATION RECLASS</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,162,206	0	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
15.00		0.00	0	0	0	15.00
16.00		0.00	0	0	0	16.00
17.00		0.00	0	0	0	17.00
	TOTALS		1,162,206	0		
<b>E - IMPLANT RECLASS</b>						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	9,323,320	0	1.00
	TOTALS		0	9,323,320		
<b>F - EQUIP DEPR EXPENSE</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,604	9	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	261,643	0	2.00
3.00	OPERATION OF PLANT	7.00	0	85,680	0	3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	11,276	0	4.00
5.00	HOUSEKEEPING	9.00	0	20,483	0	5.00
6.00	DIETARY	10.00	0	16,885	0	6.00
7.00	NURSING ADMINISTRATION	13.00	0	3,801	0	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	50,920	0	8.00
9.00	PHARMACY	15.00	0	184,527	0	9.00

RECLASSIFICATIONS

Provider CCN: 14-0127

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet A-6

Date/Time Prepared:  
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	3,304	0		10.00
13.00	ADULTS & PEDIATRICS	30.00	0	436,971	0		13.00
14.00	INTENSIVE CARE UNIT	31.00	0	301,979	0		14.00
15.00	SUBPROVIDER - IRF	41.00	0	13,293	0		15.00
16.00	NURSERY	43.00	0	174,142	0		16.00
17.00	OPERATING ROOM	50.00	0	698,624	0		17.00
18.00	RECOVERY ROOM	51.00	0	17,620	0		18.00
19.00	ANESTHESIOLOGY	53.00	0	49,421	0		19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,160,707	0		20.00
21.00	CT SCAN	57.00	0	452,240	0		21.00
22.00	LABORATORY	60.00	0	111,353	0		22.00
23.00	RESPIRATORY THERAPY	65.00	0	64,686	0		23.00
24.00	PHYSICAL THERAPY	66.00	0	16,437	0		24.00
26.00	ELECTROCARDIOLOGY	69.00	0	280,673	0		26.00
27.00	ELECTROENCEPHALOGRAPHY	70.00	0	6,941	0		27.00
28.00	CARDIAC REHABILITATION	76.97	0	8,985	0		28.00
29.00	CLINIC	90.00	0	1,431	0		29.00
30.00	WOUND CARE CLINIC	90.04	0	814	0		30.00
31.00	EMERGENCY	91.00	0	168,383	0		31.00
32.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	895	0		32.00
33.00	OTHER NONREIMBURSABLE	190.01	0	2,144	0		33.00
TOTALS			0	4,608,862			
<b>G - BASIC DIAGNOSTIC TESTING</b>							
1.00	BASIC DIAGNOSTIC TESTING	90.01	453,843	48,272	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			453,843	48,272			
<b>H - RECLASS EUREKA ALLOCATED COSTS</b>							
1.00		0.00	0	0	0		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	21,304	9		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	162,789	0		3.00
4.00	OPERATION OF PLANT	7.00	27,861	0	0		4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	24,817	15,043	0		5.00
6.00	PHARMACY	15.00	13,002	0	0		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	24,444	0	0		7.00
8.00	LABORATORY	60.00	19,650	0	0		8.00
TOTALS			109,774	199,136			
<b>I - A&amp;G RELATED CPE COSTS</b>							
1.00	CLINICAL PASTORAL EDUCATION	23.00	241,064	34,354	0		1.00
TOTALS			241,064	34,354			
<b>J - RECLASS MD CONTRACT EXPENSES</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	77,166	0	0		1.00
2.00	OPERATING ROOM	50.00	0	79,667	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
TOTALS			77,166	79,667			
<b>K - ASSOCIATE BONUS</b>							
1.00		0.00	0	0	0		1.00
TOTALS			0	0			
<b>L - INFUSION THERAPY</b>							
1.00	ADULTS & PEDIATRICS	30.00	890,494	198,794	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	313,631	74,525	0		2.00
TOTALS			1,204,125	273,319			
500.00	Grand Total: Decreases		6,419,003	36,388,394			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0127

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet A-7  
Part I  
Date/Time Prepared:  
5/30/2019 10:22 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	7,844,000	0	0	0	0	1.00
2.00	Land Improvements	10,195,920	253,697	0	253,697	0	2.00
3.00	Buildings and Fixtures	240,634,326	4,854,866	0	4,854,866	0	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	87,909,425	2,399,182	0	2,399,182	-5,392,691	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	346,583,671	7,507,745	0	7,507,745	-5,392,691	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	346,583,671	7,507,745	0	7,507,745	-5,392,691	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	7,844,000	0				1.00
2.00	Land Improvements	10,449,617	4,709,328				2.00
3.00	Buildings and Fixtures	245,489,192	126,800,260				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	95,701,298	52,802,176				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	359,484,107	184,311,764				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	359,484,107	184,311,764				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0127

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet A-7  
Part II  
Date/Time Prepared:  
5/30/2019 10:22 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	5,907,773	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	5,907,773	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	NEW CAP REL COSTS-BLDG & FIXT	0	5,907,773				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	5,907,773				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0127

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet A-7  
Part III  
Date/Time Prepared:  
5/30/2019 10:22 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	263,782,809	0	263,782,809	0.756478	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	84,915,917	0	84,915,917	0.243522	0	2.00
3.00	Total (sum of lines 1-2)	348,698,726	0	348,698,726	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	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	5,933,281	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	5,493,934	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	11,427,215	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	5,933,281	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	5,493,934	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	11,427,215	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0127

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet A-8

Date/Time Prepared:  
5/30/2019 10:22 am

Line #	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 - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW 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	-11,145,719			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	-1,863,299			0	12.00
13.00	Laundry and linen service	B	-218,506	LAUNDRY & LINEN SERVICE	8.00	0	13.00
14.00	Cafeteria-employees and guests	B	-233,385	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients	B	-78,592	PHARMACY	15.00	0	17.00
18.00	Sale of medical records and abstracts	B	-641	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		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 - NEW CAP REL COSTS-BLDG & FIXT			ONEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			ONEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)	B	-251,500	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		SPEECH PATHOLOGY	68.00		31.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0127

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet A-8

Date/Time Prepared:  
5/30/2019 10:22 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
			Cost Center	Line #			
			1.00	2.00		3.00	4.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	0	32.00
33.00 MISCELLANEOUS INCOME	B	49,154	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	33.00
33.03 MISCELLANEOUS INCOME	B	-271,233	ADMINISTRATIVE & GENERAL		5.00	0	33.03
33.04 MISCELLANEOUS INCOME	B	-1,885	OPERATION OF PLANT		7.00	0	33.04
33.08 MISCELLANEOUS INCOME	B	-42,180	HOUSEKEEPING		9.00	0	33.08
33.09 MISCELLANEOUS INCOME	B	-39,113	NURSING ADMINISTRATION		13.00	0	33.09
33.10 MISCELLANEOUS INCOME	B	0	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00	0	33.10
33.19 MISCELLANEOUS INCOME	B	-6,175	CLINICAL PASTORAL EDUCATION		23.00	0	33.19
33.20 MISCELLANEOUS INCOME	B	-288	OCCUPATIONAL THERAPY		67.00	0	33.20
33.21 MISCELLANEOUS INCOME	B	-4,200	NURSERY		43.00	0	33.21
33.22 MISCELLANEOUS INCOME	B	7,000	OPERATING ROOM		50.00	0	33.22
33.24 MISCELLANEOUS INCOME	B	-11,200	RADIOLOGY-DIAGNOSTIC		54.00	0	33.24
33.25 MISCELLANEOUS INCOME	B	-259,970	LABORATORY		60.00	0	33.25
33.28 MISCELLANEOUS INCOME	B	-66,433	PHYSICAL THERAPY		66.00	0	33.28
34.00 MISCELLANEOUS INCOME	B	-2,334	ADULTS & PEDIATRICS		30.00	0	34.00
35.00 OTHER ADJUSTMENTS (SPECIFY (3))		0			0.00	0	35.00
35.01 OTHER ADJUSTMENTS (SPECIFY (3))		0			0.00	0	35.01
35.02 OTHER ADJUSTMENTS (SPECIFY (3))		0			0.00	0	35.02
35.03 INTEREST EXPENSE	A	-1,814,653	INTEREST EXPENSE		113.00	11	35.03
35.04 PA ASSESSMENT EXPENSE	A	-7,619,848	ADMINISTRATIVE & GENERAL		5.00	0	35.04
35.05 CONTRIBUTIONS	A	-15,855	ADMINISTRATIVE & GENERAL		5.00	0	35.05
35.06 SELF INSURANCE EXPENSE	A	-3,046,871	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	35.06
35.07 OTHER ADJUSTMENTS (SPECIFY (3))		0			0.00	0	35.07
35.08 NON ALLOWABLE EXPENSES	A	-1,315,150	ADMINISTRATIVE & GENERAL		5.00	0	35.08
35.09 NON ALLOWABLE EXPENSES	A	-69	OPERATION OF PLANT		7.00	0	35.09
36.00 NON ALLOWABLE EXPENSES	A	244	DIETARY		10.00	0	36.00
36.01 NON ALLOWABLE EXPENSES	A	-142	PHARMACY		15.00	0	36.01
36.02 NON ALLOWABLE EXPENSES	A	-24	MEDICAL RECORDS & LIBRARY		16.00	0	36.02
36.03 NON ALLOWABLE EXPENSES	A	-1,937	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00	0	36.03
36.04 NON ALLOWABLE EXPENSES	A	-6,020	CLINICAL PASTORAL EDUCATION		23.00	0	36.04
36.05 NON ALLOWABLE EXPENSES	A	-20,757	ADULTS & PEDIATRICS		30.00	0	36.05
36.06 NON ALLOWABLE EXPENSES	A	-1,200	SOCIAL SERVICE		17.00	0	36.06
36.07 NON ALLOWABLE EXPENSES	A	-8,767	INTENSIVE CARE UNIT		31.00	0	36.07
36.09 NON ALLOWABLE EXPENSES	A	-11,434	EMERGENCY		91.00	0	36.09
36.10 NON ALLOWABLE EXPENSES	A	-61	OPERATING ROOM		50.00	0	36.10
36.11 NON ALLOWABLE EXPENSES	A	-844	RADIOLOGY-DIAGNOSTIC		54.00	0	36.11
36.13 NON ALLOWABLE EXPENSES	A	-85	PHYSICAL THERAPY		66.00	0	36.13
36.14 NON ALLOWABLE EXPENSES	A	-50	RESPIRATORY THERAPY		65.00	0	36.14
36.15 MARKETING OFFSET	A	-21,638	ADMINISTRATIVE & GENERAL		5.00	0	36.15
36.16 EUREKA UNDERALLOCATION	A	-420,283	ADMINISTRATIVE & GENERAL		5.00	0	36.16
36.17 LOBBYING FEES	A	2,584	ADMINISTRATIVE & GENERAL		5.00	0	36.17
36.18 NON ALLOWABLE EXPENSES	A	0			0.00	0	36.18
36.19 NON ALLOWABLE EXPENSES	A	0			0.00	0	36.19
37.00 NON ALLOWABLE EXPENSES	A	0			0.00	0	37.00
38.00 NON ALLOWABLE EXPENSES	A	0			0.00	0	38.00
39.00 OTHER ADJUSTMENTS (SPECIFY (3))		0			0.00	0	39.00
40.00 OTHER ADJUSTMENTS (SPECIFY (3))		0			0.00	0	40.00
41.00 OTHER ADJUSTMENTS (SPECIFY (3))		0			0.00	0	41.00
42.00 OTHER ADJUSTMENTS (SPECIFY (3))		0			0.00	0	42.00
43.00 OTHER ADJUSTMENTS (SPECIFY (3))		0			0.00	0	43.00
44.00 OTHER ADJUSTMENTS (SPECIFY (3))		0			0.00	0	44.00
44.01 OTHER ADJUSTMENTS (SPECIFY (3))		0			0.00	0	44.01
44.02 OTHER ADJUSTMENTS (SPECIFY (3))		0			0.00	0	44.02
44.03 OTHER ADJUSTMENTS (SPECIFY (3))		0			0.00	0	44.03

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0127

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet A-8

Date/Time Prepared:  
5/30/2019 10:22 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
	1.00	2.00	3.00	4.00	5.00	
44.04 ADJ BOOK TO MC DEPR	A	-290,502	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	44.04
44.05 ADJ BOOK TO MC DEPR	A	-31,877	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	44.05
45.00 OTHER ADJUSTMENTS (SPECIFY (3))		0		0.00	0	45.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-29,065,738				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: 14-0127

Period: From 01/01/2018 To 12/31/2018

Worksheet A-8-1

Date/Time Prepared: 5/30/2019 10:22 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5		
1.00	2.00	3.00	4.00	5.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR HOME OFFICE COSTS:</b>						
1.00	54.00	RADIOLOGY-DIAGNOSTIC	ADVANCED MRI	72,241	66,250	1.00
2.00	0.00			0	0	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	BUILDING RENTAL	125,585	0	3.00
3.01	5.00	ADMINISTRATIVE & GENERAL	BUILDING RENTAL	134,548	0	3.01
3.02	11.00	CAFETERIA	BUILDING RENTAL	12,596	0	3.02
3.03	22.00	I&R SERVICES-OTHER PRGM COST	BUILDING RENTAL	94,995	0	3.03
3.04	54.00	RADIOLOGY-DIAGNOSTIC	BUILDING RENTAL	65,525	51,294	3.04
3.05	57.00	CT SCAN	BUILDING RENTAL	108,575	19,591	3.05
3.06	60.00	LABORATORY	BUILDING RENTAL	76,526	42,815	3.06
3.07	66.00	PHYSICAL THERAPY	BUILDING RENTAL	431,585	146,083	3.07
3.08	67.00	OCCUPATIONAL THERAPY	BUILDING RENTAL	44,068	0	3.08
3.09	68.00	SPEECH PATHOLOGY	BUILDING RENTAL	33,815	0	3.09
3.10	90.00	CLINIC	BUILDING RENTAL	171,520	0	3.10
3.11	90.04	WOUND CARE CLINIC	BUILDING RENTAL	115,196	0	3.11
3.12	190.01	OTHER NONREIMBURSABLE	BUILDING RENTAL	426,221	6,983	3.12
3.13	0.00			0	0	3.13
3.14	0.00			0	0	3.14
3.15	0.00			0	0	3.15
4.00	1.00	NEW CAP REL COSTS-BLDG & FIX	HOME OFFICE	316,010	0	4.00
4.01	2.00	NEW CAP REL COSTS-MVBLE EQUI	HOME OFFICE	938,253	0	4.01
4.02	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	2,246,797	0	4.02
4.03	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE	6,654,779	13,599,118	4.03
4.04	0.00			0	0	4.04
4.05	0.00			0	0	4.05
5.00	0			12,068,835	13,932,134	5.00

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

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

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

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

6.00	C		0.00	ADVANCED MRI	42.80	6.00
7.00	B		0.00	ADVOCATE HEALTH	100.00	7.00
8.00			0.00		0.00	8.00
9.00	B		0.00	ADVOCATE HEALTH CARE	100.00	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: 14-0127

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet A-8-1

Date/Time Prepared:  
5/30/2019 10:22 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	6.00	7.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>			
1.00	5,991	0	1.00
2.00	0	0	2.00
3.00	125,585	0	3.00
3.01	134,548	0	3.01
3.02	12,596	0	3.02
3.03	94,995	0	3.03
3.04	14,231	0	3.04
3.05	88,984	0	3.05
3.06	33,711	0	3.06
3.07	285,502	0	3.07
3.08	44,068	0	3.08
3.09	33,815	0	3.09
3.10	171,520	0	3.10
3.11	115,196	0	3.11
3.12	419,238	0	3.12
3.13	0	0	3.13
3.14	0	0	3.14
3.15	0	0	3.15
4.00	316,010	9	4.00
4.01	938,253	9	4.01
4.02	2,246,797	0	4.02
4.03	-6,944,339	0	4.03
4.04	0	0	4.04
4.05	0	0	4.05
5.00	-1,863,299		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	MRI SERVICES	6.00
7.00	SAME PARENT CO	7.00
8.00		8.00
9.00	HOME OFFICE	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: 14-0127

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet A-8-2

Date/Time Prepared:  
5/30/2019 10:22 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	185,625	185,625	0	171,400	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	3,689,519	3,689,519	0	171,400	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	145,000	145,000	0	171,400	0	3.00
4.00	50.00	OPERATING ROOM	2,388,467	2,388,467	0	171,400	0	4.00
5.00	53.00	ANESTHESIOLOGY	1,556,227	1,556,227	0	171,400	0	5.00
6.00	57.00	CT SCAN	12,480	12,480	0	171,400	0	6.00
7.00	91.00	EMERGENCY	3,168,401	3,168,401	0	171,400	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			11,145,719	11,145,719	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	50.00	OPERATING ROOM	0	0	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	5.00
6.00	57.00	CT SCAN	0	0	0	0	0	6.00
7.00	91.00	EMERGENCY	0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			0	0	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	185,625	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	3,689,519	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	145,000	3.00
4.00	50.00	OPERATING ROOM	0	0	0	2,388,467	4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	1,556,227	5.00
6.00	57.00	CT SCAN	0	0	0	12,480	6.00
7.00	91.00	EMERGENCY	0	0	0	3,168,401	7.00
8.00	0.00		0	0	0	0	8.00
9.00	0.00		0	0	0	0	9.00
10.00	0.00		0	0	0	0	10.00
200.00			0	0	0	11,145,719	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0127

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2019 10:22 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	5,933,281	5,933,281			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	5,493,934		5,493,934		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	10,947,631	39,577	3,126	10,990,334	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	20,635,401	571,387	313,869	1,458,672	5.00
7.00 00700	OPERATION OF PLANT	6,067,146	1,424,164	102,844	201,463	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	383,905	105,228	20,420	71,089	8.00
9.00 00900	HOUSEKEEPING	1,928,692	80,930	24,587	282,724	9.00
10.00 01000	DIETARY	860,445	38,411	11,342	98,750	10.00
11.00 01100	CAFETERIA	845,865	67,331	10,885	122,451	11.00
13.00 01300	NURSING ADMINISTRATION	2,335,592	54,000	4,562	394,564	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	714,496	60,141	32,385	66,755	14.00
15.00 01500	PHARMACY	9,089,960	51,988	221,495	429,310	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,698,131	59,167	3,966	225,882	16.00
17.00 01700	SOCIAL SERVICE	1,471,775	12,807	0	246,828	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,563,012	0	0	288,965	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	717,100	29,937	0	0	22.00
23.00 02300	CLINICAL PASTORAL EDUCATION	188,181	33,318	0	32,229	23.00
23.01 02301	EMS PROGRAM	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	11,409,618	997,852	463,744	1,731,106	30.00
31.00 03100	INTENSIVE CARE UNIT	4,522,508	264,755	334,496	698,547	31.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	1,191,807	118,784	15,956	181,391	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	2,856,465	55,594	209,029	473,803	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	5,451,485	316,550	790,810	793,571	50.00
51.00 05100	RECOVERY ROOM	628,470	27,808	21,593	107,716	51.00
53.00 05300	ANESTHESIOLOGY	67,577	5,564	59,322	5,409	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,678,032	191,657	1,404,271	396,952	54.00
57.00 05700	CT SCAN	825,690	52,095	542,841	82,096	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	2,994,006	162,854	133,361	390,531	60.00
64.00 06400	INTRAVENOUS THERAPY	1,485,456	108,855	86,349	224,096	64.00
65.00 06500	RESPIRATORY THERAPY	981,652	52,052	77,645	165,435	65.00
66.00 06600	PHYSICAL THERAPY	2,028,867	150,871	19,731	283,527	66.00
67.00 06700	OCCUPATIONAL THERAPY	470,427	13,888	0	73,368	67.00
68.00 06800	SPEECH PATHOLOGY	289,445	10,657	0	43,950	68.00
69.00 06900	ELECTROCARDIOLOGY	2,292,024	112,685	333,549	351,175	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	160,046	10,410	8,049	16,197	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,414,718	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	9,323,320	0	26,451	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.97 07697	CARDIAC REHABILITATION	387,491	28,942	10,785	65,414	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	719,469	54,053	1,718	88,882	90.00
90.01 09001	BASIC DIAGNOSTIC TESTING	0	0	0	0	90.01
90.03 09002	PSYCH OUTPATIENT	0	0	0	0	90.03
90.04 09003	WOUND CARE CLINIC	1,039,271	40,133	977	91,377	90.04
91.00 09100	EMERGENCY	4,202,475	177,427	200,160	628,184	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00 04040	OTHER OUTPATIENT SERVICES	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910	CORF	0	0	0	0	99.10
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00 11300	INTEREST EXPENSE	0	0	0	0	113.00
116.00 11600	HOSPICE	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	138,294,866	5,581,872	5,490,318	10,812,409	137,761,916
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	870,520	124,241	1,182	86,906	1,082,849
190.01 19001	OTHER NONREIMBURSABLE	2,172,222	227,168	2,434	91,019	2,492,843
190.13 19007	EUREKA	0	0	0	0	0
191.00 19100	RESEARCH	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0127

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2019 10:22 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0		0 192.00
200.00 Cross Foot Adjustments						0 200.00
201.00 Negative Cost Centers		0	0	0		0 201.00
202.00 TOTAL (sum lines 118 through 201)	141,337,608	5,933,281	5,493,934	10,990,334	141,337,608	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0127	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part I Date/Time Prepared: 5/30/2019 10:22 am		
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			5.00	7.00	8.00	9.00	10.00
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	22,979,329				5.00
7.00	00700	OPERATION OF PLANT	1,513,527	9,309,144			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	112,732	251,294	944,668		8.00
9.00	00900	HOUSEKEEPING	449,835	193,268	67,650	3,027,686	9.00
10.00	01000	DIETARY	195,888	91,728	2,297	0	1,298,861
11.00	01100	CAFETERIA	203,185	160,792	2,849	85,068	0
13.00	01300	NURSING ADMINISTRATION	541,432	128,956	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	169,645	143,622	0	81,409	0
15.00	01500	PHARMACY	1,901,273	124,152	0	83,108	0
16.00	01600	MEDICAL RECORDS & LIBRARY	385,806	141,297	0	3,180	0
17.00	01700	SOCIAL SERVICE	336,155	30,585	0	9,496	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	359,563	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	145,038	71,492	0	10,410	0
23.00	02300	CLINICAL PASTORAL EDUCATION	49,262	79,566	0	9,496	0
23.01	02301	EMS PROGRAM	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	2,835,005	2,382,959	320,527	1,185,897	1,121,831
31.00	03100	INTENSIVE CARE UNIT	1,130,018	632,259	105,097	45,431	70,950
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I RF	292,768	283,667	20,612	47,478	106,080
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	697,952	132,763	5,331	48,392	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	1,427,479	755,951	132,868	436,926	0
51.00	05100	RECOVERY ROOM	152,523	66,407	11,531	47,478	0
53.00	05300	ANESTHESIOLOGY	26,768	13,287	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	906,862	457,695	44,151	94,999	0
57.00	05700	CT SCAN	291,755	124,408	19,915	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	714,622	388,912	335	94,999	0
64.00	06400	INTRAVENOUS THERAPY	369,810	259,956	2,188	100,052	0
65.00	06500	RESPIRATORY THERAPY	247,889	124,306	0	9,496	0
66.00	06600	PHYSICAL THERAPY	482,076	360,294	11,631	47,434	0
67.00	06700	OCCUPATIONAL THERAPY	108,275	33,165	95	2,570	0
68.00	06800	SPEECH PATHOLOGY	66,798	25,449	0	915	0
69.00	06900	ELECTROCARDIOLOGY	599,817	269,103	33,651	56,973	0
70.00	07000	ELECTROENCEPHALOGRAPHY	37,802	24,861	2,513	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,216,179	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,815,267	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	95,645	69,115	794	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	167,770	129,084	2,505	23,695	0
90.01	09001	BASIC DIAGNOSTIC TESTING	0	0	0	0	0
90.03	09002	PSYCH OUTPATIENT	0	0	0	0	0
90.04	09003	WOUND CARE CLINIC	227,498	95,842	7,553	63,681	0
91.00	09100	EMERGENCY	1,011,186	423,712	150,575	379,909	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
93.00	04040	OTHER OUTPATIENT SERVICES	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE	0	0	0	0	0
116.00	11600	HOSPICE	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	22,285,105	8,469,947	944,668	2,968,492	1,298,861
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	210,236	296,698	0	55,492	0
190.01	19001	OTHER NONREIMBURSABLE	483,988	542,499	0	3,702	0
190.13	19007	EUREKA	0	0	0	0	0
191.00	19100	RESEARCH	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
200.00		Cross Foot Adjustments	0	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	22,979,329	9,309,144	944,668	3,027,686	1,298,861

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0127		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part I Date/Time Prepared: 5/30/2019 10:22 am	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	1,498,426					11.00
13.00	01300	NURSING ADMINISTRATION	57,146	3,516,252				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	19,533	0	1,287,986			14.00
15.00	01500	PHARMACY	48,401	0	39,168	11,988,855		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	45,978	28,398	2,287	0	2,594,092	16.00
17.00	01700	SOCIAL SERVICE	32,871	127,878	121	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	53,079	0	10,749	0	0	22.00
23.00	02300	CLINICAL PASTORAL EDUCATION	11,105	0	18,485	247	0	23.00
23.01	02301	EMS PROGRAM	0	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	303,092	1,119,494	196,713	14,752	108,671	30.00
31.00	03100	INTENSIVE CARE UNIT	119,727	466,405	49,945	4,085	29,102	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	32,471	128,980	10,526	752	14,530	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	78,175	320,677	35,247	6,615	30,117	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	117,831	451,663	146,444	272,749	362,923	50.00
51.00	05100	RECOVERY ROOM	14,919	57,984	468	4,954	21,537	51.00
53.00	05300	ANESTHESIOLOGY	1,559	6,083	251	52,932	41,471	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	66,269	549	26,508	29,311	226,001	54.00
57.00	05700	CT SCAN	13,970	0	336	40,350	249,657	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	84,833	1,845	54,323	897	309,508	60.00
64.00	06400	INTRAVENOUS THERAPY	43,133	164,093	21,272	1,623	12,048	64.00
65.00	06500	RESPIRATORY THERAPY	31,691	2,212	8,063	6,709	21,308	65.00
66.00	06600	PHYSICAL THERAPY	40,899	8,564	8,587	641	36,208	66.00
67.00	06700	OCCUPATIONAL THERAPY	11,758	16	14	0	8,411	67.00
68.00	06800	SPEECH PATHOLOGY	6,342	0	67	0	2,361	68.00
69.00	06900	ELECTROCARDIOLOGY	50,929	97,778	43,134	208,008	202,263	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,318	1,454	12	0	4,957	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,598	0	0	98	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	3,757	0	0	86	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	632	0	9,336,538	320,837	73.00
76.97	07697	CARDIAC REHABILITATION	11,674	2,192	9,669	0	6,203	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	16,878	14,821	7,247	9,663	0	90.00
90.01	09001	BASIC DIAGNOSTIC TESTING	0	0	0	0	0	90.01
90.03	09002	PSYCH OUTPATIENT	0	0	0	0	0	90.03
90.04	09003	WOUND CARE CLINIC	15,340	18,629	5,312	5,377	52,666	90.04
91.00	09100	EMERGENCY	117,009	482,822	74,579	254,338	533,129	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,448,930	3,511,524	769,527	10,250,541	2,594,092	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	29,289	0	459,662	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	20,207	4,728	58,797	1,738,314	0	190.01
190.13	19007	EUREKA	0	0	0	0	0	190.13
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
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)	1,498,426	3,516,252	1,287,986	11,988,855	2,594,092	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 14-0127	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part I Date/Time Prepared: 5/30/2019 10:22 am
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Cost Center Description	INTERNS & RESIDENTS			CLINICAL PASTORAL EDUCATION	EMS PROGRAM	
	SOCIAL SERVICE	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
		17.00	21.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE	2,268,516				17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	2,211,540			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0		1,037,805		22.00
23.00 02300	CLINICAL PASTORAL EDUCATION	0			421,889	23.00
23.01 02301	EMS PROGRAM	0				0 23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	895,569	2,211,540	1,037,805	237,964	0 30.00
31.00 03100	INTENSIVE CARE UNIT	492,820	0	0	20,011	0 31.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00 04100	SUBPROVIDER - IRF	218,745	0	0	1,784	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	18,014	0	0	0	0 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	0	0	72,737	0 50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0 51.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	11,175	0 54.00
57.00 05700	CT SCAN	0	0	0	3,824	0 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (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
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	0 65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	0	0 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	18,481	0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	10,937	0	0	0	0 90.00
90.01 09001	BASIC DIAGNOSTIC TESTING	0	0	0	0	0 90.01
90.03 09002	PSYCH OUTPATIENT	0	0	0	0	0 90.03
90.04 09003	WOUND CARE CLINIC	0	0	0	7,352	0 90.04
91.00 09100	EMERGENCY	632,431	0	0	41,041	0 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
93.00 04040	OTHER OUTPATIENT SERVICES	0	0	0	0	0 93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910	CORF	0	0	0	0	0 99.10
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0 101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0 111.00
113.00 11300	INTEREST EXPENSE	0	0	0	0	0 113.00
116.00 11600	HOSPICE	0	0	0	0	0 116.00
118.00 11800	SUBTOTALS (SUM OF LINES 1 through 117)	2,268,516	2,211,540	1,037,805	414,369	0 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
190.01 19001	OTHER NONREIMBURSABLE	0	0	0	7,520	0 190.01
190.13 19007	EUREKA	0	0	0	0	0 190.13
191.00 19100	RESEARCH	0	0	0	0	0 191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
200.00 20000	Cross Foot Adjustments	0	0	0	0	0 200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0127

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2019 10:22 am

Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS		CLINICAL PASTORAL EDUCATION	EMS PROGRAM	
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
		17.00	21.00			
201.00   Negative Cost Centers	0	0	0	0	0	201.00
202.00   TOTAL (sum lines 118 through 201)	2,268,516	2,211,540	1,037,805	421,889	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 14-0127	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part I Date/Time Prepared: 5/30/2019 10:22 am
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
23.00	02300	CLINICAL PASTORAL EDUCATION			23.00
23.01	02301	EMS PROGRAM			23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	28,574,139	-3,249,345	25,324,794
31.00	03100	INTENSIVE CARE UNIT	8,986,156	0	8,986,156
40.00	04000	SUBPROVIDER - IPF	0	0	0
41.00	04100	SUBPROVIDER - IRF	2,666,331	0	2,666,331
42.00	04200	SUBPROVIDER	0	0	0
43.00	04300	NURSERY	4,968,174	0	4,968,174
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	11,529,987	0	11,529,987
51.00	05100	RECOVERY ROOM	1,163,388	0	1,163,388
53.00	05300	ANESTHESIOLOGY	280,223	0	280,223
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,534,432	0	6,534,432
57.00	05700	CT SCAN	2,246,937	0	2,246,937
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0
60.00	06000	LABORATORY	5,331,026	0	5,331,026
64.00	06400	INTRAVENOUS THERAPY	2,878,931	0	2,878,931
65.00	06500	RESPIRATORY THERAPY	1,728,458	0	1,728,458
66.00	06600	PHYSICAL THERAPY	3,479,330	0	3,479,330
67.00	06700	OCCUPATIONAL THERAPY	721,987	0	721,987
68.00	06800	SPEECH PATHOLOGY	445,984	0	445,984
69.00	06900	ELECTROCARDIOLOGY	4,669,570	0	4,669,570
70.00	07000	ELECTROENCEPHALOGRAPHY	268,619	0	268,619
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,635,593	0	13,635,593
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	11,168,881	0	11,168,881
73.00	07300	DRUGS CHARGED TO PATIENTS	9,658,007	0	9,658,007
76.97	07697	CARDIAC REHABILITATION	687,924	0	687,924
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	1,246,722	0	1,246,722
90.01	09001	BASIC DIAGNOSTIC TESTING	0	0	0
90.03	09002	PSYCH OUTPATIENT	0	0	0
90.04	09003	WOUND CARE CLINIC	1,671,008	0	1,671,008
91.00	09100	EMERGENCY	9,308,977	0	9,308,977
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0
93.00	04040	OTHER OUTPATIENT SERVICES	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10	09910	CORF	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00	10900	PANCREAS ACQUISITION	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0
113.00	11300	INTEREST EXPENSE	0	0	0
116.00	11600	HOSPICE	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	133,850,784	-3,249,345	130,601,439
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,134,226	0	2,134,226
190.01	19001	OTHER NONREIMBURSABLE	5,352,598	0	5,352,598
190.13	19007	EUREKA	0	0	0
191.00	19100	RESEARCH	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0
200.00		Cross Foot Adjustments	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0127

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet B  
Part I  
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		24.00	25.00	26.00		
201.00	Negative Cost Centers	0	0	0		201.00
202.00	TOTAL (sum lines 118 through 201)	141,337,608	-3,249,345	138,088,263		202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0127	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/30/2019 10:22 am
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	39,577	3,126	42,703	42,703 4.00
5.00 00500	ADMINISTRATIVE & GENERAL	101,360	571,387	313,869	986,616	5,665 5.00
7.00 00700	OPERATION OF PLANT	0	1,424,164	102,844	1,527,008	782 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	32,548	105,228	20,420	158,196	276 8.00
9.00 00900	HOUSEKEEPING	0	80,930	24,587	105,517	1,098 9.00
10.00 01000	DIETARY	33,237	38,411	11,342	82,990	384 10.00
11.00 01100	CAFETERIA	0	67,331	10,885	78,216	476 11.00
13.00 01300	NURSING ADMINISTRATION	0	54,000	4,562	58,562	1,532 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	60,141	32,385	92,526	259 14.00
15.00 01500	PHARMACY	0	51,988	221,495	273,483	1,667 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	21,232	59,167	3,966	84,365	877 16.00
17.00 01700	SOCIAL SERVICE	0	12,807	0	12,807	959 17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	1,122 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	53,788	29,937	0	83,725	0 22.00
23.00 02300	CLINICAL PASTORAL EDUCATION	0	33,318	0	33,318	125 23.00
23.01 02301	EMS PROGRAM	0	0	0	0	0 23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	194,183	997,852	463,744	1,655,779	6,744 30.00
31.00 03100	INTENSIVE CARE UNIT	89,333	264,755	334,496	688,584	2,713 31.00
40.00 04000	SUBPROVIDER - I/PF	0	0	0	0	0 40.00
41.00 04100	SUBPROVIDER - I/RF	26,268	118,784	15,956	161,008	704 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	0	55,594	209,029	264,623	1,840 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	1,400	316,550	790,810	1,108,760	3,082 50.00
51.00 05100	RECOVERY ROOM	0	27,808	21,593	49,401	418 51.00
53.00 05300	ANESTHESIOLOGY	0	5,564	59,322	64,886	21 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	117,544	191,657	1,404,271	1,713,472	1,542 54.00
57.00 05700	CT SCAN	19,591	52,095	542,841	614,527	319 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	66,847	162,854	133,361	363,062	1,517 60.00
64.00 06400	INTRAVENOUS THERAPY	0	108,855	86,349	195,204	870 64.00
65.00 06500	RESPIRATORY THERAPY	0	52,052	77,645	129,697	642 65.00
66.00 06600	PHYSICAL THERAPY	154,783	150,871	19,731	325,385	1,101 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	13,888	0	13,888	285 67.00
68.00 06800	SPEECH PATHOLOGY	0	10,657	0	10,657	171 68.00
69.00 06900	ELECTROCARDIOLOGY	0	112,685	333,549	446,234	1,364 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	10,410	8,049	18,459	63 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	26,451	26,451	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
76.97 07697	CARDIAC REHABILITATION	0	28,942	10,785	39,727	254 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	54,053	1,718	55,771	345 90.00
90.01 09001	BASIC DIAGNOSTIC TESTING	0	0	0	0	0 90.01
90.03 09002	PSYCH OUTPATIENT	0	0	0	0	0 90.03
90.04 09003	WOUND CARE CLINIC	0	40,133	977	41,110	355 90.04
91.00 09100	EMERGENCY	3,341	177,427	200,160	380,928	2,440 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
93.00 04040	OTHER OUTPATIENT SERVICES	0	0	0	0	0 93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910	CORF	0	0	0	0	0 99.10
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0 101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0 111.00
113.00 11300	INTEREST EXPENSE	0	0	0	0	0 113.00
116.00 11600	HOSPICE	0	0	0	0	0 116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	915,455	5,581,872	5,490,318	11,987,645	42,012 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,241	124,241	1,182	126,664	338 190.00
190.01 19001	OTHER NONREIMBURSABLE	6,983	227,168	2,434	236,585	353 190.01
190.13 19007	EUREKA	0	0	0	0	0 190.13
191.00 19100	RESEARCH	0	0	0	0	0 191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00	2.00	2A	4.00	
200.00	Cross Foot Adjustments				0		200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	923,679	5,933,281	5,493,934	12,350,894	42,703	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0127	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/30/2019 10:22 am		
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			5.00	7.00	8.00	9.00	10.00
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	992,281				5.00
7.00	00700	OPERATION OF PLANT	65,358	1,593,148			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,868	43,006	206,346		8.00
9.00	00900	HOUSEKEEPING	19,425	33,075	14,777	173,892	9.00
10.00	01000	DIETARY	8,459	15,698	502	0	108,033
11.00	01100	CAFETERIA	8,774	27,518	622	4,886	0
13.00	01300	NURSING ADMINISTRATION	23,381	22,069	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	7,326	24,579	0	4,676	0
15.00	01500	PHARMACY	82,102	21,247	0	4,773	0
16.00	01600	MEDICAL RECORDS & LIBRARY	16,660	24,181	0	183	0
17.00	01700	SOCIAL SERVICE	14,516	5,234	0	545	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	15,527	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	6,263	12,235	0	598	0
23.00	02300	CLINICAL PASTORAL EDUCATION	2,127	13,617	0	545	0
23.01	02301	EMS PROGRAM	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	122,392	407,816	70,013	68,112	93,309
31.00	03100	INTENSIVE CARE UNIT	48,797	108,204	22,957	2,609	5,901
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I RF	12,643	48,546	4,502	2,727	8,823
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	30,140	22,721	1,164	2,779	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	61,643	129,372	29,023	25,094	0
51.00	05100	RECOVERY ROOM	6,586	11,365	2,519	2,727	0
53.00	05300	ANESTHESIOLOGY	1,156	2,274	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	39,161	78,329	9,644	5,456	0
57.00	05700	CT SCAN	12,599	21,291	4,350	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	30,859	66,558	73	5,456	0
64.00	06400	INTRAVENOUS THERAPY	15,969	44,488	478	5,746	0
65.00	06500	RESPIRATORY THERAPY	10,705	21,273	0	545	0
66.00	06600	PHYSICAL THERAPY	20,817	61,660	2,541	2,724	0
67.00	06700	OCCUPATIONAL THERAPY	4,676	5,676	21	148	0
68.00	06800	SPEECH PATHOLOGY	2,885	4,355	0	53	0
69.00	06900	ELECTROCARDIOLOGY	25,902	46,054	7,351	3,272	0
70.00	07000	ELECTROENCEPHALOGRAPHY	1,632	4,255	549	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	95,701	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	78,388	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	4,130	11,828	173	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	7,245	22,091	547	1,361	0
90.01	09001	BASIC DIAGNOSTIC TESTING	0	0	0	0	0
90.03	09002	PSYCH OUTPATIENT	0	0	0	0	0
90.04	09003	WOUND CARE CLINIC	9,824	16,402	1,650	3,657	0
91.00	09100	EMERGENCY	43,666	72,513	32,890	21,820	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
93.00	04040	OTHER OUTPATIENT SERVICES	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE	0	0	0	0	0
116.00	11600	HOSPICE	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	962,302	1,449,530	206,346	170,492	108,033
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9,079	50,776	0	3,187	0
190.01	19001	OTHER NONREIMBURSABLE	20,900	92,842	0	213	0
190.13	19007	EUREKA	0	0	0	0	0
191.00	19100	RESEARCH	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
200.00		Cross Foot Adjustments	0	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	992,281	1,593,148	206,346	173,892	108,033

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0127		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/30/2019 10:22 am	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	120,492					11.00
13.00	01300	NURSING ADMINISTRATION	4,595	110,139				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,571	0	130,937			14.00
15.00	01500	PHARMACY	3,892	0	3,982	391,146		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,697	889	232	0	131,084	16.00
17.00	01700	SOCIAL SERVICE	2,643	4,006	12	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	4,268	0	1,093	0	0	22.00
23.00	02300	CLINICAL PASTORAL EDUCATION	893	0	1,879	8	0	23.00
23.01	02301	EMS PROGRAM	0	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	24,374	35,065	19,998	481	5,491	30.00
31.00	03100	INTENSIVE CARE UNIT	9,628	14,609	5,077	133	1,471	31.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	2,611	4,040	1,070	25	734	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	6,286	10,045	3,583	216	1,522	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	9,475	14,147	14,888	8,899	18,339	50.00
51.00	05100	RECOVERY ROOM	1,200	1,816	48	162	1,088	51.00
53.00	05300	ANESTHESIOLOGY	125	191	25	1,727	2,096	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,329	17	2,695	956	11,420	54.00
57.00	05700	CT SCAN	1,123	0	34	1,316	12,616	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	6,822	58	5,522	29	15,640	60.00
64.00	06400	INTRAVENOUS THERAPY	3,468	5,140	2,162	53	609	64.00
65.00	06500	RESPIRATORY THERAPY	2,548	69	820	219	1,077	65.00
66.00	06600	PHYSICAL THERAPY	3,289	268	873	21	1,830	66.00
67.00	06700	OCCUPATIONAL THERAPY	945	0	1	0	425	67.00
68.00	06800	SPEECH PATHOLOGY	510	0	7	0	119	68.00
69.00	06900	ELECTROCARDIOLOGY	4,095	3,063	4,385	6,786	10,221	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	186	46	1	0	250	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	144	0	0	5	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	118	0	0	4	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	20	0	304,613	16,212	73.00
76.97	07697	CARDIAC REHABILITATION	939	69	983	0	313	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	1,357	464	737	315	0	90.00
90.01	09001	BASIC DIAGNOSTIC TESTING	0	0	0	0	0	90.01
90.03	09002	PSYCH OUTPATIENT	0	0	0	0	0	90.03
90.04	09003	WOUND CARE CLINIC	1,234	584	540	175	2,661	90.04
91.00	09100	EMERGENCY	9,409	15,123	7,582	8,298	26,941	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	116,512	109,991	78,229	334,432	131,084	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,355	0	46,731	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	1,625	148	5,977	56,714	0	190.01
190.13	19007	EUREKA	0	0	0	0	0	190.13
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
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)	120,492	110,139	130,937	391,146	131,084	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0127	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/30/2019 10:22 am		
Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS		CLINICAL PASTORAL EDUCATION	EMS PROGRAM	
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
		17.00	21.00			22.00
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE	40,722			17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	16,649		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0		108,182	22.00
23.00	02300	CLINICAL PASTORAL EDUCATION	0		52,512	23.00
23.01	02301	EMS PROGRAM	0			0 23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	16,076			30.00
31.00	03100	INTENSIVE CARE UNIT	8,847			31.00
40.00	04000	SUBPROVIDER - IPF	0			40.00
41.00	04100	SUBPROVIDER - IRF	3,927			41.00
42.00	04200	SUBPROVIDER	0			42.00
43.00	04300	NURSERY	323			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	0			50.00
51.00	05100	RECOVERY ROOM	0			51.00
53.00	05300	ANESTHESIOLOGY	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0			54.00
57.00	05700	CT SCAN	0			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	0			59.00
60.00	06000	LABORATORY	0			60.00
64.00	06400	INTRAVENOUS THERAPY	0			64.00
65.00	06500	RESPIRATORY THERAPY	0			65.00
66.00	06600	PHYSICAL THERAPY	0			66.00
67.00	06700	OCCUPATIONAL THERAPY	0			67.00
68.00	06800	SPEECH PATHOLOGY	0			68.00
69.00	06900	ELECTROCARDIOLOGY	0			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0			73.00
76.97	07697	CARDIAC REHABILITATION	0			76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000	CLINIC	196			90.00
90.01	09001	BASIC DIAGNOSTIC TESTING	0			90.01
90.03	09002	PSYCH OUTPATIENT	0			90.03
90.04	09003	WOUND CARE CLINIC	0			90.04
91.00	09100	EMERGENCY	11,353			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0			92.00
93.00	04040	OTHER OUTPATIENT SERVICES	0			93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	09910	CORF	0			99.10
101.00	10100	HOME HEALTH AGENCY	0			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	10900	PANCREAS ACQUISITION	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0			110.00
111.00	11100	ISLET ACQUISITION	0			111.00
113.00	11300	INTEREST EXPENSE	0			113.00
116.00	11600	HOSPICE	0			116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	40,722	0	0	0 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0			190.00
190.01	19001	OTHER NONREIMBURSABLE	0			190.01
190.13	19007	EUREKA	0			190.13
191.00	19100	RESEARCH	0			191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0			192.00
200.00		Cross Foot Adjustments		16,649	108,182	52,512 0 200.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0127

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet B  
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Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS		CLINICAL PASTORAL EDUCATION	EMS PROGRAM	
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
		17.00	21.00			
201.00   Negative Cost Centers	0	0	0	0	0	201.00
202.00   TOTAL (sum lines 118 through 201)	40,722	16,649	108,182	52,512	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0127	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/30/2019 10:22 am
Cost Center	Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
		24.00	25.00	26.00
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500 ADMINISTRATIVE & GENERAL			5.00
7.00	00700 OPERATION OF PLANT			7.00
8.00	00800 LAUNDRY & LINEN SERVICE			8.00
9.00	00900 HOUSEKEEPING			9.00
10.00	01000 DIETARY			10.00
11.00	01100 CAFETERIA			11.00
13.00	01300 NURSING ADMINISTRATION			13.00
14.00	01400 CENTRAL SERVICES & SUPPLY			14.00
15.00	01500 PHARMACY			15.00
16.00	01600 MEDICAL RECORDS & LIBRARY			16.00
17.00	01700 SOCIAL SERVICE			17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
23.00	02300 CLINICAL PASTORAL EDUCATION			23.00
23.01	02301 EMS PROGRAM			23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS	2,525,650	0	2,525,650
31.00	03100 INTENSIVE CARE UNIT	919,530	0	919,530
40.00	04000 SUBPROVIDER - IPF	0	0	0
41.00	04100 SUBPROVIDER - IRF	251,360	0	251,360
42.00	04200 SUBPROVIDER	0	0	0
43.00	04300 NURSERY	345,242	0	345,242
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	1,422,722	0	1,422,722
51.00	05100 RECOVERY ROOM	77,330	0	77,330
53.00	05300 ANESTHESIOLOGY	72,501	0	72,501
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,868,021	0	1,868,021
57.00	05700 CT SCAN	668,175	0	668,175
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0
59.00	05900 CARDIAC CATHETERIZATION	0	0	0
60.00	06000 LABORATORY	495,596	0	495,596
64.00	06400 INTRAVENOUS THERAPY	274,187	0	274,187
65.00	06500 RESPIRATORY THERAPY	167,595	0	167,595
66.00	06600 PHYSICAL THERAPY	420,509	0	420,509
67.00	06700 OCCUPATIONAL THERAPY	26,065	0	26,065
68.00	06800 SPEECH PATHOLOGY	18,757	0	18,757
69.00	06900 ELECTROCARDIOLOGY	558,727	0	558,727
70.00	07000 ELECTROENCEPHALOGRAPHY	25,441	0	25,441
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	95,850	0	95,850
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	104,961	0	104,961
73.00	07300 DRUGS CHARGED TO PATIENTS	320,845	0	320,845
76.97	07697 CARDIAC REHABILITATION	58,416	0	58,416
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	90,429	0	90,429
90.01	09001 BASIC DIAGNOSTIC TESTING	0	0	0
90.03	09002 PSYCH OUTPATIENT	0	0	0
90.04	09003 WOUND CARE CLINIC	78,192	0	78,192
91.00	09100 EMERGENCY	632,963	0	632,963
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0
93.00	04040 OTHER OUTPATIENT SERVICES	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	09910 CORF	0	0	0
101.00	10100 HOME HEALTH AGENCY	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	10900 PANCREAS ACQUISITION	0	0	0
110.00	11000 INTESTINAL ACQUISITION	0	0	0
111.00	11100 ISLET ACQUISITION	0	0	0
113.00	11300 INTEREST EXPENSE	0	0	0
116.00	11600 HOSPICE	0	0	0
118.00	11800 SUBTOTALS (SUM OF LINES 1 through 117)	11,519,064	0	11,519,064
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	239,130	0	239,130
190.01	19001 OTHER NONREIMBURSABLE	415,357	0	415,357
190.13	19007 EUREKA	0	0	0
191.00	19100 RESEARCH	0	0	0
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0
200.00	20000 Cross Foot Adjustments	177,343	0	177,343

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0127		Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/30/2019 10:22 am
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
201.00	Negative Cost Centers	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	12,350,894	0	12,350,894	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0127

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet B-1  
Date/Time Prepared:  
5/30/2019 10:22 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00				
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	554,547					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		4,576,984				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	3,699	2,604	59,446,812			4.00
5.00 00500	ADMINISTRATIVE & GENERAL	53,404	261,484	7,889,957	-22,979,329	118,358,279	5.00
7.00 00700	OPERATION OF PLANT	133,108	85,679	1,089,713	0	7,795,617	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	9,835	17,012	384,523	0	580,642	8.00
9.00 00900	HOUSEKEEPING	7,564	20,483	1,529,256	0	2,316,933	9.00
10.00 01000	DIETARY	3,590	9,449	534,141	0	1,008,948	10.00
11.00 01100	CAFETERIA	6,293	9,068	662,338	0	1,046,532	11.00
13.00 01300	NURSING ADMINISTRATION	5,047	3,801	2,134,200	0	2,788,718	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	5,621	26,980	361,080	0	873,777	14.00
15.00 01500	PHARMACY	4,859	184,527	2,322,140	0	9,792,753	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	5,530	3,304	1,221,795	0	1,987,146	16.00
17.00 01700	SOCIAL SERVICE	1,197	0	1,335,091	0	1,731,410	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,563,012	0	1,851,977	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,798	0	0	0	747,037	22.00
23.00 02300	CLINICAL PASTORAL EDUCATION	3,114	0	174,328	0	253,728	23.00
23.01 02301	EMS PROGRAM	0	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000	ADULTS & PEDIATRICS	93,263	386,344	9,363,624	0	14,602,320	30.00
31.00 03100	INTENSIVE CARE UNIT	24,745	278,668	3,778,443	0	5,820,306	31.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	11,102	13,293	981,146	0	1,507,938	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300	NURSERY	5,196	174,142	2,562,801	0	3,594,891	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000	OPERATING ROOM	29,586	658,822	4,292,425	0	7,352,416	50.00
51.00 05100	RECOVERY ROOM	2,599	17,989	582,634	0	785,587	51.00
53.00 05300	ANESTHESIOLOGY	520	49,421	29,257	0	137,872	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	17,913	1,169,893	2,147,115	0	4,670,912	54.00
57.00 05700	CT SCAN	4,869	452,240	444,058	0	1,502,722	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000	LABORATORY	15,221	111,103	2,112,382	0	3,680,752	60.00
64.00 06400	INTRAVENOUS THERAPY	10,174	71,937	1,212,137	0	1,904,756	64.00
65.00 06500	RESPIRATORY THERAPY	4,865	64,686	894,837	0	1,276,784	65.00
66.00 06600	PHYSICAL THERAPY	14,101	16,438	1,533,599	0	2,482,996	66.00
67.00 06700	OCCUPATIONAL THERAPY	1,298	0	396,846	0	557,683	67.00
68.00 06800	SPEECH PATHOLOGY	996	0	237,723	0	344,052	68.00
69.00 06900	ELECTROCARDIOLOGY	10,532	277,879	1,899,507	0	3,089,433	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	973	6,706	87,608	0	194,702	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	11,414,718	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	22,036	0	0	9,349,771	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97 07697	CARDIAC REHABILITATION	2,705	8,985	353,825	0	492,632	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000	CLINIC	5,052	1,431	480,765	0	864,122	90.00
90.01 09001	BASIC DIAGNOSTIC TESTING	0	0	0	0	0	90.01
90.03 09002	PSYCH OUTPATIENT	0	0	0	0	0	90.03
90.04 09003	WOUND CARE CLINIC	3,751	814	494,258	0	1,171,758	90.04
91.00 09100	EMERGENCY	16,583	166,753	3,397,847	0	5,208,246	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 04040	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10 09910	CORF	0	0	0	0	0	99.10
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00 11600	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	521,703	4,573,971	58,484,411	-22,979,329	114,782,587	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	11,612	985	470,077	0	1,082,849	190.00
190.01 19001	OTHER NONREIMBURSABLE	21,232	2,028	492,324	0	2,492,843	190.01
190.13 19007	EUREKA	0	0	0	0	0	190.13
191.00 19100	RESEARCH	0	0	0	0	0	191.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0127

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet B-1

Date/Time Prepared:  
5/30/2019 10:22 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00				
192.00   19200   PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
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)	5,933,281	5,493,934	10,990,334			22,979,329	202.00
203.00   Unit cost multiplier (Wkst. B, Part I)	10.699329	1.200339	0.184877			0.194151	203.00
204.00   Cost to be allocated (per Wkst. B, Part II)			42,703			992,281	204.00
205.00   Unit cost multiplier (Wkst. B, Part II)			0.000718			0.008384	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: 14-0127

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet B-1

Date/Time Prepared:  
5/30/2019 10:22 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	
		7.00	8.00	9.00	10.00	11.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	364,336				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	9,835	932,617			8.00
9.00	00900	HOUSEKEEPING	7,564	66,787	69,510		9.00
10.00	01000	DIETARY	3,590	2,268	0	33,794	10.00
11.00	01100	CAFETERIA	6,293	2,813	1,953	0	71,112
13.00	01300	NURSING ADMINISTRATION	5,047	0	0	0	2,712
14.00	01400	CENTRAL SERVICES & SUPPLY	5,621	0	1,869	0	927
15.00	01500	PHARMACY	4,859	0	1,908	0	2,297
16.00	01600	MEDICAL RECORDS & LIBRARY	5,530	0	73	0	2,182
17.00	01700	SOCIAL SERVICE	1,197	0	218	0	1,560
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,798	0	239	0	2,519
23.00	02300	CLINICAL PASTORAL EDUCATION	3,114	0	218	0	527
23.01	02301	EMS PROGRAM	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	93,263	316,436	27,226	29,188	14,384
31.00	03100	INTENSIVE CARE UNIT	24,745	103,756	1,043	1,846	5,682
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	11,102	20,349	1,090	2,760	1,541
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	5,196	5,263	1,111	0	3,710
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	29,586	131,173	10,031	0	5,592
51.00	05100	RECOVERY ROOM	2,599	11,384	1,090	0	708
53.00	05300	ANESTHESIOLOGY	520	0	0	0	74
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,913	43,588	2,181	0	3,145
57.00	05700	CT SCAN	4,869	19,661	0	0	663
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	15,221	331	2,181	0	4,026
64.00	06400	INTRAVENOUS THERAPY	10,174	2,160	2,297	0	2,047
65.00	06500	RESPIRATORY THERAPY	4,865	0	218	0	1,504
66.00	06600	PHYSICAL THERAPY	14,101	11,483	1,089	0	1,941
67.00	06700	OCCUPATIONAL THERAPY	1,298	94	59	0	558
68.00	06800	SPEECH PATHOLOGY	996	0	21	0	301
69.00	06900	ELECTROCARDIOLOGY	10,532	33,222	1,308	0	2,417
70.00	07000	ELECTROENCEPHALOGRAPHY	973	2,481	0	0	110
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	2,705	784	0	0	554
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	5,052	2,473	544	0	801
90.01	09001	BASIC DIAGNOSTIC TESTING	0	0	0	0	0
90.03	09002	PSYCH OUTPATIENT	0	0	0	0	0
90.04	09003	WOUND CARE CLINIC	3,751	7,457	1,462	0	728
91.00	09100	EMERGENCY	16,583	148,654	8,722	0	5,553
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
93.00	04040	OTHER OUTPATIENT SERVICES	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	331,492	932,617	68,151	33,794	68,763
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	11,612	0	1,274	0	1,390
190.01	19001	OTHER NONREIMBURSABLE	21,232	0	85	0	959
190.13	19007	EUREKA	0	0	0	0	0
191.00	19100	RESEARCH	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0127

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet B-1

Date/Time Prepared:  
5/30/2019 10:22 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	
		7.00	8.00	9.00	10.00	11.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	9,309,144	944,668	3,027,686	1,298,861	1,498,426	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	25.550986	1.012922	43.557560	38.434663	21.071352	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,593,148	206,346	173,892	108,033	120,492	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	4.372744	0.221255	2.501683	3.196810	1.694398	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: 14-0127

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet B-1

Date/Time Prepared:  
5/30/2019 10:22 am

Cost Center Description		NURSING ADMINISTRATION  (NURSING FTE'S)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUISITION)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE  (TIME SPENT)	
		13.00	14.00	15.00	16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	890,158					13.00
14.00	01400	0	935,612				14.00
15.00	01500	0	28,452	7,668,426			15.00
16.00	01600	7,189	1,661	0	3,792,506		16.00
17.00	01700	32,373	88	0	0	3,526	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	7,808	0	0	0	22.00
23.00	02300	0	13,428	158	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	283,406	142,895	9,436	158,874	1,392	30.00
31.00	03100	118,073	36,281	2,613	42,547	766	31.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	32,652	7,646	481	21,243	340	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	81,181	25,604	4,231	44,031	28	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	114,341	106,379	174,458	530,586	0	50.00
51.00	05100	14,679	340	3,169	31,486	0	51.00
53.00	05300	1,540	182	33,857	60,629	0	53.00
54.00	05400	139	19,256	18,748	330,409	0	54.00
57.00	05700	0	244	25,809	364,993	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	467	39,461	574	452,494	0	60.00
64.00	06400	41,541	15,452	1,038	17,614	0	64.00
65.00	06500	560	5,857	4,291	31,152	0	65.00
66.00	06600	2,168	6,238	410	52,935	0	66.00
67.00	06700	4	10	0	12,297	0	67.00
68.00	06800	0	49	0	3,451	0	68.00
69.00	06900	24,753	31,333	133,048	295,704	0	69.00
70.00	07000	368	9	0	7,247	0	70.00
71.00	07100	1,164	0	0	143	0	71.00
72.00	07200	951	0	0	126	0	72.00
73.00	07300	160	0	5,971,926	469,056	0	73.00
76.97	07697	555	7,024	0	9,069	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	3,752	5,264	6,181	0	17	90.00
90.01	09001	0	0	0	0	0	90.01
90.03	09002	0	0	0	0	0	90.03
90.04	09003	4,716	3,859	3,439	76,996	0	90.04
91.00	09100	122,229	54,175	162,682	779,424	983	91.00
92.00	09200	0	0	0	0	0	92.00
93.00	04040	0	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	0	0	0	0	0	99.10
101.00	10100	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300	0	0	0	0	0	113.00
116.00	11600	0	0	0	0	0	116.00
118.00		888,961	558,995	6,556,549	3,792,506	3,526	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	333,906	0	0	0	190.00
190.01	19001	1,197	42,711	1,111,877	0	0	190.01
190.13	19007	0	0	0	0	0	190.13
191.00	19100	0	0	0	0	0	191.00
192.00	19200	0	0	0	0	0	192.00
200.00							200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0127

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet B-1

Date/Time Prepared:  
5/30/2019 10:22 am

Cost Center Description		NURSING ADMINISTRATION  (NURSING FTE'S)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUISITION)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE  (TIME SPENT)	
		13.00	14.00	15.00	16.00	17.00	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	3,516,252	1,287,986	11,988,855	2,594,092	2,268,516	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	3.950144	1.376624	1.563405	0.684005	643.368123	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	110,139	130,937	391,146	131,084	40,722	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.123730	0.139948	0.051007	0.034564	11.549064	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: 14-0127

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet B-1  
Date/Time Prepared:  
5/30/2019 10:22 am

Cost Center Description	INTERNS & RESIDENTS		CLINICAL PASTORAL EDUCATION (ASSIGNED TIME)	EMS PROGRAM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
	21.00	22.00			
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500 ADMINISTRATIVE & GENERAL					5.00
7.00 00700 OPERATION OF PLANT					7.00
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
11.00 01100 CAFETERIA					11.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY					16.00
17.00 01700 SOCIAL SERVICE					17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	100				21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		100			22.00
23.00 02300 CLINICAL PASTORAL EDUCATION			82,751		23.00
23.01 02301 EMS PROGRAM				0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000 ADULTS & PEDIATRICS	100	100	46,675	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	3,925	0	31.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	350	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0	0	14,267	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	2,192	0	54.00
57.00 05700 CT SCAN	0	0	750	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	3,625	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 09000 CLINIC	0	0	0	0	90.00
90.01 09001 BASIC DIAGNOSTIC TESTING	0	0	0	0	90.01
90.03 09002 PSYCH OUTPATIENT	0	0	0	0	90.03
90.04 09003 WOUND CARE CLINIC	0	0	1,442	0	90.04
91.00 09100 EMERGENCY	0	0	8,050	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00 04040 OTHER OUTPATIENT SERVICES	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10 09910 CORF	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	113.00
116.00 11600 HOSPICE	0	0	0	0	116.00
118.00 11800 SUBTOTALS (SUM OF LINES 1 through 117)	100	100	81,276	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01 19001 OTHER NONREIMBURSABLE	0	0	1,475	0	190.01
190.13 19007 EUREKA	0	0	0	0	190.13
191.00 19100 RESEARCH	0	0	0	0	191.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0127

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet B-1

Date/Time Prepared:  
5/30/2019 10:22 am

Cost Center Description		INTERNS & RESIDENTS		CLINICAL PASTORAL EDUCATION (ASSIGNED TIME)	EMS PROGRAM (ASSIGNED TIME)		
		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)				
		21.00	22.00				23.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
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)	2,211,540	1,037,805	421,889	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	22,115.400000	10,378.050000	5.098295	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	16,649	108,182	52,512	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	166.490000	1,081.820000	0.634578	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)			0	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)			0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0127	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/30/2019 10:22 am
			Title XVIII	Hospital	PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
			Total Costs	RCE Disallowance	Total Costs
	1.00	2.00	3.00	4.00	5.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		25,324,794	0	25,324,794
31.00	03100 INTENSIVE CARE UNIT		8,986,156	0	8,986,156
40.00	04000 SUBPROVIDER - I/PF		0	0	0
41.00	04100 SUBPROVIDER - I/RF		2,666,331	0	2,666,331
42.00	04200 SUBPROVIDER		0	0	0
43.00	04300 NURSERY		4,968,174	0	4,968,174
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM		11,529,987	0	11,529,987
51.00	05100 RECOVERY ROOM		1,163,388	0	1,163,388
53.00	05300 ANESTHESIOLOGY		280,223	0	280,223
54.00	05400 RADIOLOGY-DIAGNOSTIC		6,534,432	0	6,534,432
57.00	05700 CT SCAN		2,246,937	0	2,246,937
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		0	0	0
59.00	05900 CARDIAC CATHETERIZATION		0	0	0
60.00	06000 LABORATORY		5,331,026	0	5,331,026
64.00	06400 INTRAVENOUS THERAPY		2,878,931	0	2,878,931
65.00	06500 RESPIRATORY THERAPY	0	1,728,458	0	1,728,458
66.00	06600 PHYSICAL THERAPY	0	3,479,330	0	3,479,330
67.00	06700 OCCUPATIONAL THERAPY	0	721,987	0	721,987
68.00	06800 SPEECH PATHOLOGY	0	445,984	0	445,984
69.00	06900 ELECTROCARDIOLOGY		4,669,570	0	4,669,570
70.00	07000 ELECTROENCEPHALOGRAPHY		268,619	0	268,619
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		13,635,593	0	13,635,593
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		11,168,881	0	11,168,881
73.00	07300 DRUGS CHARGED TO PATIENTS		9,658,007	0	9,658,007
76.97	07697 CARDIAC REHABILITATION		687,924	0	687,924
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC		1,246,722	0	1,246,722
90.01	09001 BASIC DIAGNOSTIC TESTING		0	0	0
90.03	09002 PSYCH OUTPATIENT		0	0	0
90.04	09003 WOUND CARE CLINIC		1,671,008	0	1,671,008
91.00	09100 EMERGENCY		9,308,977	0	9,308,977
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		3,387,052	0	3,387,052
93.00	04040 OTHER OUTPATIENT SERVICES		0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10	09910 CORF		0	0	0
101.00	10100 HOME HEALTH AGENCY		0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00	10900 PANCREAS ACQUISITION		0	0	0
110.00	11000 INTESTINAL ACQUISITION		0	0	0
111.00	11100 ISLET ACQUISITION		0	0	0
113.00	11300 INTEREST EXPENSE		0	0	0
116.00	11600 HOSPICE		0	0	0
200.00	Subtotal (see instructions)	0	133,988,491	0	133,988,491
201.00	Less Observation Beds		3,387,052		3,387,052
202.00	Total (see instructions)	0	130,601,439	0	130,601,439

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0127		Period: From 01/01/2018 To 12/31/2018		Worksheet C Part I Date/Time Prepared: 5/30/2019 10:22 am		
			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	39,107,564		39,107,564				30.00
31.00	03100	INTENSIVE CARE UNIT	12,577,071		12,577,071				31.00
40.00	04000	SUBPROVIDER - IPF	0		0				40.00
41.00	04100	SUBPROVIDER - IRF	3,009,990		3,009,990				41.00
42.00	04200	SUBPROVIDER	0		0				42.00
43.00	04300	NURSERY	12,439,015		12,439,015				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	20,286,070	21,138,266	41,424,336	0.278338	0.000000		50.00
51.00	05100	RECOVERY ROOM	1,674,534	1,940,815	3,615,349	0.321791	0.000000		51.00
53.00	05300	ANESTHESIOLOGY	3,761,978	3,529,465	7,291,443	0.038432	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,151,708	30,218,672	38,370,380	0.170299	0.000000		54.00
57.00	05700	CT SCAN	10,591,311	25,882,288	36,473,599	0.061604	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000		59.00
60.00	06000	LABORATORY	21,604,045	27,881,634	49,485,679	0.107729	0.000000		60.00
64.00	06400	INTRAVENOUS THERAPY	1,286,422	4,665,177	5,951,599	0.483724	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	4,812,475	884,602	5,697,077	0.303394	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	3,418,491	3,642,229	7,060,720	0.492773	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	2,651,675	393,264	3,044,939	0.237110	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	785,144	239,281	1,024,425	0.435351	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	12,186,144	18,675,404	30,861,548	0.151307	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	315,970	828,110	1,144,080	0.234790	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,460,620	4,779,787	11,240,407	1.213087	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	18,275,041	8,955,205	27,230,246	0.410165	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	50,976,370	28,092,072	79,068,442	0.122147	0.000000		73.00
76.97	07697	CARDIAC REHABILITATION	56,650	687,971	744,621	0.923858	0.000000		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90.00	09000	CLINIC	0	1,272,635	1,272,635	0.979638	0.000000		90.00
90.01	09001	BASIC DIAGNOSTIC TESTING	0	0	0	0.000000	0.000000		90.01
90.03	09002	PSYCH OUTPATIENT	0	0	0	0.000000	0.000000		90.03
90.04	09003	WOUND CARE CLINIC	476,032	6,763,469	7,239,501	0.230818	0.000000		90.04
91.00	09100	EMERGENCY	8,894,213	27,379,216	36,273,429	0.256633	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,227,066	4,149,886	5,376,952	0.629920	0.000000		92.00
93.00	04040	OTHER OUTPATIENT SERVICES	0	0	0	0.000000	0.000000		93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>									
99.10	09910	CORF	0	0	0				99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0				101.00
<b>SPECIAL PURPOSE COST CENTERS</b>									
109.00	10900	PANCREAS ACQUISITION	0	0	0				109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0				110.00
111.00	11100	ISLET ACQUISITION	0	0	0				111.00
113.00	11300	INTEREST EXPENSE							113.00
116.00	11600	HOSPICE	0	0	0				116.00
200.00		Subtotal (see instructions)	245,025,599	221,999,448	467,025,047				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	245,025,599	221,999,448	467,025,047				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0127	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/30/2019 10:22 am
Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital PPS
		INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.278338		50.00
51.00	05100	RECOVERY ROOM	0.321791		51.00
53.00	05300	ANESTHESIOLOGY	0.038432		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.170299		54.00
57.00	05700	CT SCAN	0.061604		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.107729		60.00
64.00	06400	INTRAVENOUS THERAPY	0.483724		64.00
65.00	06500	RESPIRATORY THERAPY	0.303394		65.00
66.00	06600	PHYSICAL THERAPY	0.492773		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.237110		67.00
68.00	06800	SPEECH PATHOLOGY	0.435351		68.00
69.00	06900	ELECTROCARDIOLOGY	0.151307		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.234790		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.213087		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.410165		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.122147		73.00
76.97	07697	CARDIAC REHABILITATION	0.923858		76.97
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0.979638		90.00
90.01	09001	BASIC DIAGNOSTIC TESTING	0.000000		90.01
90.03	09002	PSYCH OUTPATIENT	0.000000		90.03
90.04	09003	WOUND CARE CLINIC	0.230818		90.04
91.00	09100	EMERGENCY	0.256633		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.629920		92.00
93.00	04040	OTHER OUTPATIENT SERVICES	0.000000		93.00
		OTHER REIMBURSABLE COST CENTERS			
99.10	09910	CORF			99.10
101.00	10100	HOME HEALTH AGENCY			101.00
		SPECIAL PURPOSE COST CENTERS			
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
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: 14-0127

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet C  
Part I  
Date/Time Prepared:  
5/30/2019 10:22 am

		Title XIX		Hospital		Cost		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
				Total Costs	RCE Disallowance			Total Costs
		1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	25,324,794		25,324,794	0	25,324,794	30.00
31.00	03100	INTENSIVE CARE UNIT	8,986,156		8,986,156	0	8,986,156	31.00
40.00	04000	SUBPROVIDER - I/PF	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	2,666,331		2,666,331	0	2,666,331	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	4,968,174		4,968,174	0	4,968,174	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	11,529,987		11,529,987	0	11,529,987	50.00
51.00	05100	RECOVERY ROOM	1,163,388		1,163,388	0	1,163,388	51.00
53.00	05300	ANESTHESIOLOGY	280,223		280,223	0	280,223	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,534,432		6,534,432	0	6,534,432	54.00
57.00	05700	CT SCAN	2,246,937		2,246,937	0	2,246,937	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000	LABORATORY	5,331,026		5,331,026	0	5,331,026	60.00
64.00	06400	INTRAVENOUS THERAPY	2,878,931		2,878,931	0	2,878,931	64.00
65.00	06500	RESPIRATORY THERAPY	1,728,458	0	1,728,458	0	1,728,458	65.00
66.00	06600	PHYSICAL THERAPY	3,479,330	0	3,479,330	0	3,479,330	66.00
67.00	06700	OCCUPATIONAL THERAPY	721,987	0	721,987	0	721,987	67.00
68.00	06800	SPEECH PATHOLOGY	445,984	0	445,984	0	445,984	68.00
69.00	06900	ELECTROCARDIOLOGY	4,669,570		4,669,570	0	4,669,570	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	268,619		268,619	0	268,619	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,635,593		13,635,593	0	13,635,593	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	11,168,881		11,168,881	0	11,168,881	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,658,007		9,658,007	0	9,658,007	73.00
76.97	07697	CARDIAC REHABILITATION	687,924		687,924	0	687,924	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	1,246,722		1,246,722	0	1,246,722	90.00
90.01	09001	BASIC DIAGNOSTIC TESTING	0		0	0	0	90.01
90.03	09002	PSYCH OUTPATIENT	0		0	0	0	90.03
90.04	09003	WOUND CARE CLINIC	1,671,008		1,671,008	0	1,671,008	90.04
91.00	09100	EMERGENCY	9,308,977		9,308,977	0	9,308,977	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,387,052		3,387,052	0	3,387,052	92.00
93.00	04040	OTHER OUTPATIENT SERVICES	0		0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0		0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0		0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0		0	0	0	113.00
116.00	11600	HOSPICE	0		0	0	0	116.00
200.00		Subtotal (see instructions)	133,988,491	0	133,988,491	0	133,988,491	200.00
201.00		Less Observation Beds	3,387,052		3,387,052		3,387,052	201.00
202.00		Total (see instructions)	130,601,439	0	130,601,439	0	130,601,439	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0127		Period: From 01/01/2018 To 12/31/2018		Worksheet C Part I Date/Time Prepared: 5/30/2019 10:22 am	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	39,107,564		39,107,564			30.00
31.00	03100	INTENSIVE CARE UNIT	12,577,071		12,577,071			31.00
40.00	04000	SUBPROVIDER - IPF	0		0			40.00
41.00	04100	SUBPROVIDER - IRF	3,009,990		3,009,990			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	12,439,015		12,439,015			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	20,286,070	21,138,266	41,424,336	0.278338	0.000000	50.00
51.00	05100	RECOVERY ROOM	1,674,534	1,940,815	3,615,349	0.321791	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	3,761,978	3,529,465	7,291,443	0.038432	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,151,708	30,218,672	38,370,380	0.170299	0.000000	54.00
57.00	05700	CT SCAN	10,591,311	25,882,288	36,473,599	0.061604	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	06000	LABORATORY	21,604,045	27,881,634	49,485,679	0.107729	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	1,286,422	4,665,177	5,951,599	0.483724	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	4,812,475	884,602	5,697,077	0.303394	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	3,418,491	3,642,229	7,060,720	0.492773	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,651,675	393,264	3,044,939	0.237110	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	785,144	239,281	1,024,425	0.435351	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	12,186,144	18,675,404	30,861,548	0.151307	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	315,970	828,110	1,144,080	0.234790	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,460,620	4,779,787	11,240,407	1.213087	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	18,275,041	8,955,205	27,230,246	0.410165	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	50,976,370	28,092,072	79,068,442	0.122147	0.000000	73.00
76.97	07697	CARDIAC REHABILITATION	56,650	687,971	744,621	0.923858	0.000000	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	1,272,635	1,272,635	0.979638	0.000000	90.00
90.01	09001	BASIC DIAGNOSTIC TESTING	0	0	0	0.000000	0.000000	90.01
90.03	09002	PSYCH OUTPATIENT	0	0	0	0.000000	0.000000	90.03
90.04	09003	WOUND CARE CLINIC	476,032	6,763,469	7,239,501	0.230818	0.000000	90.04
91.00	09100	EMERGENCY	8,894,213	27,379,216	36,273,429	0.256633	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,227,066	4,149,886	5,376,952	0.629920	0.000000	92.00
93.00	04040	OTHER OUTPATIENT SERVICES	0	0	0	0.000000	0.000000	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0			99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	245,025,599	221,999,448	467,025,047			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	245,025,599	221,999,448	467,025,047			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0127	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/30/2019 10:22 am	
Cost Center Description			PPS Inpatient Ratio 11.00	Title XIX	Hospital	Cost
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
42.00	04200	SUBPROVIDER				42.00
43.00	04300	NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	BASIC DIAGNOSTIC TESTING	0.000000			90.01
90.03	09002	PSYCH OUTPATIENT	0.000000			90.03
90.04	09003	WOUND CARE CLINIC	0.000000			90.04
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
93.00	04040	OTHER OUTPATIENT SERVICES	0.000000			93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	09910	CORF				99.10
101.00	10100	HOME HEALTH AGENCY				101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE				116.00
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: 14-0127	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part I Date/Time Prepared: 5/30/2019 10:22 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	2,525,650	0	2,525,650	23,373	108.06	30.00
31.00	INTENSIVE CARE UNIT	919,530		919,530	7,908	116.28	31.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	251,360	0	251,360	2,847	88.29	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	345,242		345,242	4,069	84.85	43.00
200.00	Total (lines 30 through 199)	4,041,782		4,041,782	38,197		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	7,736	835,952				
31.00	INTENSIVE CARE UNIT	3,007	349,654				
40.00	SUBPROVIDER - IPF	0	0				
41.00	SUBPROVIDER - IRF	1,635	144,354				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	12,378	1,329,960				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0127	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part II Date/Time Prepared: 5/30/2019 10:22 am
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Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,422,722	41,424,336	0.034345	8,631,558	296,451	50.00
51.00	05100	RECOVERY ROOM	77,330	3,615,349	0.021389	726,737	15,544	51.00
53.00	05300	ANESTHESIOLOGY	72,501	7,291,443	0.009943	1,478,893	14,705	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,868,021	38,370,380	0.048684	3,430,469	167,009	54.00
57.00	05700	CT SCAN	668,175	36,473,599	0.018319	4,678,497	85,705	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	495,596	49,485,679	0.010015	8,355,961	83,685	60.00
64.00	06400	INTRAVENOUS THERAPY	274,187	5,951,599	0.046069	340,145	15,670	64.00
65.00	06500	RESPIRATORY THERAPY	167,595	5,697,077	0.029418	1,973,407	58,054	65.00
66.00	06600	PHYSICAL THERAPY	420,509	7,060,720	0.059556	1,058,442	63,037	66.00
67.00	06700	OCCUPATIONAL THERAPY	26,065	3,044,939	0.008560	605,373	5,182	67.00
68.00	06800	SPEECH PATHOLOGY	18,757	1,024,425	0.018310	179,735	3,291	68.00
69.00	06900	ELECTROCARDIOLOGY	558,727	30,861,548	0.018104	5,294,277	95,848	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	25,441	1,144,080	0.022237	118,680	2,639	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	95,850	11,240,407	0.008527	2,772,582	23,642	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	104,961	27,230,246	0.003855	8,893,184	34,283	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	320,845	79,068,442	0.004058	19,600,579	79,539	73.00
76.97	07697	CARDIAC REHABILITATION	58,416	744,621	0.078451	25,815	2,025	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	90,429	1,272,635	0.071057	0	0	90.00
90.01	09001	BASIC DIAGNOSTIC TESTING	0	0	0.000000	0	0	90.01
90.03	09002	PSYCH OUTPATIENT	0	0	0.000000	0	0	90.03
90.04	09003	WOUND CARE CLINIC	78,192	7,239,501	0.010801	227,211	2,454	90.04
91.00	09100	EMERGENCY	632,963	36,273,429	0.017450	3,479,849	60,723	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	337,791	5,376,952	0.062822	401,567	25,227	92.00
93.00	04040	OTHER OUTPATIENT SERVICES	0	0	0.000000	0	0	93.00
200.00		Total (lines 50 through 199)	7,815,073	399,891,407		72,272,961	1,134,713	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0127	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part III Date/Time Prepared: 5/30/2019 10:22 am
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Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	237,964	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	20,011	0	31.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	1,784	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	259,759	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	237,964	23,373	10.18	7,736	30.00	
31.00	03100	INTENSIVE CARE UNIT		20,011	7,908	2.53	3,007	31.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	1,784	2,847	0.63	1,635	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00	
43.00	04300	NURSERY		0	4,069	0.00	0	43.00	
200.00		Total (lines 30 through 199)		259,759	38,197		12,378	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		78,752					30.00
31.00	03100	INTENSIVE CARE UNIT		7,608					31.00
40.00	04000	SUBPROVIDER - IPF		0					40.00
41.00	04100	SUBPROVIDER - IRF		1,030					41.00
42.00	04200	SUBPROVIDER		0					42.00
43.00	04300	NURSERY		0					43.00
200.00		Total (lines 30 through 199)		87,390					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0127	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/30/2019 10:22 am
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Cost Center Description	Title XVIII			Hospital		PPS
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
	1.00	2A	2.00	3A	3.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	0	72,737	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	11,175	54.00
57.00 05700 CT SCAN	0	0	0	0	3,824	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (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
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	18,481	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 BASIC DIAGNOSTIC TESTING	0	0	0	0	0	90.01
90.03 09002 PSYCH OUTPATIENT	0	0	0	0	0	90.03
90.04 09003 WOUND CARE CLINIC	0	0	0	0	7,352	90.04
91.00 09100 EMERGENCY	0	0	0	0	41,041	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	31,825	92.00
93.00 04040 OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
200.00 Total (lines 50 through 199)	0	0	0	0	186,435	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0127	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/30/2019 10:22 am
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Cost Center Description		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Title XVIII	
							Hospital	PPS
		4.00	5.00	6.00	7.00	8.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	72,737	72,737	41,424,336	0.001756	50.00
51.00	05100	RECOVERY ROOM	0	0	0	3,615,349	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	7,291,443	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	11,175	11,175	38,370,380	0.000291	54.00
57.00	05700	CT SCAN	0	3,824	3,824	36,473,599	0.000105	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	49,485,679	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	5,951,599	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	5,697,077	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	7,060,720	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,044,939	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,024,425	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	18,481	18,481	30,861,548	0.000599	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,144,080	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	11,240,407	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	27,230,246	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	79,068,442	0.000000	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	744,621	0.000000	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	1,272,635	0.000000	90.00
90.01	09001	BASIC DIAGNOSTIC TESTING	0	0	0	0	0.000000	90.01
90.03	09002	PSYCH OUTPATIENT	0	0	0	0	0.000000	90.03
90.04	09003	WOUND CARE CLINIC	0	7,352	7,352	7,239,501	0.001016	90.04
91.00	09100	EMERGENCY	0	41,041	41,041	36,273,429	0.001131	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	31,825	31,825	5,376,952	0.005919	92.00
93.00	04040	OTHER OUTPATIENT SERVICES	0	0	0	0	0.000000	93.00
200.00		Total (lines 50 through 199)	0	186,435	186,435	399,891,407		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0127	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/30/2019 10:22 am
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Cost Center Description		Title XVIII						
		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.001756	8,631,558	15,157	4,283,874	7,522	50.00
51.00	05100	RECOVERY ROOM	0.000000	726,737	0	312,017	0	51.00
53.00	05300	ANESTHESIOLOGY	0.000000	1,478,893	0	632,902	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000291	3,430,469	998	6,742,834	1,962	54.00
57.00	05700	CT SCAN	0.000105	4,678,497	491	6,269,912	658	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (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	8,355,961	0	4,295,282	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	340,145	0	1,264,983	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	1,973,407	0	176,336	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	1,058,442	0	37,929	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	605,373	0	23,387	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	179,735	0	1,789	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000599	5,294,277	3,171	6,335,393	3,795	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	118,680	0	125,950	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	2,772,582	0	1,312,413	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000	8,893,184	0	3,957,408	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	19,600,579	0	6,449,220	0	73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	25,815	0	272,972	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0.000000	0	0	9,481	0	90.00
90.01	09001	BASIC DIAGNOSTIC TESTING	0.000000	0	0	0	0	90.01
90.03	09002	PSYCH OUTPATIENT	0.000000	0	0	0	0	90.03
90.04	09003	WOUND CARE CLINIC	0.001016	227,211	231	3,706,627	3,766	90.04
91.00	09100	EMERGENCY	0.001131	3,479,849	3,936	4,028,783	4,557	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.005919	401,567	2,377	1,328,609	7,864	92.00
93.00	04040	OTHER OUTPATIENT SERVICES	0.000000	0	0	0	0	93.00
200.00		Total (lines 50 through 199)		72,272,961	26,361	51,568,101	30,124	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0127	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/30/2019 10:22 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.278338	4,283,874	0	0	1,192,365	50.00
51.00	05100	RECOVERY ROOM	0.321791	312,017	0	0	100,404	51.00
53.00	05300	ANESTHESIOLOGY	0.038432	632,902	0	0	24,324	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.170299	6,742,834	0	0	1,148,298	54.00
57.00	05700	CT SCAN	0.061604	6,269,912	0	0	386,252	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (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	0.107729	4,295,282	0	0	462,726	60.00
64.00	06400	INTRAVENOUS THERAPY	0.483724	1,264,983	0	0	611,903	64.00
65.00	06500	RESPIRATORY THERAPY	0.303394	176,336	0	0	53,499	65.00
66.00	06600	PHYSICAL THERAPY	0.492773	37,929	0	0	18,690	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.237110	23,387	0	0	5,545	67.00
68.00	06800	SPEECH PATHOLOGY	0.435351	1,789	0	0	779	68.00
69.00	06900	ELECTROCARDIOLOGY	0.151307	6,335,393	0	0	958,589	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.234790	125,950	0	0	29,572	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.213087	1,312,413	0	0	1,592,071	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.410165	3,957,408	0	0	1,623,190	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.122147	6,449,220	0	63,238	787,753	73.00
76.97	07697	CARDIAC REHABILITATION	0.923858	272,972	0	0	252,187	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0.979638	9,481	0	0	9,288	90.00
90.01	09001	BASIC DIAGNOSTIC TESTING	0.000000	0	0	0	0	90.01
90.03	09002	PSYCH OUTPATIENT	0.000000	0	0	0	0	90.03
90.04	09003	WOUND CARE CLINIC	0.230818	3,706,627	0	0	855,556	90.04
91.00	09100	EMERGENCY	0.256633	4,028,783	0	0	1,033,919	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.629920	1,328,609	0	0	836,917	92.00
93.00	04040	OTHER OUTPATIENT SERVICES	0.000000	0	0	0	0	93.00
200.00		Subtotal (see instructions)		51,568,101	0	63,238	11,983,827	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00		Net Charges (line 200 - line 201)		51,568,101	0	63,238	11,983,827	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0127	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/30/2019 10:22 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	7,724		73.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 BASIC DIAGNOSTIC TESTING	0	0		90.01
90.03 09002 PSYCH OUTPATIENT	0	0		90.03
90.04 09003 WOUND CARE CLINIC	0	0		90.04
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
93.00 04040 OTHER OUTPATIENT SERVICES	0	0		93.00
200.00 Subtotal (see instructions)	0	7,724		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	0	7,724		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0127 Component CCN: 14-T127		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part II Date/Time Prepared: 5/30/2019 10:22 am		
				Title XVIII		Subprovider - IRF	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,422,722	41,424,336	0.034345	8,362	287	50.00
51.00	05100	RECOVERY ROOM	77,330	3,615,349	0.021389	0	0	51.00
53.00	05300	ANESTHESIOLOGY	72,501	7,291,443	0.009943	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,868,021	38,370,380	0.048684	75,763	3,688	54.00
57.00	05700	CT SCAN	668,175	36,473,599	0.018319	57,661	1,056	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	495,596	49,485,679	0.010015	284,097	2,845	60.00
64.00	06400	INTRAVENOUS THERAPY	274,187	5,951,599	0.046069	1,820	84	64.00
65.00	06500	RESPIRATORY THERAPY	167,595	5,697,077	0.029418	54,109	1,592	65.00
66.00	06600	PHYSICAL THERAPY	420,509	7,060,720	0.059556	804,106	47,889	66.00
67.00	06700	OCCUPATIONAL THERAPY	26,065	3,044,939	0.008560	881,590	7,546	67.00
68.00	06800	SPEECH PATHOLOGY	18,757	1,024,425	0.018310	205,101	3,755	68.00
69.00	06900	ELECTROCARDIOLOGY	558,727	30,861,548	0.018104	10,429	189	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	25,441	1,144,080	0.022237	3,070	68	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	95,850	11,240,407	0.008527	47,640	406	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	104,961	27,230,246	0.003855	1,596	6	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	320,845	79,068,442	0.004058	1,189,413	4,827	73.00
76.97	07697	CARDIAC REHABILITATION	58,416	744,621	0.078451	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	90,429	1,272,635	0.071057	0	0	90.00
90.01	09001	BASIC DIAGNOSTIC TESTING	0	0	0.000000	0	0	90.01
90.03	09002	PSYCH OUTPATIENT	0	0	0.000000	0	0	90.03
90.04	09003	WOUND CARE CLINIC	78,192	7,239,501	0.010801	17,730	192	90.04
91.00	09100	EMERGENCY	632,963	36,273,429	0.017450	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	5,376,952	0.000000	0	0	92.00
93.00	04040	OTHER OUTPATIENT SERVICES	0	0	0.000000	0	0	93.00
200.00		Total (lines 50 through 199)	7,477,282	399,891,407		3,642,487	74,430	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0127 Component CCN: 14-T127	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/30/2019 10:22 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	72,737	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	11,175	54.00
57.00	05700 CT SCAN	0	0	0	0	3,824	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (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
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	18,481	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 BASIC DIAGNOSTIC TESTING	0	0	0	0	0	90.01
90.03	09002 PSYCH OUTPATIENT	0	0	0	0	0	90.03
90.04	09003 WOUND CARE CLINIC	0	0	0	0	7,352	90.04
91.00	09100 EMERGENCY	0	0	0	0	41,041	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040 OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
200.00	Total (lines 50 through 199)	0	0	0	0	154,610	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0127 Component CCN: 14-T127	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/30/2019 10:22 am
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Title XVIII		Subprovider - IRF	PPS
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Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col.s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col.s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)		
		4.00	5.00	6.00	7.00	8.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	72,737	72,737	41,424,336	0.001756	50.00
51.00	05100	RECOVERY ROOM	0	0	0	3,615,349	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	7,291,443	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	11,175	11,175	38,370,380	0.000291	54.00
57.00	05700	CT SCAN	0	3,824	3,824	36,473,599	0.000105	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	49,485,679	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	5,951,599	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	5,697,077	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	7,060,720	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,044,939	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,024,425	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	18,481	18,481	30,861,548	0.000599	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,144,080	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	11,240,407	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	27,230,246	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	79,068,442	0.000000	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	744,621	0.000000	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	1,272,635	0.000000	90.00
90.01	09001	BASIC DIAGNOSTIC TESTING	0	0	0	0	0.000000	90.01
90.03	09002	PSYCH OUTPATIENT	0	0	0	0	0.000000	90.03
90.04	09003	WOUND CARE CLINIC	0	7,352	7,352	7,239,501	0.001016	90.04
91.00	09100	EMERGENCY	0	41,041	41,041	36,273,429	0.001131	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	5,376,952	0.000000	92.00
93.00	04040	OTHER OUTPATIENT SERVICES	0	0	0	0	0.000000	93.00
200.00		Total (lines 50 through 199)	0	154,610	154,610	399,891,407		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0127 Component CCN: 14-T127	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/30/2019 10:22 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.001756	8,362		15	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0		0	0	51.00
53.00	05300 ANESTHESIOLOGY	0.000000	0		0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000291	75,763		22	0	54.00
57.00	05700 CT SCAN	0.000105	57,661		6	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0		0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0		0	0	59.00
60.00	06000 LABORATORY	0.000000	284,097		0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	1,820		0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	54,109		0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	804,106		0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	881,590		0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	205,101		0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000599	10,429		6	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	3,070		0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	47,640		0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000	1,596		0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	1,189,413		0	0	73.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0		0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.000000	0		0	0	90.00
90.01	09001 BASIC DIAGNOSTIC TESTING	0.000000	0		0	0	90.01
90.03	09002 PSYCH OUTPATIENT	0.000000	0		0	0	90.03
90.04	09003 WOUND CARE CLINIC	0.001016	17,730		18	0	90.04
91.00	09100 EMERGENCY	0.001131	0		0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0		0	0	92.00
93.00	04040 OTHER OUTPATIENT SERVICES	0.000000	0		0	0	93.00
200.00	Total (lines 50 through 199)		3,642,487		67	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0127	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/30/2019 10:22 am
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		Title XIX		Hospital		Cost	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		PPS Services (see inst.)	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.278338	0	557,094	0	0	50.00
51.00	05100 RECOVERY ROOM	0.321791	0	66,960	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0.038432	0	109,508	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.170299	0	900,694	0	0	54.00
57.00	05700 CT SCAN	0.061604	0	799,906	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (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	0.107729	0	1,081,926	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0.483724	0	255,718	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.303394	0	34,465	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.492773	0	134,165	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.237110	0	17,565	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.435351	0	565	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.151307	0	330,897	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.234790	0	5,875	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.213087	0	113,944	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.410165	0	64,186	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.122147	0	1,216,407	0	0	73.00
76.97	07697 CARDIAC REHABILITATION	0.923858	0	1,630	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.979638	0	26,656	0	0	90.00
90.01	09001 BASIC DIAGNOSTIC TESTING	0.000000	0	0	0	0	90.01
90.03	09002 PSYCH OUTPATIENT	0.000000	0	0	0	0	90.03
90.04	09003 WOUND CARE CLINIC	0.230818	0	141,030	0	0	90.04
91.00	09100 EMERGENCY	0.256633	0	1,869,021	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.629920	0	165,280	0	0	92.00
93.00	04040 OTHER OUTPATIENT SERVICES	0.000000	0	0	0	0	93.00
200.00	Subtotal (see instructions)		0	7,893,492	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00	Net Charges (line 200 - line 201)		0	7,893,492	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0127	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/30/2019 10:22 am
	Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	155,060	0		50.00
51.00 05100 RECOVERY ROOM	21,547	0		51.00
53.00 05300 ANESTHESIOLOGY	4,209	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	153,387	0		54.00
57.00 05700 CT SCAN	49,277	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	116,555	0		60.00
64.00 06400 INTRAVENOUS THERAPY	123,697	0		64.00
65.00 06500 RESPIRATORY THERAPY	10,456	0		65.00
66.00 06600 PHYSICAL THERAPY	66,113	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	4,165	0		67.00
68.00 06800 SPEECH PATHOLOGY	246	0		68.00
69.00 06900 ELECTROCARDIOLOGY	50,067	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	1,379	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	138,224	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	26,327	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	148,580	0		73.00
76.97 07697 CARDIAC REHABILITATION	1,506	0		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	26,113	0		90.00
90.01 09001 BASIC DIAGNOSTIC TESTING	0	0		90.01
90.03 09002 PSYCH OUTPATIENT	0	0		90.03
90.04 09003 WOUND CARE CLINIC	32,552	0		90.04
91.00 09100 EMERGENCY	479,652	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	104,113	0		92.00
93.00 04040 OTHER OUTPATIENT SERVICES	0	0		93.00
200.00 Subtotal (see instructions)	1,713,225	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	1,713,225	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0127	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/30/2019 10:22 am
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		23,373	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		23,373	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)		20,247	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)		7,736	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		25,324,794	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)		25,324,794	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		25,324,794	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,083.51	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		8,382,033	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)		8,382,033	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0127		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1	
Date/Time Prepared: 5/30/2019 10:22 am		Title XVIII		Hospital		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	1.00	2.00	3.00	4.00	5.00	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	8,986,156	7,908	1,136.34	3,007	3,416,974		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							
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					17,428,825		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					29,227,832		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)					1,271,966		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,161,074		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					2,433,040		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					26,794,792		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					3,126		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,083.51		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					3,387,052		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0127		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/30/2019 10:22 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,525,650	25,324,794	0.099730	3,387,052	337,791	90.00
91.00	Nursing School cost	0	25,324,794	0.000000	3,387,052	0	91.00
92.00	Allied health cost	237,964	25,324,794	0.009396	3,387,052	31,825	92.00
93.00	All other Medical Education	0	25,324,794	0.000000	3,387,052	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0127 Component CCN: 14-T127	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/30/2019 10:22 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,847	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,847	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		2,847	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,635	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,666,331	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)		2,666,331	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,666,331	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		936.54	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,531,243	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,531,243	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0127 Component CCN: 14-T127		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/30/2019 10:22 am	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					971,369	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,502,612	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)					145,384	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					74,497	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					219,881	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,282,731	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: 14-0127 Component CCN: 14-T127		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/30/2019 10:22 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	251,360	2,666,331	0.094272	0	0	90.00
91.00	Nursing School cost	0	2,666,331	0.000000	0	0	91.00
92.00	Allied health cost	1,784	2,666,331	0.000669	0	0	92.00
93.00	All other Medical Education	0	2,666,331	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0127	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/30/2019 10:22 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		12,748,025	30.00
31.00	03100	INTENSIVE CARE UNIT		5,266,810	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.278338	8,631,558	50.00
51.00	05100	RECOVERY ROOM	0.321791	726,737	51.00
53.00	05300	ANESTHESIOLOGY	0.038432	1,478,893	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.170299	3,430,469	54.00
57.00	05700	CT SCAN	0.061604	4,678,497	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.107729	8,355,961	60.00
64.00	06400	INTRAVENOUS THERAPY	0.483724	340,145	64.00
65.00	06500	RESPIRATORY THERAPY	0.303394	1,973,407	65.00
66.00	06600	PHYSICAL THERAPY	0.492773	1,058,442	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.237110	605,373	67.00
68.00	06800	SPEECH PATHOLOGY	0.435351	179,735	68.00
69.00	06900	ELECTROCARDIOLOGY	0.151307	5,294,277	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.234790	118,680	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.213087	2,772,582	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.410165	8,893,184	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.122147	19,600,579	73.00
76.97	07697	CARDIAC REHABILITATION	0.923858	25,815	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.979638	0	90.00
90.01	09001	BASIC DIAGNOSTIC TESTING	0.000000	0	90.01
90.03	09002	PSYCH OUTPATIENT	0.000000	0	90.03
90.04	09003	WOUND CARE CLINIC	0.230818	227,211	90.04
91.00	09100	EMERGENCY	0.256633	3,479,849	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.629920	401,567	92.00
93.00	04040	OTHER OUTPATIENT SERVICES	0.000000	0	93.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		72,272,961	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		72,272,961	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0127 Component CCN: 14-T127	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/30/2019 10:22 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		1,735,320	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.278338	8,362	50.00
51.00	05100	RECOVERY ROOM	0.321791	0	51.00
53.00	05300	ANESTHESIOLOGY	0.038432	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.170299	75,763	54.00
57.00	05700	CT SCAN	0.061604	57,661	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.107729	284,097	60.00
64.00	06400	INTRAVENOUS THERAPY	0.483724	1,820	64.00
65.00	06500	RESPIRATORY THERAPY	0.303394	54,109	65.00
66.00	06600	PHYSICAL THERAPY	0.492773	804,106	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.237110	881,590	67.00
68.00	06800	SPEECH PATHOLOGY	0.435351	205,101	68.00
69.00	06900	ELECTROCARDIOLOGY	0.151307	10,429	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.234790	3,070	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.213087	47,640	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.410165	1,596	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.122147	1,189,413	73.00
76.97	07697	CARDIAC REHABILITATION	0.923858	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.979638	0	90.00
90.01	09001	BASIC DIAGNOSTIC TESTING	0.000000	0	90.01
90.03	09002	PSYCH OUTPATIENT	0.000000	0	90.03
90.04	09003	WOUND CARE CLINIC	0.230818	17,730	90.04
91.00	09100	EMERGENCY	0.256633	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.629920	0	92.00
93.00	04040	OTHER OUTPATIENT SERVICES	0.000000	0	93.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		3,642,487	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		3,642,487	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0127	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/30/2019 10:22 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		2,465,900	30.00
31.00	03100	INTENSIVE CARE UNIT		676,667	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		3,498,910	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.278338	516,643	143,801 50.00
51.00	05100	RECOVERY ROOM	0.321791	42,730	13,750 51.00
53.00	05300	ANESTHESIOLOGY	0.038432	111,743	4,295 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.170299	389,070	66,258 54.00
57.00	05700	CT SCAN	0.061604	451,680	27,825 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	06000	LABORATORY	0.107729	1,267,643	136,562 60.00
64.00	06400	INTRAVENOUS THERAPY	0.483724	61,337	29,670 64.00
65.00	06500	RESPIRATORY THERAPY	0.303394	319,882	97,050 65.00
66.00	06600	PHYSICAL THERAPY	0.492773	49,990	24,634 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.237110	25,441	6,032 67.00
68.00	06800	SPEECH PATHOLOGY	0.435351	35,810	15,590 68.00
69.00	06900	ELECTROCARDIOLOGY	0.151307	438,846	66,400 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.234790	18,560	4,358 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.213087	157,795	191,419 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.410165	335,119	137,454 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.122147	2,697,185	329,453 73.00
76.97	07697	CARDIAC REHABILITATION	0.923858	1,995	1,843 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.979638	0	0 90.00
90.01	09001	BASIC DIAGNOSTIC TESTING	0.000000	0	0 90.01
90.03	09002	PSYCH OUTPATIENT	0.000000	0	0 90.03
90.04	09003	WOUND CARE CLINIC	0.230818	16,460	3,799 90.04
91.00	09100	EMERGENCY	0.256633	473,809	121,595 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.629920	56,341	35,490 92.00
93.00	04040	OTHER OUTPATIENT SERVICES	0.000000	0	0 93.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		7,468,079	1,457,278 200.00
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)		7,468,079	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0127 Component CCN: 14-T127	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/30/2019 10:22 am	
		Title XIX	Subprovider - IRF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		53,040	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.278338	0	50.00
51.00	05100	RECOVERY ROOM	0.321791	0	51.00
53.00	05300	ANESTHESIOLOGY	0.038432	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.170299	5,750	979 54.00
57.00	05700	CT SCAN	0.061604	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.107729	9,885	1,065 60.00
64.00	06400	INTRAVENOUS THERAPY	0.483724	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.303394	11,917	3,616 65.00
66.00	06600	PHYSICAL THERAPY	0.492773	26,195	12,908 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.237110	29,230	6,931 67.00
68.00	06800	SPEECH PATHOLOGY	0.435351	1,712	745 68.00
69.00	06900	ELECTROCARDIOLOGY	0.151307	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.234790	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.213087	4,102	4,976 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.410165	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.122147	22,641	2,766 73.00
76.97	07697	CARDIAC REHABILITATION	0.923858	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.979638	0	90.00
90.01	09001	BASIC DIAGNOSTIC TESTING	0.000000	0	90.01
90.03	09002	PSYCH OUTPATIENT	0.000000	0	90.03
90.04	09003	WOUND CARE CLINIC	0.230818	230	53 90.04
91.00	09100	EMERGENCY	0.256633	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.629920	0	92.00
93.00	04040	OTHER OUTPATIENT SERVICES	0.000000	0	93.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		111,662	34,039 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		111,662	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0127	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/30/2019 10:22 am
		Title XVIII	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		17,368,093	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		5,106,978	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		494,647	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		8,366,465	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		196.00	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		13.60	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		1.03	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		12.57	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		14.44	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		12.57	12.00
13.00	Total allowable FTE count for the prior year.		12.57	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.		12.57	14.00
15.00	Sum of lines 12 through 14 divided by 3.		12.57	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		12.57	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.064133	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.063895	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.063895	21.00
22.00	IME payment adjustment (see instructions)		770,738	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		286,911	22.01
<b>Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		1.87	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment ( sum of lines 22 and 28)		770,738	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		286,911	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.57	30.00
31.00	Percentage of Medicaid patient days (see instructions)		22.25	31.00
32.00	Sum of lines 30 and 31		25.82	32.00
33.00	Allowable disproportionate share percentage (see instructions)		10.52	33.00
34.00	Disproportionate share adjustment (see instructions)		591,095	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0127	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/30/2019 10:22 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
<b>Uncompensated Care Adjustment</b>				
35.00	Total uncompensated care amount (see instructions)	6,766,695,164	8,272,872,447	35.00
35.01	Factor 3 (see instructions)	0.000202098	0.000301311	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,367,537	2,492,708	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,022,842	628,300	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,651,142		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
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)	25,982,693		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
				<b>Amount</b>
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		26,269,604	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,053,044	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).		465,266	52.00
53.00	Nursing and Allied Health Managed Care payment		173,769	53.00
54.00	Special add-on payments for new technologies		0	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		86,360	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		26,361	58.00
59.00	Total (sum of amounts on lines 49 through 58)		29,074,404	59.00
60.00	Primary payer payments		11,116	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		29,063,288	61.00
62.00	Deductibles billed to program beneficiaries		2,594,777	62.00
63.00	Coinurance billed to program beneficiaries		18,425	63.00
64.00	Allowable bad debts (see instructions)		397,358	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		258,283	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		242,837	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		26,708,369	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 PER PS&R		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)		150,523	70.93
70.94	HRR adjustment amount (see instructions)		-24,412	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0127	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/30/2019 10:22 am	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)		Amount	
		0		1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			26,834,480	71.00
71.01	Sequestration adjustment (see instructions)			536,690	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
72.00	Interim payments			26,436,019	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)			-138,229	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			591,560	75.00
<b>TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)</b>					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
<b>HSP Bonus Payment Amount</b>					
100.00	HSP bonus amount (see instructions)			0	100.00
<b>HVBP Adjustment for HSP Bonus Payment</b>					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
<b>HRR Adjustment for HSP Bonus Payment</b>					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
<b>Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment</b>					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
<b>Cost Reimbursement</b>					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
<b>Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)</b>					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
<b>Adjustment to Medicare Part A Inpatient Reimbursement</b>					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
<b>Comparison of PPS versus Cost Reimbursement</b>					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0127	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part B Date/Time Prepared: 5/30/2019 10:22 am
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		7,724	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		11,953,703	2.00
3.00	OPPS payments		9,907,578	3.00
4.00	Outlier payment (see instructions)		32,645	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.757	5.00
6.00	Line 2 times line 5		9,048,953	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		30,124	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		7,724	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		63,238	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)		63,238	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		63,238	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		55,514	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		7,724	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		9,970,347	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		1,758,215	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		8,219,856	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		175,969	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)		8,395,825	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		8,395,825	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		224,804	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		146,123	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		143,857	36.00
37.00	Subtotal (see instructions)		8,541,948	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS PER PS&R		436	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)		8,542,384	40.00
40.01	Sequestration adjustment (see instructions)		170,848	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		8,431,699	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-60,163	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0127

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/30/2019 10:22 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		26,427,413		8,436,170	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	07/16/2018	8,606		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	07/16/2018	4,471	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)		8,606		-4,471	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)		26,436,019		8,431,699	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		138,229		60,163	6.02	
7.00	Total Medicare program liability (see instructions)		26,297,790		8,371,536	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: 14-0127  
Component CCN: 14-T127

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/30/2019 10:22 am

Title XVIII

Subprovider -  
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		2,618,287		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		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,618,287		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		29,789		0	6.02
7.00	Total Medicare program liability (see instructions)		2,588,498		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: 14-0127	Period: From 01/01/2018 To 12/31/2018	Worksheet E-1 Part II Date/Time Prepared: 5/30/2019 10:22 am
		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
<b>INPATIENT HOSPITAL SERVICES UNDER THE IPPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0127 Component CCN: 14-T127	Period: From 01/01/2018 To 12/31/2018	Worksheet E-3 Part III Date/Time Prepared: 5/30/2019 10:22 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>				
1.00	Net Federal PPS Payment (see instructions)			2,443,695 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0100 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			47,896 3.00
4.00	Outlier Payments			185,715 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)			7.800000 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			2,677,306 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			2,677,306 17.00
18.00	Primary payer payments			13,346 18.00
19.00	Subtotal (line 17 less line 18).			2,663,960 19.00
20.00	Deductibles			16,080 20.00
21.00	Subtotal (line 19 minus line 20)			2,647,880 21.00
22.00	Coinsurance			8,375 22.00
23.00	Subtotal (line 21 minus line 22)			2,639,505 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			1,113 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			723 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			2,640,228 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)			1,097 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			2,641,325 32.00
32.01	Sequestration adjustment (see instructions)			52,827 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			2,618,287 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)			-29,789 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			185,715 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0127	Period: From 01/01/2018 To 12/31/2018	Worksheet E-4 Date/Time Prepared: 5/30/2019 10:22 am	
		Title XVIII	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			13.60	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			1.03	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			12.57	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			14.44	6.00
7.00	Enter the lesser of line 5 or line 6			12.57	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.	6.13	8.31	14.44	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.	5.34	7.23	12.57	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	5.34	7.23		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	5.19	6.64		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	4.96	7.61		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	5.16	7.16		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	5.16	7.16		17.00
18.00	Per resident amount	102,564.50	102,564.50		18.00
19.00	Approved amount for resident costs	529,233	734,362	1,263,595	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)			1.87	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			1,263,595	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days (see instructions)	12,378	4,150		26.00
27.00	Total Inpatient Days (see instructions)	31,414	31,414		27.00
28.00	Ratio of inpatient days to total inpatient days	0.394028	0.132107		28.00
29.00	Program direct GME amount	497,892	166,930		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		23,587		30.00
31.00	Net Program direct GME amount			641,235	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0127	Period: From 01/01/2018 To 12/31/2018	Worksheet E-4 Date/Time Prepared: 5/30/2019 10:22 am
		Title XVIII	Hospital	PPS
				1.00
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)		31,730,444	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)		24,462	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		31,705,982	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		11,991,551	42.00
43.00	Primary payer payments (see instructions)		0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		11,991,551	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		43,697,533	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.725578	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.274422	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		641,235	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		465,266	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		175,969	50.00

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

Provider CCN: 14-0127

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet G

Date/Time Prepared:  
5/30/2019 10:22 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	584,887,000	0	0	0	1.00
2.00	Temporary investments	106,244,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	1,504,053,000	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	531,425,000	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	2,726,609,000	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	473,862,000	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	7,409,153,000	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	2,956,722,000	0	0	0	23.00
24.00	Accumulated depreciation	-5,213,262,000	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)	5,626,475,000	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	7,712,087,000	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	667,618,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	8,379,705,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	16,732,789,000	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	1,671,124,000	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	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	656,815,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	2,327,939,000	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	2,796,906,000	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	1,364,967,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	4,161,873,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	6,489,812,000	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	10,242,977,000				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	10,242,977,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	16,732,789,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0127

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet G-1

Date/Time Prepared:  
5/30/2019 10:22 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		5,014,483,000		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		9,104,216			2.00
3.00	Total (sum of line 1 and line 2)		5,023,587,216		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00	ADJ TO AHC FUND BALANCE	5,219,389,784		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		5,219,389,784		0	10.00
11.00	Subtotal (line 3 plus line 10)		10,242,977,000		0	11.00
12.00	RECONCILING ITEM	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		10,242,977,000		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00	ADJ TO AHC FUND BALANCE		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	RECONCILING ITEM		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0127

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/30/2019 10:22 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	49,809,938		49,809,938	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	3,009,990		3,009,990	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	52,819,928		52,819,928	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	12,549,504		12,549,504	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)	12,549,504		12,549,504	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	65,369,432		65,369,432	17.00
18.00	Ancillary services	171,318,237	191,692,320	363,010,557	18.00
19.00	Outpatient services	10,597,311	39,565,206	50,162,517	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		0	0	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	0	0	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)	247,284,980	231,257,526	478,542,506	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		170,403,346		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	RECONCILING AMOUNT	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		170,403,346		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0127

Period:  
From 01/01/2018  
To 12/31/2018

Worksheet G-3

Date/Time Prepared:  
5/30/2019 10:22 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	478,542,506	1.00
2.00	Less contractual allowances and discounts on patients' accounts	303,746,753	2.00
3.00	Net patient revenues (line 1 minus line 2)	174,795,753	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	170,403,346	4.00
5.00	Net income from service to patients (line 3 minus line 4)	4,392,407	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	955,114	6.00
7.00	Income from investments	9,659	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	217,602	13.00
14.00	Revenue from meals sold to employees and guests	235,678	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	1,161,037	17.00
18.00	Revenue from sale of medical records and abstracts	641	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	77,004	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	968,945	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	7,792	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER	1,078,337	24.00
25.00	Total other income (sum of lines 6-24)	4,711,809	25.00
26.00	Total (line 5 plus line 25)	9,104,216	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	9,104,216	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0127	Period: From 01/01/2018 To 12/31/2018	Worksheet L Parts I-III Date/Time Prepared: 5/30/2019 10:22 am
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		1,813,073	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		59,752	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)		79.38	3.00
4.00	Number of interns & residents (see instructions)		12.57	4.00
5.00	Indirect medical education percentage (see instructions)		4.57	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)		82,857	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.57	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		22.25	8.00
9.00	Sum of lines 7 and 8		25.82	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.37	10.00
11.00	Disproportionate share adjustment (see instructions)		97,362	11.00
12.00	Total prospective capital payments (see instructions)		2,053,044	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00