

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-0155	Period: From 01/01/2018 To 06/30/2018	Worksheet S Parts I-III Date/Time Prepared: 11/28/2018 11:54 am
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<b>PART I - COST REPORT STATUS</b>			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input checked="" type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 11/28/2018	Time: 11:54 am
Contractor use only	5. <input checked="" type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by PRESENCE ST. MARY'S HOSPITAL ( 14-0155 ) for the cost reporting period beginning 01/01/2018 and ending 06/30/2018 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my original signature.

(Signed) DEBORAH SCHIMEROWSKI  
 Officer or Administrator of Provider(s)

REGIONAL CFO  
 Title

(Dated when report is electronically signed.)  
 Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	173,863	-66,585	0	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
200.00 Total	0	173,863	-66,585	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0155		Period: From 01/01/2018 To 06/30/2018		Worksheet S-2 Part I Date/Time Prepared: 11/28/2018 12:38 pm			
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 500 WEST COURT STREET			PO Box:						1.00	
2.00	City: KANKAKEE			State: IL		Zip Code: 60901		County: KANKAKEE		2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		PRESENCE ST. MARY'S HOSPITAL	140155	28100	1	07/01/1969	N	P	O	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
18.00	Renal Dialysis		PROVENA ST. MARY S RENAL	142318	16974		07/01/1973				18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2018	06/30/2018		20.00	
21.00	Type of Control (see instructions)						1			21.00	
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						Y	Y		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.							3	N	23.00	
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
				1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			1,862	378	0	0	711	97	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	0	0	0	0		25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0155	Period: From 01/01/2018 To 06/30/2018	Worksheet S-2 Part I Date/Time Prepared: 11/28/2018 12:38 pm		
		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) or (ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N			39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N			40.00
		V	XVIII	XIX		
		1.00	2.00	3.00		
<b>Prospective Payment System (PPS)-Capital</b>						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	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.	N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification 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
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)					61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)					61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)					61.03

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

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

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			1.00			
<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 1.00	XIX 2.00		
<b>Title V and XIX Services</b>						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N	98.06	
<b>Rural Providers</b>						
105.00	Does this hospital qualify as a CAH?		N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.				107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00	
			Physical 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.					109.00
			1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.			N		110.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0155	Period: From 01/01/2018 To 06/30/2018	Worksheet S-2 Part I Date/Time Prepared: 11/28/2018 12:38 pm		
		1.00	2.00			
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00
		1.00	2.00	3.00		
<b>Miscellaneous Cost Reporting Information</b>						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	0	0	926,843		
		1.00	2.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02
119.00	DO NOT USE THIS LINE					119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y		5.00		122.00
<b>Transplant Center Information</b>						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00
<b>All Providers</b>						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		14H082		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0155	Period: From 01/01/2018 To 06/30/2018	Worksheet S-2 Part I Date/Time Prepared: 11/28/2018 12:38 pm			
1.00		2.00		3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: PRESENCE HEALTH NETWORK	Contractor's Name: NGS		Contractor's Number: 06101			
142.00	Street: 200 S. WACKER DR 12 FLOOR	PO Box:					
143.00	City: CHI CAGO	State: IL		Zip Code: 60606			
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?				Y	144.00	
				1.00	2.00		
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.			N	Y	145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.			N		146.00	
				1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.				N	147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.				N	148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.				N	149.00	
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
				1.00			
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N	165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00
				1.00			
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.				Y	167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)				0	168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)				9.99	169.00	
		Beginning		Ending			
		1.00		2.00			
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			01/01/2018	06/30/2018	170.00	
				1.00	2.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)			N		0171.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0155		Period: From 01/01/2018 To 06/30/2018		Worksheet S-2 Part II Date/Time Prepared: 11/28/2018 12:38 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				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.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.					N	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					N	15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	11/05/2018	Y	11/05/2018		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)	N		N			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: 14-0155	Period: From 01/01/2018 To 06/30/2018	Worksheet S-2 Part II Date/Time Prepared: 11/28/2018 12:38 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N		21.00
				1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ANNE		LITTLE	41.00
42.00	Enter the employer/company name of the cost report preparer.	PRESENCE HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	847/813-3721		ANNE.LITTLE@PRESENCEHEALTH.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0155	Period: From 01/01/2018 To 06/30/2018	Worksheet S-2 Part II Date/Time Prepared: 11/28/2018 12:38 pm
		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.	REGIONAL DIRECTOR, REIMBURSEMEN		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: 14-0155

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/28/2018 12:38 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	150	27,150	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)		150	27,150	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	16	2,896	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	34.00	9	1,629	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		175	31,675	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		175				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)		3	543			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: 14-0155

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/28/2018 12:38 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	3,007	619	7,691			1.00
2.00 HMO and other (see instructions)	1,040	2,228				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	3,007	619	7,691			7.00
8.00 INTENSIVE CARE UNIT	743	53	1,399			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT	436	53	1,016			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		87	348			13.00
14.00 Total (see instructions)	4,186	812	10,454	0.00	549.95	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	176			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	549.95	27.00
28.00 Observation Bed Days		70	1,307			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	8	88			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			43			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: 14-0155

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/28/2018 12:38 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	982	235	2,825	1.00
2.00	HMO and other (see instructions)			254	518		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	982	235	2,825	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days			0			33.00
33.01	LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION				Provider CCN: 14-0155	Period: From 01/01/2018 To 06/30/2018	Worksheet S-3 Part II Date/Time Prepared: 11/28/2018 12:38 pm		
	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
<b>PART II - WAGE DATA</b>								
<b>SALARIES</b>								
1.00	Total salaries (see instructions)	200.00	17,428,297	-124,390	17,303,907	535,314.00	32.32	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		213,123	-124,390	88,733	520.00	170.64	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		634,272	0	634,272	24,879.00	25.49	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11.00	Contract Labor: Direct Patient Care		2,065,138	0	2,065,138	58,397.00	35.36	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract Labor: Physician-Part A - Administrative		259,755	0	259,755	1,503.00	172.82	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		5,069,891	0	5,069,891	129,409.00	39.18	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
<b>WAGE-RELATED COSTS</b>								
17.00	Wage-related costs (core) (see instructions)		3,947,252	0	3,947,252			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		156,775	0	156,775			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		21,154	0	21,154			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related (core)		1,128,219	0	1,128,219			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26.00	Employee Benefits Department	4.00	174,755	-174,755	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	1,247,688	70,715	1,318,403	29,664.00	44.44	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0155

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
11/28/2018 12:38 pm

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		1,608,806	0	1,608,806	8,677.00	185.41	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	530,991	0	530,991	21,911.00	24.23	30.00
31.00	Laundry & Linen Service	8.00	20,947	0	20,947	1,480.00	14.15	31.00
32.00	Housekeeping	9.00	381,520	0	381,520	25,202.00	15.14	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	332,460	-231,601	100,859	6,611.00	15.26	34.00
35.00	Dietary under contract (see instructions)		278,684	0	278,684	7,223.00	38.58	35.00
36.00	Cafeteria	11.00	0	231,601	231,601	15,178.00	15.26	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	510,505	0	510,505	11,957.00	42.70	38.00
39.00	Central Services and Supply	14.00	130,939	0	130,939	7,249.00	18.06	39.00
40.00	Pharmacy	15.00	484,855	0	484,855	12,106.00	40.05	40.00
41.00	Medical Records & Medical Records Library	16.00	11,793	0	11,793	568.00	20.76	41.00
42.00	Social Service	17.00	354,855	0	354,855	9,783.00	36.27	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0155

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
11/28/2018 12:38 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	19,315,787	-124,390	19,191,397	551,214.00	34.82	1.00
2.00	Excluded area salaries (see instructions)	634,272	0	634,272	24,879.00	25.49	2.00
3.00	Subtotal salaries (line 1 minus line 2)	18,681,515	-124,390	18,557,125	526,335.00	35.26	3.00
4.00	Subtotal other wages & related costs (see inst.)	7,394,784	0	7,394,784	189,309.00	39.06	4.00
5.00	Subtotal wage-related costs (see inst.)	5,096,625	0	5,096,625	0.00	27.46	5.00
6.00	Total (sum of lines 3 thru 5)	31,172,924	-124,390	31,048,534	715,644.00	43.39	6.00
7.00	Total overhead cost (see instructions)	6,068,798	-104,040	5,964,758	157,609.00	37.85	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0155	Period: From 01/01/2018 To 06/30/2018	Worksheet S-3 Part IV Date/Time Prepared: 11/28/2018 12:38 pm
				Amount Reported
				1.00
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions			715,892 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			0 4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)			0 8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)			0 8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)			1,801,207 8.02
8.03	Health Insurance (Purchased)			0 8.03
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			41,725 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			10,639 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)			57,885 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			206,238 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
<b>TAXES</b>				
17.00	FICA-Employers Portion Only			1,230,395 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			18,204 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			0 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			42,996 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			4,125,181 24.00
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COST			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 14-0155	Period: From 01/01/2018 To 06/30/2018	Worksheet S-3 Part V Date/Time Prepared: 11/28/2018 12:38 pm
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost		2,065,138	4,125,181 1.00
2.00	Hospital		2,065,138	4,125,181 2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	0 18.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 14-0155

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

Worksheet S-5

Date/Time Prepared:  
11/28/2018 12:38 pm

		Outpatient		Training		Home				
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD			
		1.00	2.00	3.00	4.00	5.00	6.00			
1.00	Number of patients in program at end of cost reporting period	96	0	0	42	0	0	1.00		
2.00	Number of times per week patient receives dialysis	3.00	0.00	0.00	0.00	0.00	0.00	2.00		
3.00	Average patient dialysis time including setup	5.50	0.00	0.00	0.00			3.00		
4.00	CAPD exchanges per day				6.50		0.00	4.00		
5.00	Number of days in year dialysis furnished	156	0					5.00		
6.00	Number of stations	24	0	0	0			6.00		
7.00	Treatment capacity per day per station	3	0					7.00		
8.00	Utilization (see instructions)	0.00	0.00					8.00		
9.00	Average times dialyzers re-used	0.00	0.00					9.00		
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00		
								Y/N		
								1.00		
ESRD PPS										
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter "Y" for yes or "N" for no. (see instructions)							N	10.01	
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter "Y" for yes or "N" for no. (See instructions for "new" providers.)							Y	10.02	
								Prior to 1/1		
								1.00		
								After 12/31		
								2.00		
10.03	If you responded "N" to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)							0	0	10.03
TRANSPLANT INFORMATION										
11.00	Number of patients on transplant list							0	11.00	
12.00	Number of patients transplanted during the cost reporting period							0	12.00	
EPOETIN										
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.								13.00	
14.00	Epoetin amount from Worksheet A for Home Dialysis program								14.00	
15.00	Number of EPO units furnished relating to the renal dialysis department								15.00	
16.00	Number of EPO units furnished relating to the home dialysis department								16.00	
ARANESP										
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.								17.00	
18.00	ARANESP amount from Worksheet A for Home Dialysis program								18.00	
19.00	Number of ARANESP units furnished relating to the renal dialysis department								19.00	
20.00	Number of ARANESP units furnished relating to the home dialysis department								20.00	
								MCP		
								1.00		
								INITIAL METHOD		
								2.00		
PHYSICIAN PAYMENT METHOD										
21.00	Enter "X" if method(s) is applicable							X	21.00	
		ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.				
		1.00	2.00	3.00	4.00	5.00				
ESAs										
22.00	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)	EPOGEN	121,804	0	3,200,000	0	22.00			

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA		Provider CCN: 14-0155	Period: From 01/01/2018 To 06/30/2018	Worksheet S-5 Date/Time Prepared: 11/28/2018 12:38 pm
		CCN	Treatments	
		1.00	2.00	
23.00	If line 10.01 is yes, enter in column 1 the CCN for each renal dialysis facility listed on Worksheet S-2, Part I, line 18, and its subscripts. Enter in column 2, the total treatments for each CCN. (see instructions)	142318	0	23.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-0155	Period: From 01/01/2018 To 06/30/2018	Worksheet S-10 Date/Time Prepared: 11/28/2018 12:38 pm
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			1.00		
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.157432	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		11,284,335	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		70,312,906	6.00	
7.00	Medicaid cost (line 1 times line 6)		11,069,501	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)		0	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)		0	19.00	
			Uninsured patients	Insured patients	Total (col. 1 + col. 2)
			1.00	2.00	3.00
<b>Uncompensated Care (see instructions for each line)</b>					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	4,542,542	369,267	4,911,809	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	715,141	369,267	1,084,408	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	715,141	369,267	1,084,408	23.00
			1.00		
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N		24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			2,211,798	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			185,127	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			284,812	27.01
28.00	Non-Medicare bad debt expense (see instructions)			1,926,986	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			403,054	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			1,487,462	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			1,487,462	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0155

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

Worksheet A

Date/Time Prepared:  
11/28/2018 12:38 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	1,105,649	1,105,649	1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	3,101,353	3,101,353	2.00	
3.00	00300	OTHER CAP REL COSTS		0	0	0	3.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	174,755	-246,546	-71,791	71,791	4.00	
5.00	00500	ADMINISTRATIVE & GENERAL	1,247,688	14,068,046	15,315,734	-1,204,690	5.00	
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00	
7.00	00700	OPERATION OF PLANT	530,991	2,970,801	3,501,792	-519,302	7.00	
7.01	00701	BIO MED	0	0	0	0	7.01	
8.00	00800	LAUNDRY & LINEN SERVICE	20,947	159,367	180,314	0	8.00	
9.00	00900	HOUSEKEEPING	381,520	269,993	651,513	-1,717	9.00	
10.00	01000	DIETARY	332,460	639,029	971,489	-336,534	634,955	10.00
11.00	01100	CAFETERIA	0	0	0	332,461	332,461	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	510,505	323,668	834,173	-147,965	686,208	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	130,939	107,316	238,255	-119,294	118,961	14.00
14.01	01401	STERILE PROCESSING	0	0	0	0	0	14.01
15.00	01500	PHARMACY	484,855	3,074,791	3,559,646	-2,895,504	664,142	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	11,793	6,543	18,336	-2,619	15,717	16.00
17.00	01700	SOCIAL SERVICE	354,855	90,851	445,706	0	445,706	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	79,857	-660	79,197	-716	78,481	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	3,875,674	1,519,156	5,394,830	-655,671	4,739,159	30.00
31.00	03100	INTENSIVE CARE UNIT	976,720	321,751	1,298,471	-76,120	1,222,351	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	727,373	232,136	959,509	-50,500	909,009	34.00
43.00	04300	NURSERY	0	0	0	300,675	300,675	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	885,750	4,208,970	5,094,720	-3,785,870	1,308,850	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	672,142	204,907	877,049	-3,441	873,608	51.00
51.01	05101	OP ONCOLOGY	169,432	744,412	913,844	-3,185	910,659	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	240,369	240,369	52.00
52.02	05201	SUBSTANCE ABUSE	243,944	91,395	335,339	0	335,339	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0	0	52.04
52.05	05203	PODIATRY	0	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	95,974	50,336	146,310	-14,719	131,591	52.06
53.00	05300	ANESTHESIOLOGY	17,066	1,221,952	1,239,018	-14,363	1,224,655	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,193,368	1,029,085	2,222,453	-398,103	1,824,350	54.00
56.00	05600	RADIOISOTOPE	187,874	555,660	743,534	-112,825	630,709	56.00
59.00	05900	CARDIAC CATHETERIZATION	459,036	1,855,143	2,314,179	-1,690,020	624,159	59.00
60.00	06000	LABORATORY	0	2,526,395	2,526,395	-44,268	2,482,127	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	658,220	378,575	1,036,795	-112,606	924,189	65.00
66.00	06600	PHYSICAL THERAPY	0	898,134	898,134	-203,504	694,630	66.00
66.01	06601	WOUND CARE	8,378	508,501	516,879	-73,533	443,346	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	22,725	22,725	110,595	133,320	67.00
68.00	06800	SPEECH PATHOLOGY	0	149	149	92,744	92,893	68.00
69.00	06900	ELECTROCARDIOLOGY	212,340	296,213	508,553	-45,043	463,510	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	17,823	13,542	31,365	-4,833	26,532	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	2,704,485	2,704,485	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	2,978,549	2,978,549	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	2,892,171	2,892,171	73.00
74.00	07400	RENAL DIALYSIS	725,580	1,264,495	1,990,075	-18,893	1,971,182	74.00
76.00	03951	OTHER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	112,833	34,780	147,613	-2,914	144,699	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	1,373,190	1,211,046	2,584,236	-143,434	2,440,802	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE	0	1,060,460	1,060,460	-1,060,460	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	16,873,882	41,713,117	58,586,999	188,196	58,775,195	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 14-0155		Period: From 01/01/2018 To 06/30/2018		Worksheet A Date/Time Prepared: 11/28/2018 12:38 pm	
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)			
	1.00	2.00	3.00	4.00	5.00			
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	64,353	105,948	170,301	-286	170,015	190.00
194.00	07950	OTHER NRCC	379,989	1,359,759	1,739,748	-187,798	1,551,950	194.00
194.01	07951	SISTERS RESIDENCE	110,073	36,264	146,337	-112	146,225	194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	17,428,297	43,215,088	60,643,385	0	60,643,385	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0155

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

Worksheet A  
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11/28/2018 12:38 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-789,162	316,487	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-489,942	2,611,411	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	68,145	68,145	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	4,534,362	18,645,406	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	2,982,490	7.00
7.01	00701	BIO MED	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	180,314	8.00
9.00	00900	HOUSEKEEPING	0	649,796	9.00
10.00	01000	DIETARY	2,424	637,379	10.00
11.00	01100	CAFETERIA	-130,666	201,795	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-412	685,796	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-136	118,825	14.00
14.01	01401	STERILE PROCESSING	0	0	14.01
15.00	01500	PHARMACY	-14,101	650,041	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	555,591	571,308	16.00
17.00	01700	SOCIAL SERVICE	0	445,706	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	78,481	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-126,709	4,612,450	30.00
31.00	03100	INTENSIVE CARE UNIT	223,005	1,445,356	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	-1,119	907,890	34.00
43.00	04300	NURSERY	0	300,675	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-2,010	1,306,840	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	50.01
51.00	05100	RECOVERY ROOM	0	873,608	51.00
51.01	05101	OP ONCOLOGY	-438,550	472,109	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	240,369	52.00
52.02	05201	SUBSTANCE ABUSE	-1,915	333,424	52.02
52.04	05202	DIABETES EDUCATION	0	0	52.04
52.05	05203	PODIATRY	0	0	52.05
52.06	05204	INFUSION CLINIC	0	131,591	52.06
53.00	05300	ANESTHESIOLOGY	-1,112,009	112,646	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-5,246	1,819,104	54.00
56.00	05600	RADIOISOTOPE	-35,516	595,193	56.00
59.00	05900	CARDIAC CATHETERIZATION	-2,570	621,589	59.00
60.00	06000	LABORATORY	-73,918	2,408,209	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	-2,604	921,585	65.00
66.00	06600	PHYSICAL THERAPY	-273	694,357	66.00
66.01	06601	WOUND CARE	0	443,346	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	133,320	67.00
68.00	06800	SPEECH PATHOLOGY	0	92,893	68.00
69.00	06900	ELECTROCARDIOLOGY	0	463,510	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	26,532	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,704,485	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,978,549	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,892,171	73.00
74.00	07400	RENAL DIALYSIS	-12,447	1,958,735	74.00
76.00	03951	OTHER	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	144,699	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	0	90.01
91.00	09100	EMERGENCY	-530,551	1,910,251	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,613,671	60,388,866	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	170,015	190.00
194.00	07950	OTHER NRCC	0	1,551,950	194.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 14-0155	Period: From 01/01/2018 To 06/30/2018	Worksheet A Date/Time Prepared: 11/28/2018 12:38 pm
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Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
194.01	07951	SISTERS RESIDENCE	0	146,225	194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	1,613,671	62,257,056	200.00

RECLASSIFICATIONS

Provider CCN: 14-0155

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

Worksheet A-6

Date/Time Prepared:  
11/28/2018 12:38 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - SUPPLIES RECLASS</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	2,704,485	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
TOTALS			0	2,704,485	
<b>B - DRUGS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	2,895,291	1.00
TOTALS			0	2,895,291	
<b>C - DEPRECIATION</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	831,446	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,315,096	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
TOTALS			0	3,146,542	
<b>D - REHAB RECLASS</b>					
1.00	OCCUPATIONAL THERAPY	67.00	0	110,595	1.00
2.00	SPEECH PATHOLOGY	68.00	0	92,744	2.00
TOTALS			0	203,339	
<b>E - LABOR AND DELIVERY</b>					
1.00	DELIVERY ROOM & LABOR ROOM	52.00	191,769	48,600	1.00
2.00	NURSERY	43.00	239,882	60,793	2.00
TOTALS			431,651	109,393	

RECLASSIFICATIONS

Provider CCN: 14-0155

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

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>F - CAPITAL INTEREST</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	274,203	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	763,496	2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	22,761	3.00
	<b>TOTALS</b>		0	1,060,460	
<b>G - CAFETERIA</b>					
1.00	CAFETERIA	11.00	231,601	100,860	1.00
	<b>TOTALS</b>		231,601	100,860	
<b>J - IMPLANTS</b>					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	2,978,549	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
	<b>TOTALS</b>		0	2,978,549	
<b>L - OTHER RECLASS</b>					
1.00	ADMINISTRATIVE & GENERAL	5.00	174,755	0	1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	246,546	2.00
3.00	EMERGENCY	91.00	0	20,350	3.00
4.00	ADMINISTRATIVE & GENERAL	5.00	0	104,040	4.00
	<b>TOTALS</b>		174,755	370,936	
500.00	Grand Total: Increases		838,007	13,569,855	500.00

RECLASSIFICATIONS

Provider CCN: 14-0155

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

Worksheet A-6  
Date/Time Prepared:  
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
<b>A - SUPPLIES RECLASS</b>							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	44,634	0	1.00	
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	3,120	0	2.00	
3.00	ADULTS & PEDIATRICS	30.00	0	43,353	0	3.00	
4.00	INTENSIVE CARE UNIT	31.00	0	64,956	0	4.00	
5.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	38,849	0	5.00	
6.00	OPERATING ROOM	50.00	0	1,537,840	0	6.00	
7.00	OP ONCOLOGY	51.01	0	2,611	0	7.00	
8.00	INFUSION CLINIC	52.06	0	3,402	0	8.00	
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	52,390	0	9.00	
10.00	CARDIAC CATHETERIZATION	59.00	0	670,401	0	10.00	
11.00	RESPIRATORY THERAPY	65.00	0	94,508	0	11.00	
12.00	WOUND CARE	66.01	0	39,991	0	12.00	
13.00	EMERGENCY	91.00	0	108,430	0	13.00	
	TOTALS		0	2,704,485			
<b>B - DRUGS</b>							
1.00	PHARMACY	15.00	0	2,895,291	0	1.00	
	TOTALS		0	2,895,291			
<b>C - DEPRECIATION</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	250,313	9	1.00	
2.00	OPERATION OF PLANT	7.00	0	376,099	9	2.00	
3.00	ADULTS & PEDIATRICS	30.00	0	870	9	3.00	
4.00	OPERATING ROOM	50.00	0	307	9	4.00	
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	16,201	9	5.00	
6.00	RADIOISOTOPE	56.00	0	1,982	9	6.00	
7.00	CARDIAC CATHETERIZATION	59.00	0	2,467	9	7.00	
8.00	LABORATORY	60.00	0	412	9	8.00	
9.00	RESPIRATORY THERAPY	65.00	0	737	9	9.00	
10.00	RENAL DIALYSIS	74.00	0	1,191	9	10.00	
11.00	OTHER NRCC	194.00	0	180,867	9	11.00	
12.00	ADMINISTRATIVE & GENERAL	5.00	0	882,586	9	12.00	
13.00	OPERATION OF PLANT	7.00	0	143,203	9	13.00	
14.00	HOUSEKEEPING	9.00	0	1,717	9	14.00	
15.00	DIETARY	10.00	0	4,073	9	15.00	
16.00	NURSING ADMINISTRATION	13.00	0	147,965	9	16.00	
17.00	PHARMACY	15.00	0	213	9	17.00	
18.00	MEDICAL RECORDS & LIBRARY	16.00	0	2,619	9	18.00	
19.00	PARAMEDICAL PRGM-(SPECIFY)	23.00	0	716	9	19.00	
20.00	ADULTS & PEDIATRICS	30.00	0	62,360	9	20.00	
21.00	INTENSIVE CARE UNIT	31.00	0	9,084	9	21.00	
22.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	10,166	9	22.00	
23.00	OPERATING ROOM	50.00	0	187,569	9	23.00	
24.00	RECOVERY ROOM	51.00	0	3,441	9	24.00	
25.00	OP ONCOLOGY	51.01	0	574	9	25.00	
26.00	INFUSION CLINIC	52.06	0	449	9	26.00	
27.00	ANESTHESIOLOGY	53.00	0	14,363	9	27.00	
28.00	RADIOLOGY-DIAGNOSTIC	54.00	0	327,740	9	28.00	
29.00	RADIOISOTOPE	56.00	0	110,843	9	29.00	
30.00	CARDIAC CATHETERIZATION	59.00	0	169,623	9	30.00	
31.00	LABORATORY	60.00	0	43,856	9	31.00	
32.00	RESPIRATORY THERAPY	65.00	0	17,361	9	32.00	
33.00	PHYSICAL THERAPY	66.00	0	165	9	33.00	
34.00	WOUND CARE	66.01	0	95	9	34.00	
35.00	ELECTROCARDIOLOGY	69.00	0	45,043	9	35.00	
36.00	ELECTROENCEPHALOGRAPHY	70.00	0	4,833	9	36.00	
37.00	RENAL DIALYSIS	74.00	0	17,702	9	37.00	
38.00	CARDIAC REHABILITATION	76.97	0	2,914	9	38.00	
39.00	EMERGENCY	91.00	0	26,853	9	39.00	
40.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	286	9	40.00	
41.00	OTHER NRCC	194.00	0	6,931	9	41.00	
42.00	SISTERS RESIDENCE	194.01	0	112	9	42.00	
43.00	CENTRAL SERVICES & SUPPLY	14.00	0	69,641	9	43.00	
	TOTALS		0	3,146,542			
<b>D - REHAB RECLASS</b>							
1.00	PHYSICAL THERAPY	66.00	0	110,595	0	1.00	
2.00	PHYSICAL THERAPY	66.00	0	92,744	0	2.00	
	TOTALS		0	203,339			
<b>E - LABOR AND DELIVERY</b>							
1.00	ADULTS & PEDIATRICS	30.00	191,769	48,600	0	1.00	
2.00	ADULTS & PEDIATRICS	30.00	239,882	60,793	0	2.00	
	TOTALS		431,651	109,393			

RECLASSIFICATIONS

Provider CCN: 14-0155

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

Worksheet A-6

Date/Time Prepared:  
11/28/2018 12:38 pm

Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
<b>F - CAPITAL INTEREST</b>							
1.00	INTEREST EXPENSE	113.00	0	274,203	11	1.00	
2.00	INTEREST EXPENSE	113.00	0	763,496	11	2.00	
3.00	INTEREST EXPENSE	113.00	0	22,761	11	3.00	
	<b>TOTALS</b>		0	1,060,460			
<b>G - CAFETERIA</b>							
1.00	DIETARY	10.00	231,601	100,860	0	1.00	
	<b>TOTALS</b>		231,601	100,860			
<b>J - IMPLANTS</b>							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	5,019	0	1.00	
2.00	ADULTS & PEDIATRICS	30.00	0	8,044	0	2.00	
3.00	INTENSIVE CARE UNIT	31.00	0	2,080	0	3.00	
4.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	1,485	0	4.00	
5.00	OPERATING ROOM	50.00	0	2,060,154	0	5.00	
6.00	INFUSION CLINIC	52.06	0	10,868	0	6.00	
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,772	0	7.00	
8.00	CARDIAC CATHETERIZATION	59.00	0	847,529	0	8.00	
9.00	WOUND CARE	66.01	0	33,447	0	9.00	
10.00	EMERGENCY	91.00	0	8,151	0	10.00	
	<b>TOTALS</b>		0	2,978,549			
<b>L - OTHER RECLASS</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	174,755	0	0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	246,546	0	2.00	
3.00	EMERGENCY	91.00	20,350	0	0	3.00	
4.00	ADMINISTRATIVE & GENERAL	5.00	104,040	0	0	4.00	
	<b>TOTALS</b>		299,145	246,546			
500.00	<b>Grand Total: Decreases</b>		962,397	13,445,465		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0155

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
11/28/2018 12:38 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	5,113,245	0	0	0	183,245
2.00	Land Improvements	2,025,211	0	0	0	1,011,211
3.00	Buildings and Fixtures	87,289,671	360,565	0	360,565	55,372,156
4.00	Building Improvements	10,645	643,133	0	643,133	0
5.00	Fixed Equipment	0	0	0	0	0
6.00	Movable Equipment	49,332,725	1,480,130	0	1,480,130	35,492,058
7.00	HIT designated Assets	0	0	0	0	0
8.00	Subtotal (sum of lines 1-7)	143,771,497	2,483,828	0	2,483,828	92,058,670
9.00	Reconciling Items	0	0	0	0	0
10.00	Total (line 8 minus line 9)	143,771,497	2,483,828	0	2,483,828	92,058,670
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	4,930,000	0			1.00
2.00	Land Improvements	1,014,000	0			2.00
3.00	Buildings and Fixtures	32,278,080	0			3.00
4.00	Building Improvements	653,778	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	15,320,797	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	54,196,655	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	54,196,655	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0155

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
11/28/2018 12:38 pm

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

RECONCILIATION OF CAPITAL COSTS CENTERS		Provider CCN: 14-0155	Period: From 01/01/2018 To 06/30/2018	Worksheet A-7 Part III Date/Time Prepared: 11/28/2018 12:38 pm
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	38,222,081	0	38,222,081	0.713859	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	15,320,797	0	15,320,797	0.286141	0	2.00
3.00	Total (sum of lines 1-2)	53,542,878	0	53,542,878	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	-280,211	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2,234,272	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1,954,061	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	596,698	0	0	0	316,487	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	377,139	0	0	0	2,611,411	2.00
3.00	Total (sum of lines 1-2)	973,837	0	0	0	2,927,898	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0155

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

Worksheet A-8

Date/Time Prepared:  
11/28/2018 12:38 pm

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 #		
				1.00	2.00	3.00		4.00
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-146,931	CAP REL COSTS-BLDG & FIXT		1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-409,118	CAP REL COSTS-MVBLE EQUIP		2.00	11	2.00
3.00	Investment income - other (chapter 2)		0			0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0			0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0			0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0			0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0			0.00	0	7.00
8.00	Television and radio service (chapter 21)		0			0.00	0	8.00
9.00	Parking lot (chapter 21)		0			0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-2,420,223				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	5,015,075				0	12.00
13.00	Laundry and linen service		0			0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-130,666	CAFETERIA		11.00	0	14.00
15.00	Rental of quarters to employee and others		0			0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0			0.00	0	16.00
17.00	Sale of drugs to other than patients		0			0.00	0	17.00
18.00	Sale of medical records and abstracts	B	0			0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)	B	0			0.00	0	19.00
20.00	Vending machines		0			0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY		65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY		66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***		114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	A	-108,632	CAP REL COSTS-BLDG & FIXT		1.00	9	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	A	-86,151	CAP REL COSTS-MVBLE EQUIP		2.00	9	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS		19.00		28.00
29.00	Physicians' assistant		0			0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY		67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS		30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY		68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0			0.00	0	32.00
33.00	EMPLOYEE BENEFITS	B	-103,503	ADMINISTRATIVE & GENERAL		5.00	0	33.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
			Cost Center	Line #			
			1.00	2.00		3.00	4.00
34.00	DEFINED BENEFIT COST	A	227,694	ADMINISTRATIVE & GENERAL	5.00	0	34.00
36.00	ADMINISTRATION	B	1,526	ADMINISTRATIVE & GENERAL	5.00	0	36.00
38.00	CONTRIBUTIONS, CBISA	A	-121,668	ADMINISTRATIVE & GENERAL	5.00	0	38.00
39.00	DIETARY	B	2,424	DIETARY	10.00	0	39.00
40.00	CENTRAL SUPPLY	B	-136	CENTRAL SERVICES & SUPPLY	14.00	0	40.00
41.00	ONCOLOGY OP	B	-2,200	OP ONCOLOGY	51.01	0	41.00
42.00	PHARMACY	B	-14,101	PHARMACY	15.00	0	42.00
42.01	RADIOLOGY	B	-2,878	RADIOLOGY-DIAGNOSTIC	54.00	0	42.01
42.02	PHYSICAL THERAPY	B	-273	PHYSICAL THERAPY	66.00	0	42.02
42.03	SURGERY	B	-2,010	OPERATING ROOM	50.00	0	42.03
42.04	MAMMOGRAPHY	B	-110	RADIOLOGY-DIAGNOSTIC	54.00	0	42.04
42.30	MARKETING	A	-5,356	ADMINISTRATIVE & GENERAL	5.00	0	42.30
43.00	MARKETING	A	-412	NURSING ADMINISTRATION	13.00	0	43.00
43.01	INCOME TAX	A	-70,693	ADMINISTRATIVE & GENERAL	5.00	0	43.01
43.02	REAL ESTATE TAX	A	-7,987	ADMINISTRATIVE & GENERAL	5.00	0	43.02
43.03	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	43.03
43.04	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	43.04
43.10	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	43.10
43.20	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	43.20
43.30	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	43.30
43.40	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	43.40
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		1,613,671				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: 14-0155  
 Period: From 01/01/2018 To 06/30/2018  
 Worksheet A-8-1  
 Date/Time Prepared: 11/28/2018 12:38 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00	60.00	LABORATORY	ALVERNO LABS	2,240,868	2,297,253 1.00
2.00	0.00			0	0 2.00
3.00	1.00	CAP REL COSTS-BLDG & FIXT	B&F	-1,052,842	0 3.00
3.01	1.00	CAP REL COSTS-BLDG & FIXT	INTEREST CRC B&F (LOSS ON DE	640,233	0 3.01
3.02	1.00	CAP REL COSTS-BLDG & FIXT	INT INCOME OFFSET B&F	-170,807	0 3.02
3.03	2.00	CAP REL COSTS-MVBLE EQUIP	ME	5,327	0 3.03
3.04	1.00	CAP REL COSTS-BLDG & FIXT	RENT EXPENSE B&F	49,817	0 3.04
3.05	4.00	EMPLOYEE BENEFITS DEPARTMENT	EH&W	68,145	0 3.05
3.06	5.00	ADMINISTRATIVE & GENERAL	A&G	9,211,788	7,702,434 3.06
3.07	5.00	ADMINISTRATIVE & GENERAL	IT	1,599,030	0 3.07
3.08	5.00	ADMINISTRATIVE & GENERAL	PATIENT ACCOUNTS	1,078,302	0 3.08
3.09	0.00		O	0	0 3.09
3.10	16.00	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS	555,591	0 3.10
3.11	31.00	INTENSIVE CARE UNIT	ICU	224,124	0 3.11
3.12	5.00	ADMINISTRATIVE & GENERAL	ADMINITTING	565,186	0 3.12
3.13	0.00			0	0 3.13
4.00	0.00			0	0 4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			15,014,762	9,999,687 5.00

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

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

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

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

6.00	B	0.00	PRESENCE HEALTH	100.00	6.00
7.00	C	0.00	ALVERNO LAB	66.67	7.00
8.00		0.00		0.00	8.00
9.00		0.00		0.00	9.00
10.00		0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

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

Provider CCN: 14-0155

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

Worksheet A-8-1

Date/Time Prepared:  
11/28/2018 12:38 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	-56,385	0		1.00
2.00	0	0		2.00
3.00	-1,052,842	9		3.00
3.01	640,233	11		3.01
3.02	-170,807	11		3.02
3.03	5,327	9		3.03
3.04	49,817	9		3.04
3.05	68,145	0		3.05
3.06	1,509,354	0		3.06
3.07	1,599,030	0		3.07
3.08	1,078,302	0		3.08
3.09	0	0		3.09
3.10	555,591	0		3.10
3.11	224,124	0		3.11
3.12	565,186	0		3.12
3.13	0	0		3.13
4.00	0	0		4.00
5.00	5,015,075			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 requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	HEALTHCARE		6.00
7.00	HEALTHCARE		7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0155

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

Worksheet A-8-2

Date/Time Prepared:  
11/28/2018 12:38 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	219,378	104,040	115,338	211,500	805	1.00
2.00	30.00	ADULTS & PEDIATRICS	126,883	126,498	385	181,300	2	2.00
3.00	52.02	SUBSTANCE ABUSE	3,135	0	3,135	181,300	14	3.00
4.00	59.00	CARDIAC CATHETERIZATION	10,625	0	10,625	246,400	68	4.00
5.00	60.00	LABORATORY	37,556	13,556	24,000	260,300	160	5.00
6.00	51.01	OP ONCOLOGY	458,050	424,950	33,100	271,900	166	6.00
7.00	53.00	ANESTHESIOLOGY	25,995	25,995	0	0	0	7.00
8.00	74.00	RENAL DIALYSIS	38,580	0	38,580	211,500	257	8.00
9.00	65.00	RESPIRATORY THERAPY	8,400	0	8,400	211,500	57	9.00
10.00	31.00	INTENSIVE CARE UNIT	6,000	0	6,000	211,500	48	10.00
11.00	34.00	SURGICAL INTENSIVE CARE UNIT	6,000	0	6,000	211,500	48	11.00
12.00	56.00	RADIOISOTOPE	78,000	0	78,000	271,900	325	12.00
13.00	54.00	RADIOLOGY-DIAGNOSTIC	8,925	0	8,925	271,900	51	13.00
14.00	53.00	ANESTHESIOLOGY	1,086,014	1,086,014	0	0	0	14.00
15.00	91.00	EMERGENCY	541,431	525,431	16,000	211,500	107	15.00
200.00			2,654,972	2,306,484	348,488		2,108	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	81,855	4,093	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	174	9	0	0	0	2.00
3.00	52.02	SUBSTANCE ABUSE	1,220	61	0	0	0	3.00
4.00	59.00	CARDIAC CATHETERIZATION	8,055	403	0	0	0	4.00
5.00	60.00	LABORATORY	20,023	1,001	0	0	0	5.00
6.00	51.01	OP ONCOLOGY	21,700	1,085	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	7.00
8.00	74.00	RENAL DIALYSIS	26,133	1,307	0	0	0	8.00
9.00	65.00	RESPIRATORY THERAPY	5,796	290	0	0	0	9.00
10.00	31.00	INTENSIVE CARE UNIT	4,881	244	0	0	0	10.00
11.00	34.00	SURGICAL INTENSIVE CARE UNIT	4,881	244	0	0	0	11.00
12.00	56.00	RADIOISOTOPE	42,484	2,124	0	0	0	12.00
13.00	54.00	RADIOLOGY-DIAGNOSTIC	6,667	333	0	0	0	13.00
14.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	14.00
15.00	91.00	EMERGENCY	10,880	544	0	0	0	15.00
200.00			234,749	11,738	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	81,855	33,483	137,523		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	174	211	126,709		2.00
3.00	52.02	SUBSTANCE ABUSE	0	1,220	1,915	1,915		3.00
4.00	59.00	CARDIAC CATHETERIZATION	0	8,055	2,570	2,570		4.00
5.00	60.00	LABORATORY	0	20,023	3,977	17,533		5.00
6.00	51.01	OP ONCOLOGY	0	21,700	11,400	436,350		6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	25,995		7.00
8.00	74.00	RENAL DIALYSIS	0	26,133	12,447	12,447		8.00
9.00	65.00	RESPIRATORY THERAPY	0	5,796	2,604	2,604		9.00
10.00	31.00	INTENSIVE CARE UNIT	0	4,881	1,119	1,119		10.00
11.00	34.00	SURGICAL INTENSIVE CARE UNIT	0	4,881	1,119	1,119		11.00
12.00	56.00	RADIOISOTOPE	0	42,484	35,516	35,516		12.00
13.00	54.00	RADIOLOGY-DIAGNOSTIC	0	6,667	2,258	2,258		13.00
14.00	53.00	ANESTHESIOLOGY	0	0	0	1,086,014		14.00
15.00	91.00	EMERGENCY	0	10,880	5,120	530,551		15.00
200.00			0	234,749	113,739	2,420,223		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0155

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/28/2018 12:38 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	316,487	316,487			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	2,611,411		2,611,411		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	68,145	0	0	68,145	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	18,645,406	17,722	995,552	5,192	19,663,872
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	2,982,490	85,444	161,532	2,091	3,231,557
7.01 00701	BIO MED	0	0	0	0	7.01
8.00 00800	LAUNDRY & LINEN SERVICE	180,314	910	0	82	181,306
9.00 00900	HOUSEKEEPING	649,796	941	1,937	1,502	654,176
10.00 01000	DIETARY	637,379	6,298	1,394	397	645,468
11.00 01100	CAFETERIA	201,795	3,442	3,201	912	209,350
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	685,796	480	166,903	2,010	855,189
14.00 01400	CENTRAL SERVICES & SUPPLY	118,825	11,910	78,555	516	209,806
14.01 01401	STERILE PROCESSING	0	0	0	0	14.01
15.00 01500	PHARMACY	650,041	1,601	240	1,909	653,791
16.00 01600	MEDICAL RECORDS & LIBRARY	571,308	5,400	2,954	46	579,708
17.00 01700	SOCIAL SERVICE	445,706	236	0	1,397	447,339
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	78,481	158	808	314	79,761
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	4,612,450	21,843	54,920	13,571	4,702,784
31.00 03100	INTENSIVE CARE UNIT	1,445,356	5,735	10,247	3,846	1,465,184
34.00 03400	SURGICAL INTENSIVE CARE UNIT	907,890	4,568	11,467	2,864	926,789
43.00 04300	NURSERY	300,675	9,426	8,570	945	319,616
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	1,306,840	9,199	211,577	3,488	1,531,104
50.01 03330	SPECIAL PROCEDURES	0	0	0	0	50.01
51.00 05100	RECOVERY ROOM	873,608	3,408	3,881	2,647	883,544
51.01 05101	OP ONCOLOGY	472,109	22,948	647	667	496,371
52.00 05200	DELIVERY ROOM & LABOR ROOM	240,369	7,535	6,851	755	255,510
52.02 05201	SUBSTANCE ABUSE	333,424	3,870	0	961	338,255
52.04 05202	DIABETES EDUCATION	0	0	0	0	52.04
52.05 05203	PODIATRY	0	0	0	0	52.05
52.06 05204	INFUSION CLINIC	131,591	1,863	506	378	134,338
53.00 05300	ANESTHESIOLOGY	112,646	244	16,201	67	129,158
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,819,104	11,374	369,688	4,699	2,204,865
56.00 05600	RADIOISOTOPE	595,193	1,418	125,030	740	722,381
59.00 05900	CARDIAC CATHETERIZATION	621,589	3,178	191,334	1,808	817,909
60.00 06000	LABORATORY	2,408,209	10,122	49,469	0	2,467,800
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00 06500	RESPIRATORY THERAPY	921,585	2,179	19,583	2,592	945,939
66.00 06600	PHYSICAL THERAPY	694,357	5,861	186	0	700,404
66.01 06601	WOUND CARE	443,346	2,592	107	33	446,078
67.00 06700	OCCUPATIONAL THERAPY	133,320	320	0	0	133,640
68.00 06800	SPEECH PATHOLOGY	92,893	189	0	0	93,082
69.00 06900	ELECTROCARDIOLOGY	463,510	2,390	50,808	836	517,544
70.00 07000	ELECTROENCEPHALOGRAPHY	26,532	629	5,452	70	32,683
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,704,485	0	0	0	2,704,485
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	2,978,549	0	0	0	2,978,549
73.00 07300	DRUGS CHARGED TO PATIENTS	2,892,171	0	0	0	2,892,171
74.00 07400	RENAL DIALYSIS	1,958,735	10,495	19,968	2,857	1,992,055
76.00 03951	OTHER	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	144,699	5,432	3,287	444	153,862
76.98 07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	76.98
76.99 07699	LITHOTRIpsy	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	OCCUPATIONAL HEALTH	0	0	0	0	90.01
91.00 09100	EMERGENCY	1,910,251	12,249	30,290	5,327	1,958,117
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500	AMBULANCE SERVICES	0	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					113.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0155

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/28/2018 12:38 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal		
		BLDG & FIXT	MVBLE EQUIP				
	0	1.00	2.00	4.00	4A		
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	60,388,866	293,609	2,603,145	65,963	60,355,540	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	170,015	0	323	253	170,591	190.00
194.00	07950 OTHER NRCC	1,551,950	22,878	7,818	1,496	1,584,142	194.00
194.01	07951 SISTERS RESIDENCE	146,225	0	125	433	146,783	194.01
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)	62,257,056	316,487	2,611,411	68,145	62,257,056	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0155

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/28/2018 12:38 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	BIO MED	LAUNDRY & LINEN SERVICE	
		5.00	6.00	7.00	7.01	8.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	19,663,872				5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00
7.00	00700	OPERATION OF PLANT	1,491,903		4,723,460		7.00
7.01	00701	BIO MED	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	83,703	0	20,143	0	285,152
9.00	00900	HOUSEKEEPING	302,011	0	20,840	0	0
10.00	01000	DIETARY	297,991	0	139,463	0	0
11.00	01100	CAFETERIA	96,650	0	76,210	0	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	394,813	0	10,638	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	96,861	0	263,719	0	0
14.01	01401	STERILE PROCESSING	0	0	0	0	0
15.00	01500	PHARMACY	301,834	0	35,454	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	267,632	0	119,564	0	0
17.00	01700	SOCIAL SERVICE	206,522	0	5,232	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	36,823	0	3,488	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	2,171,126	0	483,664	0	210,391
31.00	03100	INTENSIVE CARE UNIT	676,427	0	126,976	0	37,167
34.00	03400	SURGICAL INTENSIVE CARE UNIT	427,868	0	101,148	0	26,632
43.00	04300	NURSERY	147,556	0	208,715	0	9,259
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	706,860	0	203,692	0	0
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	0
51.00	05100	RECOVERY ROOM	407,903	0	75,460	0	0
51.01	05101	OP ONCOLOGY	229,158	0	508,133	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	117,961	0	166,843	0	0
52.02	05201	SUBSTANCE ABUSE	156,161	0	85,697	0	0
52.04	05202	DIABETES EDUCATION	0	0	0	0	0
52.05	05203	PODIATRY	0	0	0	0	0
52.06	05204	INFUSION CLINIC	62,019	0	41,262	0	0
53.00	05300	ANESTHESIOLOGY	59,628	0	5,406	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,017,913	0	251,842	0	0
56.00	05600	RADIOISOTOPE	333,499	0	31,391	0	0
59.00	05900	CARDIAC CATHETERIZATION	377,602	0	70,368	0	0
60.00	06000	LABORATORY	1,139,302	0	224,131	0	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	436,709	0	48,237	0	0
66.00	06600	PHYSICAL THERAPY	323,353	0	129,784	0	0
66.01	06601	WOUND CARE	205,939	0	57,393	0	0
67.00	06700	OCCUPATIONAL THERAPY	61,697	0	7,080	0	0
68.00	06800	SPEECH PATHOLOGY	42,973	0	4,185	0	0
69.00	06900	ELECTROCARDIOLOGY	238,933	0	52,911	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	15,089	0	13,934	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,248,571	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,375,098	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	1,335,220	0	0	0	0
74.00	07400	RENAL DIALYSIS	919,666	0	232,380	0	0
76.00	03951	OTHER	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	71,033	0	120,280	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	OCCUPATIONAL HEALTH	0	0	0	0	0
91.00	09100	EMERGENCY	903,998	0	271,217	0	1,703
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	18,786,005	0	4,216,880	0	285,152
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	78,756	0	0	0	0
194.00	07950	OTHER NRCC	731,346	0	506,580	0	0
194.01	07951	SISTERS RESIDENCE	67,765	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 14-0155			Period: From 01/01/2018 To 06/30/2018		Worksheet B Part I Date/Time Prepared: 11/28/2018 12:38 pm	
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	BIO MED	LAUNDRY & LINEN SERVICE		
		5.00	6.00	7.00	7.01	8.00		
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	19,663,872	0	4,723,460	0	285,152		202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0155		Period: From 01/01/2018 To 06/30/2018		Worksheet B Part I Date/Time Prepared: 11/28/2018 12:38 pm	
Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	BIO MED						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	977,027					9.00
10.00	01000	DIETARY	11,594	1,094,516				10.00
11.00	01100	CAFETERIA	26,624	0	408,834			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	18,639	0	8,117	0	1,287,396	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14,404	0	6,273	0	20,617	14.00
14.01	01401	STERILE PROCESSING	0	0	0	0	0	14.01
15.00	01500	PHARMACY	19,832	0	8,637	0	28,388	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	893	0	389	0	1,278	16.00
17.00	01700	SOCIAL SERVICE	17,320	0	7,543	0	24,792	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	2,961	0	1,290	0	4,239	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	280,520	834,656	122,157	0	401,536	30.00
31.00	03100	INTENSIVE CARE UNIT	62,459	147,451	27,200	0	89,405	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	46,940	105,653	20,441	0	67,190	34.00
43.00	04300	NURSERY	16,056	0	6,992	0	22,983	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	64,823	0	28,229	0	92,789	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	33,764	0	14,704	0	48,331	51.00
51.01	05101	OP ONCOLOGY	6,926	0	3,016	0	9,915	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,836	0	5,590	0	18,373	52.00
52.02	05201	SUBSTANCE ABUSE	10,911	0	4,752	0	15,619	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0	0	52.04
52.05	05203	PODIATRY	0	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	4,239	0	1,846	0	6,067	52.06
53.00	05300	ANESTHESIOLOGY	1,397	0	609	0	2,000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	67,559	0	29,421	0	96,705	54.00
56.00	05600	RADIOISOTOPE	11,211	0	4,882	0	16,048	56.00
59.00	05900	CARDIAC CATHETERIZATION	27,932	0	12,164	0	39,981	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	48,406	0	21,080	0	69,288	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	WOUND CARE	194	0	85	0	278	66.01
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	8,194	0	3,569	0	11,730	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	829	0	361	0	1,187	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	50,596	0	22,033	0	72,423	74.00
76.00	03951	OTHER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	4,262	0	1,856	0	6,101	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	83,927	6,756	36,548	0	120,133	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	956,248	1,094,516	399,784	0	1,287,396	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,041	0	3,502	0	0	190.00
194.00	07950	OTHER NRCC	1,556	0	678	0	0	194.00
194.01	07951	SISTERS RESIDENCE	11,182	0	4,870	0	0	194.01

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 14-0155			Period: From 01/01/2018 To 06/30/2018		Worksheet B Part I Date/Time Prepared: 11/28/2018 12:38 pm	
Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION		
		9.00	10.00	11.00	12.00	13.00		
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	977,027	1,094,516	408,834	0	1,287,396		202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0155

Period:  
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Cost Center Description			CENTRAL SERVICES & SUPPLY	STERILE PROCESSING	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			14.00	14.01	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	BIO MED						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	611,680					14.00
14.01	01401	STERILE PROCESSING	0	0				14.01
15.00	01500	PHARMACY	0	0	1,047,936			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	969,464		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	708,748	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	638	0	406	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	10,436	0	13,058	91,386	519,796	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	4,891	28,793	93,909	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	3,182	20,974	67,331	34.00
43.00	04300	NURSERY	1,748	0	370	3,392	23,389	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,440	0	7,150	76,141	0	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	2,294	0	3,883	17,900	0	51.00
51.01	05101	OP ONCOLOGY	0	0	2,954	4,974	0	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,397	0	296	3,091	0	52.00
52.02	05201	SUBSTANCE ABUSE	2	0	0	4,453	0	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0	0	52.04
52.05	05203	PODIATRY	0	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	0	0	3,813	3,687	0	52.06
53.00	05300	ANESTHESIOLOGY	6,862	0	2,722	18,847	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	17,195	119,324	0	54.00
56.00	05600	RADIOISOTOPE	539	0	29,858	16,258	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	845	0	11,121	45,448	0	59.00
60.00	06000	LABORATORY	3	0	0	84,841	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	176	27,902	0	65.00
66.00	06600	PHYSICAL THERAPY	244	0	0	13,164	0	66.00
66.01	06601	WOUND CARE	0	0	2,193	9,623	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,763	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	401	0	68.00
69.00	06900	ELECTROCARDIOLOGY	395	0	20,415	46,648	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	155	0	0	383	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	261,302	0	0	48,931	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	287,780	0	0	39,340	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	775,866	80,049	0	73.00
74.00	07400	RENAL DIALYSIS	35,427	0	131,552	70,382	0	74.00
76.00	03951	OTHER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	84	0	0	1,170	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	13,391	90,199	4,323	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	611,591	0	1,044,492	969,464	708,748	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	33	0	0	0	0	190.00
194.00	07950	OTHER NRCC	9	0	3,444	0	0	194.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0155

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Cost Center Description		CENTRAL SERVICES & SUPPLY 14.00	STERILE PROCESSING 14.01	PHARMACY 15.00	MEDICAL RECORDS & LIBRARY 16.00	SOCIAL SERVICE 17.00	
194.01	07951 SISTERS RESIDENCE	47	0	0	0	0	194.01
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)	611,680	0	1,047,936	969,464	708,748	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0155

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Line	Code	Cost Center Description	INTERNS & RESIDENTS				PARAMED PRGM	
			NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			19.00	20.00	21.00	22.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	BIO MED						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
14.01	01401	STERILE PROCESSING						14.01
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0					19.00
20.00	02000	NURSING SCHOOL		0				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				0		22.00
23.00	02300	PARAMED PRGM-(SPECIFY)					129,606	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	12,253	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	7,624	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	0	3,267	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	7,624	51.00
51.01	05101	OP ONCOLOGY	0	0	0	0	0	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
52.02	05201	SUBSTANCE ABUSE	0	0	0	0	0	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0	0	52.04
52.05	05203	PODIATRY	0	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	0	0	0	0	0	52.06
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	3,812	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	1,634	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	3,267	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	WOUND CARE	0	0	0	0	0	66.01
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	3,812	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	3,812	74.00
76.00	03951	OTHER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	82,501	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	129,606	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

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To 06/30/2018

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Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			19.00	20.00		
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00 07950 OTHER NRCC	0	0	0	0	0	194.00
194.01 07951 SISTERS RESIDENCE	0	0	0	0	0	194.01
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	0	0	0	0	129,606	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0155

Period:  
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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				1.00
2.00	00200				2.00
4.00	00400				4.00
5.00	00500				5.00
6.00	00600				6.00
7.00	00700				7.00
7.01	00701				7.01
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
12.00	01200				12.00
13.00	01300				13.00
14.00	01400				14.00
14.01	01401				14.01
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
19.00	01900				19.00
20.00	02000				20.00
21.00	02100				21.00
22.00	02200				22.00
23.00	02300				23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	9,853,763	0	9,853,763	30.00
31.00	03100	2,767,486	0	2,767,486	31.00
34.00	03400	1,814,148	0	1,814,148	34.00
43.00	04300	760,076	0	760,076	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	2,715,495	0	2,715,495	50.00
50.01	03330	0	0	0	50.01
51.00	05100	1,495,407	0	1,495,407	51.00
51.01	05101	1,261,447	0	1,261,447	51.01
52.00	05200	581,897	0	581,897	52.00
52.02	05201	615,850	0	615,850	52.02
52.04	05202	0	0	0	52.04
52.05	05203	0	0	0	52.05
52.06	05204	257,271	0	257,271	52.06
53.00	05300	226,629	0	226,629	53.00
54.00	05400	3,808,636	0	3,808,636	54.00
56.00	05600	1,166,067	0	1,166,067	56.00
59.00	05900	1,405,004	0	1,405,004	59.00
60.00	06000	3,916,077	0	3,916,077	60.00
62.30	06250	0	0	0	62.30
65.00	06500	1,601,004	0	1,601,004	65.00
66.00	06600	1,166,949	0	1,166,949	66.00
66.01	06601	721,783	0	721,783	66.01
67.00	06700	204,180	0	204,180	67.00
68.00	06800	140,641	0	140,641	68.00
69.00	06900	904,151	0	904,151	69.00
70.00	07000	64,621	0	64,621	70.00
71.00	07100	4,263,289	0	4,263,289	71.00
72.00	07200	4,680,767	0	4,680,767	72.00
73.00	07300	5,083,306	0	5,083,306	73.00
74.00	07400	3,530,326	-121,804	3,408,522	74.00
76.00	03951	0	0	0	76.00
76.97	07697	358,648	0	358,648	76.97
76.98	07698	0	0	0	76.98
76.99	07699	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	0	0	0	90.00
90.01	09001	0	0	0	90.01
91.00	09100	3,572,813	0	3,572,813	91.00
92.00	09200	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300	0	0	0	113.00
118.00		58,937,731	0	58,815,927	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		24.00	25.00	26.00		
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	260,923	0	260,923	190.00
194.00	07950	OTHER NRCC	2,827,755	0	2,827,755	194.00
194.01	07951	SISTERS RESIDENCE	230,647	0	230,647	194.01
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	62,257,056	0	62,135,252	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0155

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

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	17,722	995,552	1,013,274	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	0	85,444	161,532	246,976	7.00
7.01 00701	BIO MED	0	0	0	0	7.01
8.00 00800	LAUNDRY & LINEN SERVICE	0	910	0	910	8.00
9.00 00900	HOUSEKEEPING	0	941	1,937	2,878	9.00
10.00 01000	DIETARY	0	6,298	1,394	7,692	10.00
11.00 01100	CAFETERIA	0	3,442	3,201	6,643	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	0	480	166,903	167,383	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	11,910	78,555	90,465	14.00
14.01 01401	STERILE PROCESSING	0	0	0	0	14.01
15.00 01500	PHARMACY	0	1,601	240	1,841	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	5,400	2,954	8,354	16.00
17.00 01700	SOCIAL SERVICE	0	236	0	236	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00 02300	PARAMED PRGM-(SPECIFY)	0	158	808	966	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	21,843	54,920	76,763	30.00
31.00 03100	INTENSIVE CARE UNIT	0	5,735	10,247	15,982	31.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	4,568	11,467	16,035	34.00
43.00 04300	NURSERY	0	9,426	8,570	17,996	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	9,199	211,577	220,776	50.00
50.01 03330	SPECIAL PROCEDURES	0	0	0	0	50.01
51.00 05100	RECOVERY ROOM	0	3,408	3,881	7,289	51.00
51.01 05101	OP ONCOLOGY	0	22,948	647	23,595	51.01
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	7,535	6,851	14,386	52.00
52.02 05201	SUBSTANCE ABUSE	0	3,870	0	3,870	52.02
52.04 05202	DIABETES EDUCATION	0	0	0	0	52.04
52.05 05203	PODIATRY	0	0	0	0	52.05
52.06 05204	INFUSION CLINIC	0	1,863	506	2,369	52.06
53.00 05300	ANESTHESIOLOGY	0	244	16,201	16,445	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	11,374	369,688	381,062	54.00
56.00 05600	RADIOISOTOPE	0	1,418	125,030	126,448	56.00
59.00 05900	CARDIAC CATHETERIZATION	0	3,178	191,334	194,512	59.00
60.00 06000	LABORATORY	0	10,122	49,469	59,591	60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00 06500	RESPIRATORY THERAPY	0	2,179	19,583	21,762	65.00
66.00 06600	PHYSICAL THERAPY	0	5,861	186	6,047	66.00
66.01 06601	WOUND CARE	0	2,592	107	2,699	66.01
67.00 06700	OCCUPATIONAL THERAPY	0	320	0	320	67.00
68.00 06800	SPEECH PATHOLOGY	0	189	0	189	68.00
69.00 06900	ELECTROCARDIOLOGY	0	2,390	50,808	53,198	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	629	5,452	6,081	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	10,495	19,968	30,463	74.00
76.00 03951	OTHER	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	0	5,432	3,287	8,719	76.97
76.98 07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	76.98
76.99 07699	LI THOTRI PSY	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	OCCUPATIONAL HEALTH	0	0	0	0	90.01
91.00 09100	EMERGENCY	0	12,249	30,290	42,539	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500	AMBULANCE SERVICES	0	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	293,609	2,603,145	2,896,754	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0155

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

Worksheet B  
Part II  
Date/Time Prepared:  
11/28/2018 12:38 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	323	323	0 190.00
194.00 07950	OTHER NRCC	0	22,878	7,818	30,696	0 194.00
194.01 07951	SISTERS RESIDENCE	0	0	125	125	0 194.01
200.00	Cross Foot Adjustments			0	0	200.00
201.00	Negative Cost Centers		0	0	0	0 201.00
202.00	TOTAL (sum lines 118 through 201)	0	316,487	2,611,411	2,927,898	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0155	Period: From 01/01/2018 To 06/30/2018	Worksheet B Part II Date/Time Prepared: 11/28/2018 12:38 pm				
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	BIO MED	LAUNDRY & LINEN SERVICE		
		5.00	6.00	7.00	7.01	8.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL	1,013,274				5.00	
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00	
7.00	00700	OPERATION OF PLANT	76,879		323,855		7.00	
7.01	00701	BIO MED	0	0	0	0	7.01	
8.00	00800	LAUNDRY & LINEN SERVICE	4,313	0	1,381	0	6,604	8.00
9.00	00900	HOUSEKEEPING	15,563	0	1,429	0	0	9.00
10.00	01000	DIETARY	15,356	0	9,562	0	0	10.00
11.00	01100	CAFETERIA	4,980	0	5,225	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	20,345	0	729	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,991	0	18,081	0	0	14.00
14.01	01401	STERILE PROCESSING	0	0	0	0	0	14.01
15.00	01500	PHARMACY	15,554	0	2,431	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	13,791	0	8,198	0	0	16.00
17.00	01700	SOCIAL SERVICE	10,642	0	359	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	1,898	0	239	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	111,859	0	33,162	0	4,873	30.00
31.00	03100	INTENSIVE CARE UNIT	34,857	0	8,706	0	861	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	22,048	0	6,935	0	617	34.00
43.00	04300	NURSERY	7,604	0	14,310	0	214	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	36,425	0	13,966	0	0	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	21,020	0	5,174	0	0	51.00
51.01	05101	OP ONCOLOGY	11,809	0	34,838	0	0	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,079	0	11,439	0	0	52.00
52.02	05201	SUBSTANCE ABUSE	8,047	0	5,876	0	0	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0	0	52.04
52.05	05203	PODIATRY	0	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	3,196	0	2,829	0	0	52.06
53.00	05300	ANESTHESIOLOGY	3,073	0	371	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	52,454	0	17,267	0	0	54.00
56.00	05600	RADIOISOTOPE	17,185	0	2,152	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	19,458	0	4,825	0	0	59.00
60.00	06000	LABORATORY	58,709	0	15,367	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	22,504	0	3,307	0	0	65.00
66.00	06600	PHYSICAL THERAPY	16,663	0	8,898	0	0	66.00
66.01	06601	WOUND CARE	10,612	0	3,935	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	3,179	0	485	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,214	0	287	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	12,312	0	3,628	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	778	0	955	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	64,340	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	70,860	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	68,805	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	47,391	0	15,933	0	0	74.00
76.00	03951	OTHER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	3,660	0	8,247	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRI PSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	46,584	0	18,596	0	39	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	968,037	0	289,122	0	6,604	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,058	0	0	0	0	190.00
194.00	07950	OTHER NRCC	37,687	0	34,733	0	0	194.00
194.01	07951	SISTERS RESIDENCE	3,492	0	0	0	0	194.01

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0155			Period: From 01/01/2018 To 06/30/2018		Worksheet B Part II Date/Time Prepared: 11/28/2018 12:38 pm	
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	BIO MED	LAUNDRY & LINEN SERVICE		
200.00	Cross Foot Adjustments	5.00	6.00	7.00	7.01	8.00		200.00
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	1,013,274	0	323,855	0	6,604		202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0155	Period: From 01/01/2018 To 06/30/2018	Worksheet B Part II Date/Time Prepared: 11/28/2018 12:38 pm			
Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		9.00	10.00	11.00	12.00	13.00	
<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
6.00	00600						6.00
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
9.00	00900	19,870					9.00
10.00	01000	236	32,846				10.00
11.00	01100	541	0	17,389			11.00
12.00	01200	0	0	0	0		12.00
13.00	01300	379	0	345	0	189,181	13.00
14.00	01400	293	0	267	0	3,030	14.00
14.01	01401	0	0	0	0	0	14.01
15.00	01500	403	0	367	0	4,172	15.00
16.00	01600	18	0	17	0	188	16.00
17.00	01700	352	0	321	0	3,643	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	60	0	55	0	623	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	5,705	25,047	5,195	0	59,005	30.00
31.00	03100	1,270	4,425	1,157	0	13,138	31.00
34.00	03400	955	3,171	869	0	9,873	34.00
43.00	04300	327	0	297	0	3,377	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	1,318	0	1,201	0	13,635	50.00
50.01	03330	0	0	0	0	0	50.01
51.00	05100	687	0	625	0	7,102	51.00
51.01	05101	141	0	128	0	1,457	51.01
52.00	05200	261	0	238	0	2,700	52.00
52.02	05201	222	0	202	0	2,295	52.02
52.04	05202	0	0	0	0	0	52.04
52.05	05203	0	0	0	0	0	52.05
52.06	05204	86	0	79	0	892	52.06
53.00	05300	28	0	26	0	294	53.00
54.00	05400	1,374	0	1,251	0	14,211	54.00
56.00	05600	228	0	208	0	2,358	56.00
59.00	05900	568	0	517	0	5,875	59.00
60.00	06000	0	0	0	0	0	60.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	984	0	897	0	10,182	65.00
66.00	06600	0	0	0	0	0	66.00
66.01	06601	4	0	4	0	41	66.01
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	167	0	152	0	1,724	69.00
70.00	07000	17	0	15	0	174	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	1,029	0	937	0	10,642	74.00
76.00	03951	0	0	0	0	0	76.00
76.97	07697	87	0	79	0	897	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	0	0	0	0	90.01
91.00	09100	1,707	203	1,555	0	17,653	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	0	0	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
118.00		19,447	32,846	17,004	0	189,181	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	164	0	149	0	0	190.00
194.00	07950	32	0	29	0	0	194.00
194.01	07951	227	0	207	0	0	194.01

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0155			Period: From 01/01/2018 To 06/30/2018		Worksheet B Part II Date/Time Prepared: 11/28/2018 12:38 pm	
Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION		
		9.00	10.00	11.00	12.00	13.00		
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	19,870	32,846	17,389	0	189,181		202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0155	Period: From 01/01/2018 To 06/30/2018	Worksheet B Part II Date/Time Prepared: 11/28/2018 12:38 pm		
Cost Center Description			CENTRAL SERVICES & SUPPLY	STERILE PROCESSING	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
			14.00	14.01	15.00	16.00	17.00
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	BIO MED					7.01
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	117,127				14.00
14.01	01401	STERILE PROCESSING	0	0			14.01
15.00	01500	PHARMACY	0	0	24,768		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	30,566	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	15,553
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	122	0	10	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	1,998	0	309	2,888	11,406
31.00	03100	INTENSIVE CARE UNIT	0	0	116	910	2,061
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	75	663	1,478
43.00	04300	NURSERY	335	0	9	107	513
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	276	0	169	2,406	0
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	0
51.00	05100	RECOVERY ROOM	439	0	92	566	0
51.01	05101	OP ONCOLOGY	0	0	70	157	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	268	0	7	98	0
52.02	05201	SUBSTANCE ABUSE	0	0	0	141	0
52.04	05202	DIABETES EDUCATION	0	0	0	0	0
52.05	05203	PODIATRY	0	0	0	0	0
52.06	05204	INFUSION CLINIC	0	0	90	117	0
53.00	05300	ANESTHESIOLOGY	1,314	0	64	596	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	406	3,700	0
56.00	05600	RADIOISOTOPE	103	0	706	514	0
59.00	05900	CARDIAC CATHETERIZATION	162	0	263	1,436	0
60.00	06000	LABORATORY	0	0	0	2,681	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	4	882	0
66.00	06600	PHYSICAL THERAPY	47	0	0	416	0
66.01	06601	WOUND CARE	0	0	52	304	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	56	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	13	0
69.00	06900	ELECTROCARDIOLOGY	76	0	482	1,474	0
70.00	07000	ELECTROENCEPHALOGRAPHY	30	0	0	12	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	50,036	0	0	1,546	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	55,104	0	0	1,243	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	18,338	2,529	0
74.00	07400	RENAL DIALYSIS	6,784	0	3,109	2,224	0
76.00	03951	OTHER	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	16	0	0	37	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	OCCUPATIONAL HEALTH	0	0	0	0	0
91.00	09100	EMERGENCY	0	0	316	2,850	95
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	117,110	0	24,687	30,566	15,553
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	6	0	0	0	0
194.00	07950	OTHER NRCC	2	0	81	0	0

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0155		Period: From 01/01/2018 To 06/30/2018		Worksheet B Part II Date/Time Prepared: 11/28/2018 12:38 pm		
Cost Center Description			CENTRAL SERVICES & SUPPLY	STERILE PROCESSING	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE		
			14.00	14.01	15.00	16.00	17.00		
194.01	07951	SISTERS RESIDENCE	9	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments							200.00
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	117,127	0	24,768	30,566	15,553		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0155

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

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED PRGM	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			19.00	20.00		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
7.01 00701	BIO MED					7.01
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
14.01 01401	STERILE PROCESSING					14.01
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0				19.00
20.00 02000	NURSING SCHOOL		0			20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV			0		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV				0	22.00
23.00 02300	PARAMED PRGM-(SPECIFY)					3,973
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS					30.00
31.00 03100	INTENSIVE CARE UNIT					31.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT					34.00
43.00 04300	NURSERY					43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM					50.00
50.01 03330	SPECIAL PROCEDURES					50.01
51.00 05100	RECOVERY ROOM					51.00
51.01 05101	OP ONCOLOGY					51.01
52.00 05200	DELIVERY ROOM & LABOR ROOM					52.00
52.02 05201	SUBSTANCE ABUSE					52.02
52.04 05202	DIABETES EDUCATION					52.04
52.05 05203	PODIATRY					52.05
52.06 05204	INFUSION CLINIC					52.06
53.00 05300	ANESTHESIOLOGY					53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC					54.00
56.00 05600	RADIOISOTOPE					56.00
59.00 05900	CARDIAC CATHETERIZATION					59.00
60.00 06000	LABORATORY					60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65.00 06500	RESPIRATORY THERAPY					65.00
66.00 06600	PHYSICAL THERAPY					66.00
66.01 06601	WOUND CARE					66.01
67.00 06700	OCCUPATIONAL THERAPY					67.00
68.00 06800	SPEECH PATHOLOGY					68.00
69.00 06900	ELECTROCARDIOLOGY					69.00
70.00 07000	ELECTROENCEPHALOGRAPHY					70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT					71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS					72.00
73.00 07300	DRUGS CHARGED TO PATIENTS					73.00
74.00 07400	RENAL DIALYSIS					74.00
76.00 03951	OTHER					76.00
76.97 07697	CARDIAC REHABILITATION					76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY					76.98
76.99 07699	LITHOTRIPSY					76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC					90.00
90.01 09001	OCCUPATIONAL HEALTH					90.01
91.00 09100	EMERGENCY					91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500	AMBULANCE SERVICES					95.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0155

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

Worksheet B  
Part II  
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Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			19.00	20.00		
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN					190.00
194.00 07950	OTHER NRCC					194.00
194.01 07951	SISTERS RESIDENCE					194.01
200.00	Cross Foot Adjustments	0	0	0	0	3,973 200.00
201.00	Negative Cost Centers	0	0	0	0	0 201.00
202.00	TOTAL (sum lines 118 through 201)	0	0	0	0	3,973 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0155	Period: From 01/01/2018 To 06/30/2018	Worksheet B Part II Date/Time Prepared: 11/28/2018 12:38 pm
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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				1.00
2.00	00200				2.00
4.00	00400				4.00
5.00	00500				5.00
6.00	00600				6.00
7.00	00700				7.00
7.01	00701				7.01
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
12.00	01200				12.00
13.00	01300				13.00
14.00	01400				14.00
14.01	01401				14.01
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
19.00	01900				19.00
20.00	02000				20.00
21.00	02100				21.00
22.00	02200				22.00
23.00	02300				23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	338,210	0	338,210	30.00
31.00	03100	83,483	0	83,483	31.00
34.00	03400	62,719	0	62,719	34.00
43.00	04300	45,089	0	45,089	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	290,172	0	290,172	50.00
50.01	03330	0	0	0	50.01
51.00	05100	42,994	0	42,994	51.00
51.01	05101	72,195	0	72,195	51.01
52.00	05200	35,476	0	35,476	52.00
52.02	05201	20,653	0	20,653	52.02
52.04	05202	0	0	0	52.04
52.05	05203	0	0	0	52.05
52.06	05204	9,658	0	9,658	52.06
53.00	05300	22,211	0	22,211	53.00
54.00	05400	471,725	0	471,725	54.00
56.00	05600	149,902	0	149,902	56.00
59.00	05900	227,616	0	227,616	59.00
60.00	06000	136,348	0	136,348	60.00
62.30	06250	0	0	0	62.30
65.00	06500	60,522	0	60,522	65.00
66.00	06600	32,071	0	32,071	66.00
66.01	06601	17,651	0	17,651	66.01
67.00	06700	4,040	0	4,040	67.00
68.00	06800	2,703	0	2,703	68.00
69.00	06900	73,213	0	73,213	69.00
70.00	07000	8,062	0	8,062	70.00
71.00	07100	115,922	0	115,922	71.00
72.00	07200	127,207	0	127,207	72.00
73.00	07300	89,672	0	89,672	73.00
74.00	07400	118,512	0	118,512	74.00
76.00	03951	0	0	0	76.00
76.97	07697	21,742	0	21,742	76.97
76.98	07698	0	0	0	76.98
76.99	07699	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	0	0	0	90.00
90.01	09001	0	0	0	90.01
91.00	09100	132,137	0	132,137	91.00
92.00	09200	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300				113.00
118.00		2,811,905	0	2,811,905	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0155

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

Worksheet B  
Part II  
Date/Time Prepared:  
11/28/2018 12:38 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,700	0	4,700	190.00
194.00	07950	OTHER NRCC	103,260	0	103,260	194.00
194.01	07951	SISTERS RESIDENCE	4,060	0	4,060	194.01
200.00		Cross Foot Adjustments	3,973	0	3,973	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,927,898	0	2,927,898	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0155

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

Worksheet B-1

Date/Time Prepared:  
11/28/2018 12:38 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	401,835				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		2,315,096			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	17,303,907		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	22,501	882,586	1,318,403	-19,663,872	42,593,184
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00 00700	OPERATION OF PLANT	108,484	143,203	530,991	0	3,231,557
7.01 00701	BIO MED	0	0	0	0	0
8.00 00800	LAUNDRY & LINEN SERVICE	1,155	0	20,947	0	181,306
9.00 00900	HOUSEKEEPING	1,195	1,717	381,520	0	654,176
10.00 01000	DIETARY	7,997	1,236	100,859	0	645,468
11.00 01100	CAFETERIA	4,370	2,838	231,601	0	209,350
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	610	147,965	510,505	0	855,189
14.00 01400	CENTRAL SERVICES & SUPPLY	15,122	69,641	130,939	0	209,806
14.01 01401	STERILE PROCESSING	0	0	0	0	0
15.00 01500	PHARMACY	2,033	213	484,855	0	653,791
16.00 01600	MEDICAL RECORDS & LIBRARY	6,856	2,619	11,793	0	579,708
17.00 01700	SOCIAL SERVICE	300	0	354,855	0	447,339
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00 02300	PARAMED ED PRGM-(SPECIFY)	200	716	79,857	0	79,761
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	27,734	48,688	3,444,023	0	4,702,784
31.00 03100	INTENSIVE CARE UNIT	7,281	9,084	976,720	0	1,465,184
34.00 03400	SURGICAL INTENSIVE CARE UNIT	5,800	10,166	727,373	0	926,789
43.00 04300	NURSERY	11,968	7,598	239,882	0	319,616
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	11,680	187,569	885,750	0	1,531,104
50.01 03330	SPECIAL PROCEDURES	0	0	0	0	0
51.00 05100	RECOVERY ROOM	4,327	3,441	672,142	0	883,544
51.01 05101	OP ONCOLOGY	29,137	574	169,432	0	496,371
52.00 05200	DELIVERY ROOM & LABOR ROOM	9,567	6,074	191,769	0	255,510
52.02 05201	SUBSTANCE ABUSE	4,914	0	243,944	0	338,255
52.04 05202	DIABETES EDUCATION	0	0	0	0	0
52.05 05203	PODIATRY	0	0	0	0	0
52.06 05204	INFUSION CLINIC	2,366	449	95,974	0	134,338
53.00 05300	ANESTHESIOLOGY	310	14,363	17,066	0	129,158
54.00 05400	RADIOLOGY-DIAGNOSTIC	14,441	327,740	1,193,368	0	2,204,865
56.00 05600	RADIOLOGY-SOTOPE	1,800	110,843	187,874	0	722,381
59.00 05900	CARDIAC CATHETERIZATION	4,035	169,623	459,036	0	817,909
60.00 06000	LABORATORY	12,852	43,856	0	0	2,467,800
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	2,766	17,361	658,220	0	945,939
66.00 06600	PHYSICAL THERAPY	7,442	165	0	0	700,404
66.01 06601	WOUND CARE	3,291	95	8,378	0	446,078
67.00 06700	OCCUPATIONAL THERAPY	406	0	0	0	133,640
68.00 06800	SPEECH PATHOLOGY	240	0	0	0	93,082
69.00 06900	ELECTROCARDIOLOGY	3,034	45,043	212,340	0	517,544
70.00 07000	ELECTROENCEPHALOGRAPHY	799	4,833	17,823	0	32,683
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	2,704,485
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	2,978,549
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	2,892,171
74.00 07400	RENAL DIALYSIS	13,325	17,702	725,580	0	1,992,055
76.00 03951	OTHER	0	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	6,897	2,914	112,833	0	153,862
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99 07699	LITHOTRIpsy	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	0	0	0	0
90.01 09001	OCCUPATIONAL HEALTH	0	0	0	0	0
91.00 09100	EMERGENCY	15,552	26,853	1,352,840	0	1,958,117
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500	AMBULANCE SERVICES	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					113.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0155

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

Worksheet B-1

Date/Time Prepared:  
11/28/2018 12:38 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)		
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)						
	1.00	2.00	4.00					
118.00	SUBTOTALS (SUM OF LINES 1 through 117)				5A	5.00	118.00	
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	286	64,353	0	170,591	190.00
194.00	07950	OTHER NRCC	29,048	6,931	379,989	0	1,584,142	194.00
194.01	07951	SISTERS RESIDENCE	0	111	110,073	0	146,783	194.01
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)	316,487	2,611,411	68,145		19,663,872	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.787604	1.127993	0.003938		0.461667	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			0		1,013,274	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000000		0.023790	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: 14-0155

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

Worksheet B-1

Date/Time Prepared:  
11/28/2018 12:38 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	BIO MED (WORKORDERS)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (HOURS OF SERVICE)	
		6.00	7.00	7.01	8.00	9.00	
<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
6.00	00600	0					6.00
7.00	00700		270,850				7.00
7.01	00701	0	0	0			7.01
8.00	00800	0	1,155	0	10,718		8.00
9.00	00900	0	1,195	0	0	739,709	9.00
10.00	01000		7,997	0	0	8,778	10.00
11.00	01100		4,370	0	0	20,157	11.00
12.00	01200		0	0	0	0	12.00
13.00	01300		610	0	0	14,112	13.00
14.00	01400		15,122	0	0	10,905	14.00
14.01	01401		0	0	0	0	14.01
15.00	01500		2,033	0	0	15,015	15.00
16.00	01600		6,856	0	0	676	16.00
17.00	01700		300	0	0	13,113	17.00
19.00	01900		0	0	0	0	19.00
20.00	02000		0	0	0	0	20.00
21.00	02100		0	0	0	0	21.00
22.00	02200		0	0	0	0	22.00
23.00	02300		200	0	0	2,242	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	0	27,734	0	7,908	212,381	30.00
31.00	03100	0	7,281	0	1,397	47,288	31.00
34.00	03400	0	5,800	0	1,001	35,538	34.00
43.00	04300	0	11,968	0	348	12,156	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	11,680	0	0	49,078	50.00
50.01	03330	0	0	0	0	0	50.01
51.00	05100	0	4,327	0	0	25,563	51.00
51.01	05101	0	29,137	0	0	5,244	51.01
52.00	05200	0	9,567	0	0	9,718	52.00
52.02	05201	0	4,914	0	0	8,261	52.02
52.04	05202	0	0	0	0	0	52.04
52.05	05203	0	0	0	0	0	52.05
52.06	05204	0	2,366	0	0	3,209	52.06
53.00	05300	0	310	0	0	1,058	53.00
54.00	05400	0	14,441	0	0	51,149	54.00
56.00	05600	0	1,800	0	0	8,488	56.00
59.00	05900	0	4,035	0	0	21,147	59.00
60.00	06000	0	12,852	0	0	0	60.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	0	2,766	0	0	36,648	65.00
66.00	06600	0	7,442	0	0	0	66.00
66.01	06601	0	3,291	0	0	147	66.01
67.00	06700	0	406	0	0	0	67.00
68.00	06800	0	240	0	0	0	68.00
69.00	06900	0	3,034	0	0	6,204	69.00
70.00	07000	0	799	0	0	628	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	13,325	0	0	38,306	74.00
76.00	03951	0	0	0	0	0	76.00
76.97	07697	0	6,897	0	0	3,227	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	0	0	0	0	90.01
91.00	09100	0	15,552	0	64	63,541	91.00
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	0	0	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	0	0	0	0	0	113.00
118.00		0	241,802	0	10,718	723,977	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	6,088	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0155

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

Worksheet B-1

Date/Time Prepared:  
11/28/2018 12:38 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	BIO MED (WORKORDERS)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (HOURS OF SERVICE)	
		6.00	7.00	7.01	8.00	9.00	
194.00	07950 OTHER NRCC	0	29,048	0	0	1,178	194.00
194.01	07951 SISTERS RESIDENCE	0	0	0	0	8,466	194.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	4,723,460	0	285,152	977,027	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	17.439394	0.000000	26.604964	1.320826	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	323,855	0	6,604	19,870	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	1.195699	0.000000	0.616160	0.026862	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: 14-0155

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

Worksheet B-1

Date/Time Prepared:  
11/28/2018 12:38 pm

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (HOURS OF SERVICE)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (HOURS OF SERVICE)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		10.00	11.00	12.00	13.00	14.00	
<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
6.00	00600						6.00
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	41,635					10.00
11.00	01100	0	710,774				11.00
12.00	01200	0	0	0			12.00
13.00	01300	0	14,112	0	680,930		13.00
14.00	01400	0	10,905	0	10,905	6,330,921	14.00
14.01	01401	0	0	0	0	0	14.01
15.00	01500	0	15,015	0	15,015	0	15.00
16.00	01600	0	676	0	676	0	16.00
17.00	01700	0	13,113	0	13,113	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	2,242	0	2,242	6,603	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	31,750	212,381	0	212,381	108,010	30.00
31.00	03100	5,609	47,288	0	47,288	0	31.00
34.00	03400	4,019	35,538	0	35,538	0	34.00
43.00	04300	0	12,156	0	12,156	18,089	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	49,078	0	49,078	14,904	50.00
50.01	03330	0	0	0	0	0	50.01
51.00	05100	0	25,563	0	25,563	23,747	51.00
51.01	05101	0	5,244	0	5,244	0	51.01
52.00	05200	0	9,718	0	9,718	14,461	52.00
52.02	05201	0	8,261	0	8,261	23	52.02
52.04	05202	0	0	0	0	0	52.04
52.05	05203	0	0	0	0	0	52.05
52.06	05204	0	3,209	0	3,209	0	52.06
53.00	05300	0	1,058	0	1,058	71,020	53.00
54.00	05400	0	51,149	0	51,149	0	54.00
56.00	05600	0	8,488	0	8,488	5,577	56.00
59.00	05900	0	21,147	0	21,147	8,750	59.00
60.00	06000	0	0	0	0	26	60.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	0	36,648	0	36,648	0	65.00
66.00	06600	0	0	0	0	2,524	66.00
66.01	06601	0	147	0	147	0	66.01
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	6,204	0	6,204	4,089	69.00
70.00	07000	0	628	0	628	1,607	70.00
71.00	07100	0	0	0	0	2,704,485	71.00
72.00	07200	0	0	0	0	2,978,549	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	38,306	0	38,306	366,670	74.00
76.00	03951	0	0	0	0	0	76.00
76.97	07697	0	3,227	0	3,227	870	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	0	0	0	0	90.01
91.00	09100	257	63,541	0	63,541	0	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	0	0	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
118.00							118.00
		41,635	695,042	0	680,930	6,330,004	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0155

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

Worksheet B-1

Date/Time Prepared:  
11/28/2018 12:38 pm

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (HOURS OF SERVICE)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (HOURS OF SERVICE)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)		
		10.00	11.00	12.00	13.00	14.00		
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	6,088	0	0	338	190.00
194.00	07950	OTHER NRCC	0	1,178	0	0	93	194.00
194.01	07951	SISTERS RESIDENCE	0	8,466	0	0	486	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,094,516	408,834	0	1,287,396	611,680	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	26.288363	0.575195	0.000000	1.890644	0.096618	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	32,846	17,389	0	189,181	117,127	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.788904	0.024465	0.000000	0.277827	0.018501	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: 14-0155

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

Worksheet B-1

Date/Time Prepared:  
11/28/2018 12:38 pm

Cost Center Description		STERILE PROCESSING (TIME SERV)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		14.01	15.00	16.00	17.00	19.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	BIO MED					7.01
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
14.01	01401	STERILE PROCESSING	0				14.01
15.00	01500	PHARMACY	0	3,691,106			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	373,595,905		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	10,000	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	1,430	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	45,993	35,216,104	7,334	0
31.00	03100	INTENSIVE CARE UNIT	0	17,226	11,095,651	1,325	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	11,209	8,082,502	950	0
43.00	04300	NURSERY	0	1,305	1,307,035	330	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	25,185	29,341,299	0	0
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	0
51.00	05100	RECOVERY ROOM	0	13,676	6,898,057	0	0
51.01	05101	OP ONCOLOGY	0	10,405	1,916,828	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,043	1,191,154	0	0
52.02	05201	SUBSTANCE ABUSE	0	0	1,715,840	0	0
52.04	05202	DIABETES EDUCATION	0	0	0	0	0
52.05	05203	PODIATRY	0	0	0	0	0
52.06	05204	INFUSION CLINIC	0	13,430	1,420,969	0	0
53.00	05300	ANESTHESIOLOGY	0	9,586	7,262,885	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	60,567	45,988,323	0	0
56.00	05600	RADIOISOTOPE	0	105,167	6,265,206	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	39,171	17,513,540	0	0
60.00	06000	LABORATORY	0	0	32,694,043	0	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	619	10,752,401	0	0
66.00	06600	PHYSICAL THERAPY	0	0	5,072,725	0	0
66.01	06601	WOUND CARE	0	7,723	3,708,341	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	679,231	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	154,640	0	0
69.00	06900	ELECTROCARDIOLOGY	0	71,907	17,976,214	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	147,707	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	18,855,937	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	15,160,048	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,732,803	30,847,476	0	0
74.00	07400	RENAL DIALYSIS	0	463,363	27,122,252	0	0
76.00	03951	OTHER	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	0	450,801	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	OCCUPATIONAL HEALTH	0	0	0	0	0
91.00	09100	EMERGENCY	0	47,168	34,758,696	61	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	3,678,976	373,595,905	10,000	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0155

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

Worksheet B-1

Date/Time Prepared:  
11/28/2018 12:38 pm

Cost Center Description		STERILE PROCESSING (TIME SERV)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		14.01	15.00	16.00	17.00	19.00	
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07950	OTHER NRCC	0	12,130	0	0	194.00
194.01	07951	SISTERS RESIDENCE	0	0	0	0	194.01
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	1,047,936	969,464	708,748	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.283908	0.002595	70.874800	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	24,768	30,566	15,553	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.006710	0.000082	1.555300	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: 14-0155

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

Worksheet B-1

Date/Time Prepared:  
11/28/2018 12:38 pm

Cost Center Description	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	
		SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
		20.00	21.00		
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00 00500	ADMINISTRATIVE & GENERAL				5.00
6.00 00600	MAINTENANCE & REPAIRS				6.00
7.00 00700	OPERATION OF PLANT				7.00
7.01 00701	BIO MED				7.01
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
12.00 01200	MAINTENANCE OF PERSONNEL				12.00
13.00 01300	NURSING ADMINISTRATION				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00
14.01 01401	STERILE PROCESSING				14.01
15.00 01500	PHARMACY				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY				16.00
17.00 01700	SOCIAL SERVICE				17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00 02000	NURSING SCHOOL	0			20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV		0		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV			0	22.00
23.00 02300	PARAMED PRGM-(SPECIFY)			4,760	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000	ADULTS & PEDIATRICS	0	0	450	30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	280	31.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
43.00 04300	NURSERY	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000	OPERATING ROOM	0	0	120	50.00
50.01 03330	SPECIAL PROCEDURES	0	0	0	50.01
51.00 05100	RECOVERY ROOM	0	0	280	51.00
51.01 05101	OP ONCOLOGY	0	0	0	51.01
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
52.02 05201	SUBSTANCE ABUSE	0	0	0	52.02
52.04 05202	DIABETES EDUCATION	0	0	0	52.04
52.05 05203	PODIATRY	0	0	0	52.05
52.06 05204	INFUSION CLINIC	0	0	0	52.06
53.00 05300	ANESTHESIOLOGY	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	140	54.00
56.00 05600	RADIOLOGY	0	0	0	56.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	60	59.00
60.00 06000	LABORATORY	0	0	0	60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00 06500	RESPIRATORY THERAPY	0	0	120	65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	66.00
66.01 06601	WOUND CARE	0	0	0	66.01
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	140	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	140	74.00
76.00 03951	OTHER	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	76.97
76.98 07698	HYPERBARI C OXYGEN THERAPY	0	0	0	76.98
76.99 07699	LITHOTRIpsy	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 09000	CLINIC	0	0	0	90.00
90.01 09001	OCCUPATIONAL HEALTH	0	0	0	90.01
91.00 09100	EMERGENCY	0	0	3,030	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00 09500	AMBULANCE SERVICES	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00 11300	INTEREST EXPENSE				113.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0155

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

Worksheet B-1

Date/Time Prepared:  
11/28/2018 12:38 pm

Cost Center Description	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)						
		SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)							
		20.00	21.00				22.00	23.00		
118.00	SUBTOTALS (SUM OF LINES 1 through 117)					0	0	0	4,760	118.00
NONREIMBURSABLE COST CENTERS										
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	0	190.00
194.00	07950	OTHER NRCC	0	0	0	0	0	0	0	194.00
194.01	07951	SISTERS RESIDENCE	0	0	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments								200.00
201.00		Negative Cost Centers								201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	0	0			129,606		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000			27.228151		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	0			3,973		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000			0.834664		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

Provider CCN: 14-0155

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

Worksheet B-2  
 Date/Time Prepared:  
 11/28/2018 12:38 pm

	Description	Worksheet		Amount	
		CODE	Line No.		
	1.00	2.00	3.00	4.00	
1.00	ADJ FOR EPO COSTS IN RENAL DIALYSIS		1 74.00	0	1.00
2.00	ADJ FOR EPO COSTS IN HOME PROGRAM		1 94.00	0	2.00
3.00	ADJ FOR ARANESP COSTS IN RENAL DIALYSIS		1 74.00	0	3.00
4.00	ADJ FOR ARANESP COSTS IN HOME PROGRAM		1 94.00	0	4.00
5.00	ADJ FOR ESA COSTS IN RENAL DIALYSIS		1 74.00	-121,804	5.00
6.00	ADJ FOR ESA COSTS IN HOME PROGRAM		1 94.00	0	6.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0155		Period: From 01/01/2018 To 06/30/2018		Worksheet C Part I Date/Time Prepared: 11/28/2018 12:38 pm	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	9,853,763		9,853,763	211	9,853,974	30.00
31.00	03100 INTENSIVE CARE UNIT	2,767,486		2,767,486	1,119	2,768,605	31.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	1,814,148		1,814,148	1,119	1,815,267	34.00
43.00	04300 NURSERY	760,076		760,076	0	760,076	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	2,715,495		2,715,495	0	2,715,495	50.00
50.01	03330 SPECIAL PROCEDURES	0		0	0	0	50.01
51.00	05100 RECOVERY ROOM	1,495,407		1,495,407	0	1,495,407	51.00
51.01	05101 OP ONCOLOGY	1,261,447		1,261,447	11,400	1,272,847	51.01
52.00	05200 DELIVERY ROOM & LABOR ROOM	581,897		581,897	0	581,897	52.00
52.02	05201 SUBSTANCE ABUSE	615,850		615,850	1,915	617,765	52.02
52.04	05202 DIABETES EDUCATION	0		0	0	0	52.04
52.05	05203 PODIATRY	0		0	0	0	52.05
52.06	05204 INFUSION CLINIC	257,271		257,271	0	257,271	52.06
53.00	05300 ANESTHESIOLOGY	226,629		226,629	0	226,629	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	3,808,636		3,808,636	2,258	3,810,894	54.00
56.00	05600 RADIOISOTOPE	1,166,067		1,166,067	35,516	1,201,583	56.00
59.00	05900 CARDIAC CATHETERIZATION	1,405,004		1,405,004	2,570	1,407,574	59.00
60.00	06000 LABORATORY	3,916,077		3,916,077	3,977	3,920,054	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	1,601,004	0	1,601,004	2,604	1,603,608	65.00
66.00	06600 PHYSICAL THERAPY	1,166,949	0	1,166,949	0	1,166,949	66.00
66.01	06601 WOUND CARE	721,783	0	721,783	0	721,783	66.01
67.00	06700 OCCUPATIONAL THERAPY	204,180	0	204,180	0	204,180	67.00
68.00	06800 SPEECH PATHOLOGY	140,641	0	140,641	0	140,641	68.00
69.00	06900 ELECTROCARDIOLOGY	904,151		904,151	0	904,151	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	64,621		64,621	0	64,621	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	4,263,289		4,263,289	0	4,263,289	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	4,680,767		4,680,767	0	4,680,767	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	5,083,306		5,083,306	0	5,083,306	73.00
74.00	07400 RENAL DIALYSIS	3,408,522		3,408,522	12,447	3,420,969	74.00
76.00	03951 OTHER	0		0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	358,648		358,648	0	358,648	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98
76.99	07699 LI THOTRI PSY	0		0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0		0	0	0	90.00
90.01	09001 OCCUPATIONAL HEALTH	0		0	0	0	90.01
91.00	09100 EMERGENCY	3,572,813		3,572,813	5,120	3,577,933	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1,431,335		1,431,335	0	1,431,335	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	0		0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	60,247,262	0	60,247,262	80,256	60,327,518	200.00
201.00	Less Observation Beds	1,431,335		1,431,335		1,431,335	201.00
202.00	Total (see instructions)	58,815,927	0	58,815,927	80,256	58,896,183	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0155		Period: From 01/01/2018 To 06/30/2018		Worksheet C Part I Date/Time Prepared: 11/28/2018 12:38 pm		
			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	29,962,856		29,962,856				30.00
31.00	03100	INTENSIVE CARE UNIT	11,095,651		11,095,651				31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	8,082,502		8,082,502				34.00
43.00	04300	NURSERY	1,307,035		1,307,035				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	11,538,084	17,803,215	29,341,299	0.092549	0.000000		50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0.000000	0.000000		50.01
51.00	05100	RECOVERY ROOM	1,691,327	5,206,730	6,898,057	0.216787	0.000000		51.00
51.01	05101	OP ONCOLOGY	1,307	1,915,521	1,916,828	0.658091	0.000000		51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	603,854	587,300	1,191,154	0.488515	0.000000		52.00
52.02	05201	SUBSTANCE ABUSE	65,052	1,650,788	1,715,840	0.358920	0.000000		52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0.000000	0.000000		52.04
52.05	05203	PODIATRY	0	0	0	0.000000	0.000000		52.05
52.06	05204	INFUSION CLINIC	147,191	1,273,778	1,420,969	0.181053	0.000000		52.06
53.00	05300	ANESTHESIOLOGY	2,997,549	4,265,336	7,262,885	0.031204	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,469,313	35,519,010	45,988,323	0.082817	0.000000		54.00
56.00	05600	RADIOISOTOPE	464,979	5,800,227	6,265,206	0.186118	0.000000		56.00
59.00	05900	CARDIAC CATHETERIZATION	5,565,508	11,948,032	17,513,540	0.080224	0.000000		59.00
60.00	06000	LABORATORY	13,151,087	19,542,956	32,694,043	0.119780	0.000000		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000		62.30
65.00	06500	RESPIRATORY THERAPY	8,018,446	2,733,955	10,752,401	0.148897	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	1,606,497	3,466,228	5,072,725	0.230044	0.000000		66.00
66.01	06601	WOUND CARE	55,577	3,652,764	3,708,341	0.194638	0.000000		66.01
67.00	06700	OCCUPATIONAL THERAPY	218,088	461,143	679,231	0.300605	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	38,488	116,152	154,640	0.909474	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	4,001,517	13,974,697	17,976,214	0.050297	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	56,561	91,146	147,707	0.437494	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,164,782	7,691,155	18,855,937	0.226098	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,907,736	5,252,312	15,160,048	0.308757	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	14,319,907	16,527,569	30,847,476	0.164788	0.000000		73.00
74.00	07400	RENAL DIALYSIS	741,132	26,381,120	27,122,252	0.125673	0.000000		74.00
76.00	03951	OTHER	0	0	0	0.000000	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	7,255	443,546	450,801	0.795579	0.000000		76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0.000000	0.000000		76.98
76.99	07699	LITHOTRI PSY	0	0	0	0.000000	0.000000		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90.00	09000	CLINIC	0	0	0	0.000000	0.000000		90.00
90.01	09001	OCCUPATIONAL HEALTH	0	0	0	0.000000	0.000000		90.01
91.00	09100	EMERGENCY	10,118,879	24,639,817	34,758,696	0.102789	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,163,452	4,089,796	5,253,248	0.272467	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>									
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000		95.00
<b>SPECIAL PURPOSE COST CENTERS</b>									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	158,561,612	215,034,293	373,595,905				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	158,561,612	215,034,293	373,595,905				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0155	Period: From 01/01/2018 To 06/30/2018	Worksheet C Part I Date/Time Prepared: 11/28/2018 12:38 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
43.00	04300 NURSERY			43.00
	<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	0.092549		50.00
50.01	03330 SPECIAL PROCEDURES	0.000000		50.01
51.00	05100 RECOVERY ROOM	0.216787		51.00
51.01	05101 OP ONCOLOGY	0.664038		51.01
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.488515		52.00
52.02	05201 SUBSTANCE ABUSE	0.360036		52.02
52.04	05202 DIABETES EDUCATION	0.000000		52.04
52.05	05203 PODIATRY	0.000000		52.05
52.06	05204 INFUSION CLINIC	0.181053		52.06
53.00	05300 ANESTHESIOLOGY	0.031204		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.082867		54.00
56.00	05600 RADIOISOTOPE	0.191787		56.00
59.00	05900 CARDIAC CATHETERIZATION	0.080371		59.00
60.00	06000 LABORATORY	0.119901		60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
65.00	06500 RESPIRATORY THERAPY	0.149140		65.00
66.00	06600 PHYSICAL THERAPY	0.230044		66.00
66.01	06601 WOUND CARE	0.194638		66.01
67.00	06700 OCCUPATIONAL THERAPY	0.300605		67.00
68.00	06800 SPEECH PATHOLOGY	0.909474		68.00
69.00	06900 ELECTROCARDIOLOGY	0.050297		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.437494		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.226098		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.308757		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.164788		73.00
74.00	07400 RENAL DIALYSIS	0.126131		74.00
76.00	03951 OTHER	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.795579		76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0.000000		76.98
76.99	07699 LI THOTRI PSY	0.000000		76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 OCCUPATIONAL HEALTH	0.000000		90.01
91.00	09100 EMERGENCY	0.102936		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.272467		92.00
	<b>OTHER REIMBURSABLE COST CENTERS</b>			
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
	<b>SPECIAL PURPOSE COST CENTERS</b>			
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0155		Period: From 01/01/2018 To 06/30/2018		Worksheet C Part I Date/Time Prepared: 11/28/2018 12:38 pm	
		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS		9,853,763		0	0	30.00
31.00	03100 INTENSIVE CARE UNIT		2,767,486		0	0	31.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		1,814,148		0	0	34.00
43.00	04300 NURSERY		760,076		0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM		2,715,495		0	0	50.00
50.01	03330 SPECIAL PROCEDURES		0		0	0	50.01
51.00	05100 RECOVERY ROOM		1,495,407		0	0	51.00
51.01	05101 OP ONCOLOGY		1,261,447		0	0	51.01
52.00	05200 DELIVERY ROOM & LABOR ROOM		581,897		0	0	52.00
52.02	05201 SUBSTANCE ABUSE		615,850		0	0	52.02
52.04	05202 DIABETES EDUCATION		0		0	0	52.04
52.05	05203 PODIATRY		0		0	0	52.05
52.06	05204 INFUSION CLINIC		257,271		0	0	52.06
53.00	05300 ANESTHESIOLOGY		226,629		0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		3,808,636		0	0	54.00
56.00	05600 RADIOISOTOPE		1,166,067		0	0	56.00
59.00	05900 CARDIAC CATHETERIZATION		1,405,004		0	0	59.00
60.00	06000 LABORATORY		3,916,077		0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS		0		0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	1,601,004		0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	1,166,949		0	0	66.00
66.01	06601 WOUND CARE	0	721,783		0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0	204,180		0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	140,641		0	0	68.00
69.00	06900 ELECTROCARDIOLOGY		904,151		0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		64,621		0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		4,263,289		0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		4,680,767		0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		5,083,306		0	0	73.00
74.00	07400 RENAL DIALYSIS		3,408,522		0	0	74.00
76.00	03951 OTHER		0		0	0	76.00
76.97	07697 CARDIAC REHABILITATION		358,648		0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY		0		0	0	76.98
76.99	07699 LI THOTRI PSY		0		0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC		0		0	0	90.00
90.01	09001 OCCUPATIONAL HEALTH		0		0	0	90.01
91.00	09100 EMERGENCY		3,572,813		0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		1,431,309		0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES		0		0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)		60,247,236	0	0	0	200.00
201.00	Less Observation Beds		1,431,309				201.00
202.00	Total (see instructions)		58,815,927	0	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0155		Period: From 01/01/2018 To 06/30/2018		Worksheet C Part I Date/Time Prepared: 11/28/2018 12:38 pm	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	32,873,595		32,873,595			30.00
31.00	03100	INTENSIVE CARE UNIT	22,823,663		22,823,663			31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	17,255,860		17,255,860			34.00
43.00	04300	NURSERY	0		0			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	13,572,649	27,414,743	40,987,392	0.066252	0.000000	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0.000000	0.000000	50.01
51.00	05100	RECOVERY ROOM	2,177,959	6,699,844	8,877,803	0.168443	0.000000	51.00
51.01	05101	OP ONCOLOGY	0	2,580,551	2,580,551	0.488829	0.000000	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
52.02	05201	SUBSTANCE ABUSE	72,281	1,812,773	1,885,054	0.326702	0.000000	52.02
52.04	05202	DIABETES EDUCATION	1,615,840	239,576	1,855,416	0.000000	0.000000	52.04
52.05	05203	PODIATRY	0	0	0	0.000000	0.000000	52.05
52.06	05204	INFUSION CLINIC	205,741	571,996	777,737	0.330794	0.000000	52.06
53.00	05300	ANESTHESIOLOGY	2,485,501	6,286,565	8,772,066	0.025835	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,952,478	73,821,157	98,773,635	0.038559	0.000000	54.00
56.00	05600	RADIOISOTOPE	1,379,399	9,539,347	10,918,746	0.106795	0.000000	56.00
59.00	05900	CARDIAC CATHETERIZATION	9,767,915	11,257,959	21,025,874	0.066823	0.000000	59.00
60.00	06000	LABORATORY	25,512,423	34,674,860	60,187,283	0.065065	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	8,457,018	3,797,005	12,254,023	0.130651	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	2,228,344	4,856,185	7,084,529	0.164718	0.000000	66.00
66.01	06601	WOUND CARE	88,372	8,580,906	8,669,278	0.083258	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	701,914	715,186	1,417,100	0.144083	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	135,779	211,337	347,116	0.405170	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	5,275,591	7,319,433	12,595,024	0.071786	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	198,776	320,821	519,597	0.124368	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	22,865,180	18,551,196	41,416,376	0.102937	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,909,802	6,378,492	16,288,294	0.287370	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	46,196,626	47,864,620	94,061,246	0.054043	0.000000	73.00
74.00	07400	RENAL DIALYSIS	1,392,837	35,682,315	37,075,152	0.091935	0.000000	74.00
76.00	03951	OTHER	0	0	0	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	6,081	455,440	461,521	0.777100	0.000000	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0.000000	0.000000	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	1,344,248	1,344,248	0.000000	0.000000	90.01
91.00	09100	EMERGENCY	9,757,789	37,828,974	47,586,763	0.075080	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,063,077	5,247,034	6,310,111	0.226828	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	262,972,490	354,052,563	617,025,053			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	262,972,490	354,052,563	617,025,053			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0155	Period: From 01/01/2018 To 06/30/2018	Worksheet C Part I Date/Time Prepared: 11/28/2018 12:38 pm
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
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.000000		50.00
50.01	03330	SPECIAL PROCEDURES	0.000000		50.01
51.00	05100	RECOVERY ROOM	0.000000		51.00
51.01	05101	OP ONCOLOGY	0.000000		51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
52.02	05201	SUBSTANCE ABUSE	0.000000		52.02
52.04	05202	DIABETES EDUCATION	0.000000		52.04
52.05	05203	PODIATRY	0.000000		52.05
52.06	05204	INFUSION CLINIC	0.000000		52.06
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
66.01	06601	WOUND CARE	0.000000		66.01
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
76.00	03951	OTHER	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	OCCUPATIONAL HEALTH	0.000000		90.01
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 14-0155	Period: From 01/01/2018 To 06/30/2018	Worksheet D Part I Date/Time Prepared: 11/28/2018 12:38 pm
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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)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	338,210	0	338,210	8,998	37.59	30.00	
31.00	INTENSIVE CARE UNIT	83,483		83,483	1,399	59.67	31.00	
34.00	SURGICAL INTENSIVE CARE UNIT	62,719		62,719	1,016	61.73	34.00	
43.00	NURSERY	45,089		45,089	348	129.57	43.00	
200.00	Total (lines 30 through 199)	529,501		529,501	11,761		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	3,007	113,033					30.00
31.00	INTENSIVE CARE UNIT	743	44,335					31.00
34.00	SURGICAL INTENSIVE CARE UNIT	436	26,914					34.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30 through 199)	4,186	184,282					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0155	Period: From 01/01/2018 To 06/30/2018	Worksheet D Part II Date/Time Prepared: 11/28/2018 12:38 pm
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Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	290,172	29,341,299	0.009890	5,505,123	54,446	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0.000000	0	0	50.01
51.00	05100	RECOVERY ROOM	42,994	6,898,057	0.006233	824,412	5,139	51.00
51.01	05101	OP ONCOLOGY	72,195	1,916,828	0.037664	1,307	49	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	35,476	1,191,154	0.029783	107	3	52.00
52.02	05201	SUBSTANCE ABUSE	20,653	1,715,840	0.012037	6,026	73	52.02
52.04	05202	DIABETES EDUCATION	0	0	0.000000	0	0	52.04
52.05	05203	PODIATRY	0	0	0.000000	0	0	52.05
52.06	05204	INFUSION CLINIC	9,658	1,420,969	0.006797	50,538	344	52.06
53.00	05300	ANESTHESIOLOGY	22,211	7,262,885	0.003058	1,493,513	4,567	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	471,725	45,988,323	0.010257	5,324,826	54,617	54.00
56.00	05600	RADIOISOTOPE	149,902	6,265,206	0.023926	213,864	5,117	56.00
59.00	05900	CARDIAC CATHETERIZATION	227,616	17,513,540	0.012997	2,521,225	32,768	59.00
60.00	06000	LABORATORY	136,348	32,694,043	0.004170	6,077,213	25,342	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	60,522	10,752,401	0.005629	3,928,364	22,113	65.00
66.00	06600	PHYSICAL THERAPY	32,071	5,072,725	0.006322	847,991	5,361	66.00
66.01	06601	WOUND CARE	17,651	3,708,341	0.004760	3,799	18	66.01
67.00	06700	OCCUPATIONAL THERAPY	4,040	679,231	0.005948	112,620	670	67.00
68.00	06800	SPEECH PATHOLOGY	2,703	154,640	0.017479	24,429	427	68.00
69.00	06900	ELECTROCARDIOLOGY	73,213	17,976,214	0.004073	1,878,336	7,650	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	8,062	147,707	0.054581	29,920	1,633	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	115,922	18,855,937	0.006148	5,460,204	33,569	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	127,207	15,160,048	0.008391	4,784,454	40,146	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	89,672	30,847,476	0.002907	6,771,115	19,684	73.00
74.00	07400	RENAL DIALYSIS	118,512	27,122,252	0.004370	402,964	1,761	74.00
76.00	03951	OTHER	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	21,742	450,801	0.048230	2,920	141	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	0	0.000000	0	0	90.01
91.00	09100	EMERGENCY	132,137	34,758,696	0.003802	4,223,331	16,057	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	49,126	5,253,248	0.009352	711,745	6,656	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	2,331,530	323,147,861		51,200,346	338,351	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0155	Period: From 01/01/2018 To 06/30/2018	Worksheet D Part III Date/Time Prepared: 11/28/2018 12:38 pm
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Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	12,253	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	7,624	0	31.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	19,877	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	12,253	8,998	1.36	3,007	30.00	
31.00	03100	INTENSIVE CARE UNIT		7,624	1,399	5.45	743	31.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	1,016	0.00	436	34.00	
43.00	04300	NURSERY		0	348	0.00	0	43.00	
200.00		Total (lines 30 through 199)		19,877	11,761		4,186	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	4,090						30.00
31.00	03100	INTENSIVE CARE UNIT	4,049						31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0						34.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	8,139						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0155	Period: From 01/01/2018 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/28/2018 12:38 pm
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Cost Center Description	Title XVIII					Hospital	
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	PPS	
	1.00	2A	2.00	3A	3.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	0	0	0	0	3,267		50.00
50.01 03330 SPECIAL PROCEDURES	0	0	0	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	7,624		51.00
51.01 05101 OP ONCOLOGY	0	0	0	0	0		51.01
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0		52.00
52.02 05201 SUBSTANCE ABUSE	0	0	0	0	0		52.02
52.04 05202 DIABETES EDUCATION	0	0	0	0	0		52.04
52.05 05203 PODIATRY	0	0	0	0	0		52.05
52.06 05204 INFUSION CLINIC	0	0	0	0	0		52.06
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	3,812		54.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0		56.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	1,634		59.00
60.00 06000 LABORATORY	0	0	0	0	0		60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0		62.30
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	3,267		65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0		66.00
66.01 06601 WOUND CARE	0	0	0	0	0		66.01
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	3,812		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	3,812		74.00
76.00 03951 OTHER	0	0	0	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0		76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000 CLINIC	0	0	0	0	0		90.00
90.01 09001 OCCUPATIONAL HEALTH	0	0	0	0	0		90.01
91.00 09100 EMERGENCY	0	0	0	0	82,501		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	1,779		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00 09500 AMBULANCE SERVICES							95.00
200.00 Total (lines 50 through 199)	0	0	0	0	111,508		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0155	Period: From 01/01/2018 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/28/2018 12:38 pm
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Cost Center Description		Title XVIII			Hospital	PPS		
		All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
		4.00	5.00	6.00	7.00	8.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	3,267	3,267	29,341,299	0.000111	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	7,624	7,624	6,898,057	0.001105	51.00
51.01	05101	OP ONCOLOGY	0	0	0	1,916,828	0.000000	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,191,154	0.000000	52.00
52.02	05201	SUBSTANCE ABUSE	0	0	0	1,715,840	0.000000	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0	0.000000	52.04
52.05	05203	PODIATRY	0	0	0	0	0.000000	52.05
52.06	05204	INFUSION CLINIC	0	0	0	1,420,969	0.000000	52.06
53.00	05300	ANESTHESIOLOGY	0	0	0	7,262,885	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,812	3,812	45,988,323	0.000083	54.00
56.00	05600	RADIO SOTOPE	0	0	0	6,265,206	0.000000	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,634	1,634	17,513,540	0.000093	59.00
60.00	06000	LABORATORY	0	0	0	32,694,043	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0	3,267	3,267	10,752,401	0.000304	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	5,072,725	0.000000	66.00
66.01	06601	WOUND CARE	0	0	0	3,708,341	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	679,231	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	154,640	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,812	3,812	17,976,214	0.000212	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	147,707	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	18,855,937	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	15,160,048	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	30,847,476	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	3,812	3,812	27,122,252	0.000141	74.00
76.00	03951	OTHER	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	450,801	0.000000	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0.000000	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	0	0	0	0.000000	90.01
91.00	09100	EMERGENCY	0	82,501	82,501	34,758,696	0.002374	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	1,779	1,779	5,253,248	0.000339	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	111,508	111,508	323,147,861		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0155	Period: From 01/01/2018 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/28/2018 12:38 pm
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Cost Center Description		Title XVIII			Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	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	0.000111	5,505,123	611	5,704,264	633	50.00
50.01	03330 SPECIAL PROCEDURES	0.000000	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0.001105	824,412	911	1,799,389	1,988	51.00
51.01	05101 OP ONCOLOGY	0.000000	1,307	0	752,959	0	51.01
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	107	0	0	0	52.00
52.02	05201 SUBSTANCE ABUSE	0.000000	6,026	0	208,564	0	52.02
52.04	05202 DIABETES EDUCATION	0.000000	0	0	0	0	52.04
52.05	05203 PODIATRY	0.000000	0	0	0	0	52.05
52.06	05204 INFUSION CLINIC	0.000000	50,538	0	430,597	0	52.06
53.00	05300 ANESTHESIOLOGY	0.000000	1,493,513	0	1,385,015	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000083	5,324,826	442	8,560,248	711	54.00
56.00	05600 RADIOISOTOPE	0.000000	213,864	0	2,347,830	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	0.000093	2,521,225	234	5,353,684	498	59.00
60.00	06000 LABORATORY	0.000000	6,077,213	0	2,937,403	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.000304	3,928,364	1,194	725,263	220	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	847,991	0	47,706	0	66.00
66.01	06601 WOUND CARE	0.000000	3,799	0	384,640	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0.000000	112,620	0	6,937	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	24,429	0	1,454	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000212	1,878,336	398	5,502,146	1,166	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	29,920	0	20,252	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	5,460,204	0	3,598,010	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	4,784,454	0	2,064,601	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	6,771,115	0	6,357,443	0	73.00
74.00	07400 RENAL DIALYSIS	0.000141	402,964	57	33,960	5	74.00
76.00	03951 OTHER	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	2,920	0	249,320	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 OCCUPATIONAL HEALTH	0.000000	0	0	0	0	90.01
91.00	09100 EMERGENCY	0.002374	4,223,331	10,026	4,263,706	10,122	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000339	711,745	241	2,168,369	735	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		51,200,346	14,114	54,903,760	16,078	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0155	Period: From 01/01/2018 To 06/30/2018	Worksheet D Part V Date/Time Prepared: 11/28/2018 12:38 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0.092549	5,704,264	21	10	527,924	50.00
50.01 03330 SPECIAL PROCEDURES	0.000000	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0.216787	1,799,389	0	0	390,084	51.00
51.01 05101 OP ONCOLOGY	0.658091	752,959	0	0	495,516	51.01
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.488515	0	0	0	0	52.00
52.02 05201 SUBSTANCE ABUSE	0.358920	208,564	0	0	74,858	52.02
52.04 05202 DIABETES EDUCATION	0.000000	0	0	0	0	52.04
52.05 05203 PODIATRY	0.000000	0	0	0	0	52.05
52.06 05204 INFUSION CLINIC	0.181053	430,597	0	0	77,961	52.06
53.00 05300 ANESTHESIOLOGY	0.031204	1,385,015	0	0	43,218	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.082817	8,560,248	27	37	708,934	54.00
56.00 05600 RADIOISOTOPE	0.186118	2,347,830	88	91	436,973	56.00
59.00 05900 CARDIAC CATHETERIZATION	0.080224	5,353,684	0	0	429,494	59.00
60.00 06000 LABORATORY	0.119780	2,937,403	1,294	0	351,842	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0.148897	725,263	0	0	107,989	65.00
66.00 06600 PHYSICAL THERAPY	0.230044	47,706	0	0	10,974	66.00
66.01 06601 WOUND CARE	0.194638	384,640	95	48	74,866	66.01
67.00 06700 OCCUPATIONAL THERAPY	0.300605	6,937	0	0	2,085	67.00
68.00 06800 SPEECH PATHOLOGY	0.909474	1,454	0	0	1,322	68.00
69.00 06900 ELECTROCARDIOLOGY	0.050297	5,502,146	300	152	276,741	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.437494	20,252	0	0	8,860	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.226098	3,598,010	0	0	813,503	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.308757	2,064,601	0	0	637,460	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.164788	6,357,443	5,828	12,990	1,047,630	73.00
74.00 07400 RENAL DIALYSIS	0.125673	33,960	0	0	4,268	74.00
76.00 03951 OTHER	0.000000	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0.795579	249,320	0	0	198,354	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0.000000	0	0	0	0	90.00
90.01 09001 OCCUPATIONAL HEALTH	0.000000	0	0	0	0	90.01
91.00 09100 EMERGENCY	0.102789	4,263,706	0	0	438,262	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.272467	2,168,369	0	0	590,809	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500 AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
200.00	Subtotal (see instructions)	54,903,760	7,653	13,328	7,749,927	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)	54,903,760	7,653	13,328	7,749,927	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0155	Period: From 01/01/2018 To 06/30/2018	Worksheet D Part V Date/Time Prepared: 11/28/2018 12:38 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	2	1		50.00
50.01 03330 SPECIAL PROCEDURES	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0		51.00
51.01 05101 OP ONCOLOGY	0	0		51.01
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
52.02 05201 SUBSTANCE ABUSE	0	0		52.02
52.04 05202 DIABETES EDUCATION	0	0		52.04
52.05 05203 PODIATRY	0	0		52.05
52.06 05204 INFUSION CLINIC	0	0		52.06
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	2	3		54.00
56.00 05600 RADIOISOTOPE	16	17		56.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	155	0		60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
66.01 06601 WOUND CARE	18	9		66.01
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	15	8		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	960	2,141		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03951 OTHER	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99 07699 LI THOTRI PSY	0	0		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 OCCUPATIONAL HEALTH	0	0		90.01
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00 09500 AMBULANCE SERVICES	0			95.00
200.00 Subtotal (see instructions)	1,168	2,179		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	1,168	2,179		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 14-0155	Period: From 01/01/2018 To 06/30/2018	Worksheet D Part I Date/Time Prepared: 11/28/2018 12:38 pm
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Cost Center Description		Title XIX			Hospital		Per Diem (col. 3 / col. 4)	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Cost		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	338,210	0	338,210	8,998	37.59	30.00	
31.00	INTENSIVE CARE UNIT	83,483		83,483	1,399	59.67	31.00	
34.00	SURGICAL INTENSIVE CARE UNIT	62,719		62,719	1,016	61.73	34.00	
43.00	NURSERY	45,089		45,089	348	129.57	43.00	
200.00	Total (lines 30 through 199)	529,501		529,501	11,761		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	619	23,268					
31.00	INTENSIVE CARE UNIT	53	3,163					
34.00	SURGICAL INTENSIVE CARE UNIT	53	3,272					
43.00	NURSERY	87	11,273					
200.00	Total (lines 30 through 199)	812	40,976					

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0155	Period: From 01/01/2018 To 06/30/2018	Worksheet D Part II Date/Time Prepared: 11/28/2018 12:38 pm
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Cost Center Description		Title XIX			Hospital	Cost	
		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	290,172	40,987,392	0.007080	0	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	42,994	8,877,803	0.004843	0	51.00
51.01	05101	OP ONCOLOGY	72,195	2,580,551	0.027977	0	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	35,476	0	0.000000	0	52.00
52.02	05201	SUBSTANCE ABUSE	20,653	1,885,054	0.010956	0	52.02
52.04	05202	DIABETES EDUCATION	0	1,855,416	0.000000	0	52.04
52.05	05203	PODIATRY	0	0	0.000000	0	52.05
52.06	05204	INFUSION CLINIC	9,658	777,737	0.012418	0	52.06
53.00	05300	ANESTHESIOLOGY	22,211	8,772,066	0.002532	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	471,725	98,773,635	0.004776	0	54.00
56.00	05600	RADIOISOTOPE	149,902	10,918,746	0.013729	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	227,616	21,025,874	0.010826	0	59.00
60.00	06000	LABORATORY	136,348	60,187,283	0.002265	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	60,522	12,254,023	0.004939	0	65.00
66.00	06600	PHYSICAL THERAPY	32,071	7,084,529	0.004527	0	66.00
66.01	06601	WOUND CARE	17,651	8,669,278	0.002036	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	4,040	1,417,100	0.002851	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,703	347,116	0.007787	0	68.00
69.00	06900	ELECTROCARDIOLOGY	73,213	12,595,024	0.005813	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	8,062	519,597	0.015516	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	115,922	41,416,376	0.002799	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	127,207	16,288,294	0.007810	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	89,672	94,061,246	0.000953	0	73.00
74.00	07400	RENAL DIALYSIS	118,512	37,075,152	0.003197	0	74.00
76.00	03951	OTHER	0	0	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	21,742	461,521	0.047109	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0.000000	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	1,344,248	0.000000	0	90.01
91.00	09100	EMERGENCY	132,137	47,586,763	0.002777	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	49,127	6,310,111	0.007785	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50 through 199)	2,331,531	544,071,935		0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0155	Period: From 01/01/2018 To 06/30/2018	Worksheet D Part III Date/Time Prepared: 11/28/2018 12:38 pm
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Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	12,253	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	7,624	0	31.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	19,877	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	12,253	8,998	1.36	619	30.00	
31.00	03100	INTENSIVE CARE UNIT		7,624	1,399	5.45	53	31.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	1,016	0.00	53	34.00	
43.00	04300	NURSERY		0	348	0.00	87	43.00	
200.00		Total (lines 30 through 199)		19,877	11,761		812	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	842						30.00
31.00	03100	INTENSIVE CARE UNIT	289						31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0						34.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	1,131						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0155	Period: From 01/01/2018 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/28/2018 12:38 pm
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Cost Center Description	Title XIX			Hospital		Allied Health Cost
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
	1.00	2A	2.00	3A	3.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	0	3,267	50.00
50.01 03330 SPECIAL PROCEDURES	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	7,624	51.00
51.01 05101 OP ONCOLOGY	0	0	0	0	0	51.01
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
52.02 05201 SUBSTANCE ABUSE	0	0	0	0	0	52.02
52.04 05202 DIABETES EDUCATION	0	0	0	0	0	52.04
52.05 05203 PODIATRY	0	0	0	0	0	52.05
52.06 05204 INFUSION CLINIC	0	0	0	0	0	52.06
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	3,812	54.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	1,634	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	3,267	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01 06601 WOUND CARE	0	0	0	0	0	66.01
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	3,812	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	3,812	74.00
76.00 03951 OTHER	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 OCCUPATIONAL HEALTH	0	0	0	0	0	90.01
91.00 09100 EMERGENCY	0	0	0	0	82,501	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00 Total (lines 50 through 199)	0	0	0	0	109,729	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0155	Period: From 01/01/2018 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/28/2018 12:38 pm
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Cost Center Description	Title XIX			Hospital	Cost	
	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
	4.00	5.00	6.00	7.00	8.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	3,267	3,267	40,987,392	0.000080	50.00
50.01 03330 SPECIAL PROCEDURES	0	0	0	0	0.000000	50.01
51.00 05100 RECOVERY ROOM	0	7,624	7,624	8,877,803	0.000859	51.00
51.01 05101 OP ONCOLOGY	0	0	0	2,580,551	0.000000	51.01
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000	52.00
52.02 05201 SUBSTANCE ABUSE	0	0	0	1,885,054	0.000000	52.02
52.04 05202 DIABETES EDUCATION	0	0	0	1,855,416	0.000000	52.04
52.05 05203 PODIATRY	0	0	0	0	0.000000	52.05
52.06 05204 INFUSION CLINIC	0	0	0	777,737	0.000000	52.06
53.00 05300 ANESTHESIOLOGY	0	0	0	8,772,066	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	3,812	3,812	98,773,635	0.000039	54.00
56.00 05600 RADIOISOTOPE	0	0	0	10,918,746	0.000000	56.00
59.00 05900 CARDIAC CATHETERIZATION	0	1,634	1,634	21,025,874	0.000078	59.00
60.00 06000 LABORATORY	0	0	0	60,187,283	0.000000	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00 06500 RESPIRATORY THERAPY	0	3,267	3,267	12,254,023	0.000267	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	7,084,529	0.000000	66.00
66.01 06601 WOUND CARE	0	0	0	8,669,278	0.000000	66.01
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	1,417,100	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	347,116	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	3,812	3,812	12,595,024	0.000303	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	519,597	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	41,416,376	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	16,288,294	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	94,061,246	0.000000	73.00
74.00 07400 RENAL DIALYSIS	0	3,812	3,812	37,075,152	0.000103	74.00
76.00 03951 OTHER	0	0	0	0	0.000000	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	461,521	0.000000	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0.000000	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	0	0	0	0.000000	90.00
90.01 09001 OCCUPATIONAL HEALTH	0	0	0	1,344,248	0.000000	90.01
91.00 09100 EMERGENCY	0	82,501	82,501	47,586,763	0.001734	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	6,310,111	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50 through 199)	0	109,729	109,729	544,071,935		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0155	Period: From 01/01/2018 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/28/2018 12:38 pm
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Cost Center Description	Title XIX			Hospital		Cost
	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	0.000080	0	0	0	0	50.00
50.01 03330 SPECIAL PROCEDURES	0.000000	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0.000859	0	0	0	0	51.00
51.01 05101 OP ONCOLOGY	0.000000	0	0	0	0	51.01
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
52.02 05201 SUBSTANCE ABUSE	0.000000	0	0	0	0	52.02
52.04 05202 DIABETES EDUCATION	0.000000	0	0	0	0	52.04
52.05 05203 PODIATRY	0.000000	0	0	0	0	52.05
52.06 05204 INFUSION CLINIC	0.000000	0	0	0	0	52.06
53.00 05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.000039	0	0	0	0	54.00
56.00 05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
59.00 05900 CARDIAC CATHETERIZATION	0.000078	0	0	0	0	59.00
60.00 06000 LABORATORY	0.000000	0	0	0	0	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0.000267	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
66.01 06601 WOUND CARE	0.000000	0	0	0	0	66.01
67.00 06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.000303	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0.000103	0	0	0	0	74.00
76.00 03951 OTHER	0.000000	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98 07698 HYPERBARI C OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0.000000	0	0	0	0	90.00
90.01 09001 OCCUPATIONAL HEALTH	0.000000	0	0	0	0	90.01
91.00 09100 EMERGENCY	0.001734	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50 through 199)		0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0155	Period: From 01/01/2018 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/28/2018 12:38 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		8,998	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		8,998	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)		7,691	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		3,007	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)		9,853,974	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)		9,853,974	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)		9,853,974	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)		1,095.13	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,293,056	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		3,293,056	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0155	Period: From 01/01/2018 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/28/2018 12:38 pm		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	2,768,605	1,399	1,978.99	743	1,470,390	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	1,815,267	1,016	1,786.68	436	778,992	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)					7,615,334	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					13,157,772	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)					192,421	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					352,465	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					544,886	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					12,612,886	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					1,307	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,095.13	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,431,335	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0155		Period: From 01/01/2018 To 06/30/2018		Worksheet D-1 Date/Time Prepared: 11/28/2018 12:38 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	338,210	9,853,974	0.034322	1,431,335	49,126	90.00
91.00	Nursing School cost	0	9,853,974	0.000000	1,431,335	0	91.00
92.00	Allied health cost	12,253	9,853,974	0.001243	1,431,335	1,779	92.00
93.00	All other Medical Education	0	9,853,974	0.000000	1,431,335	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0155	Period: From 01/01/2018 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/28/2018 12:38 pm
Cost Center Description		Title XIX	Hospital	Cost
				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)			8,998 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			8,998 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)			7,691 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)			619 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)			348 15.00
16.00	Nursery days (title V or XIX only)			87 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)			9,853,763 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)			9,853,763 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)			9,853,763 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)			1,095.11 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			677,873 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)			677,873 41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0155	Period: From 01/01/2018 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/28/2018 12:38 pm		
Cost Center Description			Title XIX		Hospital	Cost	
	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)	760,076	348	2,184.13	87	190,019	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	2,767,486	1,399	1,978.19	53	104,844	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	1,814,148	1,016	1,785.58	53	94,636	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,067,372	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					1,307	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,095.11	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,431,309	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0155		Period: From 01/01/2018 To 06/30/2018		Worksheet D-1 Date/Time Prepared: 11/28/2018 12:38 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	338,210	9,853,763	0.034323	1,431,309	49,127	90.00
91.00	Nursing School cost	0	9,853,763	0.000000	1,431,309	0	91.00
92.00	Allied health cost	12,253	9,853,763	0.001243	1,431,309	1,779	92.00
93.00	All other Medical Education	0	9,853,763	0.000000	1,431,309	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0155	Period: From 01/01/2018 To 06/30/2018	Worksheet D-3 Date/Time Prepared: 11/28/2018 12:38 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		12,917,967	30.00
31.00	03100	INTENSIVE CARE UNIT		4,908,339	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		3,555,859	34.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.092549	5,505,123	50.00
50.01	03330	SPECIAL PROCEDURES	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	0.216787	824,412	51.00
51.01	05101	OP ONCOLOGY	0.664038	1,307	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.488515	107	52.00
52.02	05201	SUBSTANCE ABUSE	0.360036	6,026	52.02
52.04	05202	DIABETES EDUCATION	0.000000	0	52.04
52.05	05203	PODIATRY	0.000000	0	52.05
52.06	05204	INFUSION CLINIC	0.181053	50,538	52.06
53.00	05300	ANESTHESIOLOGY	0.031204	1,493,513	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.082867	5,324,826	54.00
56.00	05600	RADIOISOTOPE	0.191787	213,864	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.080371	2,521,225	59.00
60.00	06000	LABORATORY	0.119901	6,077,213	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.149140	3,928,364	65.00
66.00	06600	PHYSICAL THERAPY	0.230044	847,991	66.00
66.01	06601	WOUND CARE	0.194638	3,799	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.300605	112,620	67.00
68.00	06800	SPEECH PATHOLOGY	0.909474	24,429	68.00
69.00	06900	ELECTROCARDIOLOGY	0.050297	1,878,336	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.437494	29,920	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.226098	5,460,204	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.308757	4,784,454	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.164788	6,771,115	73.00
74.00	07400	RENAL DIALYSIS	0.126131	402,964	74.00
76.00	03951	OTHER	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.795579	2,920	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LI THOTRI PSY	0.000000	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	0.000000	0	90.01
91.00	09100	EMERGENCY	0.102936	4,223,331	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.272467	711,745	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		51,200,346	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)		51,200,346	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0155	Period: From 01/01/2018 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 11/28/2018 12:38 pm
		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)		8,785,322	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		0	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	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)		136,353	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		169.57	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
<b>Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment ( sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		7.68	30.00
31.00	Percentage of Medicaid patient days (see instructions)		28.91	31.00
32.00	Sum of lines 30 and 31		36.59	32.00
33.00	Allowable disproportionate share percentage (see instructions)		19.41	33.00
34.00	Disproportionate share adjustment (see instructions)		426,308	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0155	Period: From 01/01/2018 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 11/28/2018 12:38 pm	
		Title XVIII	Hospital	PPS	
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
<b>Uncompensated Care Adjustment</b>					
35.00	Total uncompensated care amount (see instructions)		0	0	35.00
35.01	Factor 3 (see instructions)		0.000000000	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		1,045,536	0	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		518,471	0	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		518,471		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)		9,866,454		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)		9,866,454		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		777,597		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0		52.00
53.00	Nursing and Allied Health Managed Care payment		21,295		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).		8,139		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		14,114		58.00
59.00	Total (sum of amounts on lines 49 through 58)		10,687,599		59.00
60.00	Primary payer payments		3,715		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		10,683,884		61.00
62.00	Deductibles billed to program beneficiaries		969,584		62.00
63.00	Coinurance billed to program beneficiaries		10,050		63.00
64.00	Allowable bad debts (see instructions)		121,099		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		78,714		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		86,831		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		9,782,964		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0		70.50
70.87	Demonstration payment adjustment amount before sequestration		0		70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0		70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0		70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		18,160		70.93
70.94	HRR adjustment amount (see instructions)		-5,271		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0155	Period: From 01/01/2018 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 11/28/2018 12:38 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	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	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)			9,795,853	71.00
71.01	Sequestration adjustment (see instructions)			195,917	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
72.00	Interim payments			9,426,073	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)			173,863	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			203,120	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)			0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)			0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the \$410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0155

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
11/28/2018 12:38 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	8,785,322	0	8,785,322		8,785,322	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	0	0		0	0	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	136,353	0	136,353	0	136,353	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
<b>Indirect Medical Education Adjustment</b>								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
<b>Disproportionate Share Adjustment</b>								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1941	0.1941	0.1941	0.1941		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	426,308	0	426,308	0	426,308	11.00
11.01	Uncompensated care payments	36.00	518,471	0	1,443,141	336,633	1,779,774	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	9,866,454	0	9,529,821	336,633	9,866,454	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	9,866,454	0	9,529,821	336,633	9,866,454	15.00
16.00	Payment for inpatient program capital (From Wkst. L, Pt. I, if applicable)	50.00	777,597	0	777,597	0	777,597	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0155

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
11/28/2018 12:38 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	10,307,418	336,633	10,644,051	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	715,648	0	715,648	0	715,648	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	6,916	0	6,916	0	6,916	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0769	0.0769	0.0769	0.0769		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	55,033	0	55,033	0	55,033	25.00
26.00	Total prospective capital payments (see instructions)	12.00	777,597	0	777,597	0	777,597	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0155

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

Worksheet E  
Part A Exhibit 5  
Date/Time Prepared:  
11/28/2018 12:38 pm

		Title XVIII			Hospital	PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	8,785,322	8,785,322		8,785,322	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	0	0	0	0	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	136,353	136,353	0	136,353	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
<b>Indirect Medical Education Adjustment</b>							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
<b>Disproportionate Share Adjustment</b>							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1941	0.1941	0.1941		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	426,308	426,308	0	426,308	11.00
11.01	Uncompensated care payments	36.00	518,471	518,471	0	518,471	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	9,866,454	9,866,454	0	9,866,454	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	9,866,454	9,866,454	0	9,866,454	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	777,597	777,597	0	777,597	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	<b>SUBTOTAL</b>			10,644,051	0	10,644,051	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0155

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

Worksheet E  
Part A Exhibit 5  
Date/Time Prepared:  
11/28/2018 12:38 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	715,648	715,648	0	715,648	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	6,916	6,916	0	6,916	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0769	0.0769	0.0769		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	55,033	55,033	0	55,033	25.00
26.00	Total prospective capital payments (see instructions)	12.00	777,597	777,597	0	777,597	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	18,160	18,160	0	18,160	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-5,271	-5,271	0	-5,271	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0155	Period: From 01/01/2018 To 06/30/2018	Worksheet E Part B Date/Time Prepared: 11/28/2018 12:38 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		3,347	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		7,733,849	2.00
3.00	OPPS payments		6,609,293	3.00
4.00	Outlier payment (see instructions)		120,049	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		16,078	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		3,347	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		20,981	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		20,981	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		20,981	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		17,634	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		3,347	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)		6,745,420	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		259	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		1,251,970	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)		5,496,538	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		5,496,538	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		5,496,538	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)		163,713	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		106,413	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		103,246	36.00
37.00	Subtotal (see instructions)		5,602,951	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		5,602,951	40.00
40.01	Sequestration adjustment (see instructions)		112,059	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		5,557,477	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-66,585	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: 14-0155		Period: From 01/01/2018 To 06/30/2018		Worksheet E-1 Part I Date/Time Prepared: 11/28/2018 12:38 pm	
		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		9,345,450		5,370,077		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		80,623		187,400		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)		9,426,073		5,557,477		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		173,863		0		6.01
6.02	SETTLEMENT TO PROGRAM		0		66,585		6.02
7.00	Total Medicare program liability (see instructions)		9,599,936		5,490,892		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: 14-0155	Period: From 01/01/2018 To 06/30/2018	Worksheet E-1 Part II Date/Time Prepared: 11/28/2018 12:38 pm
		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: 14-0155	Period: From 01/01/2018 To 06/30/2018	Worksheet E-3 Part VII Date/Time Prepared: 11/28/2018 12:38 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>					
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>					
1.00	Inpatient hospital/SNF/NF services		1,067,372		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		1,067,372	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		1,067,372	0	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>					
<b>Reasonable Charges</b>					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		0	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	0	12.00
<b>CUSTOMARY CHARGES</b>					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		1,067,372	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>					
30.00	Excess of reasonable cost (from line 18)		1,067,372	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

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

Provider CCN: 14-0155

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

Worksheet G

Date/Time Prepared:  
11/28/2018 12:38 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	1,097,904	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	72,268,109	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-52,952,327	0	0	0	6.00
7.00	Inventory	4,155,719	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	1,608,369	0	0	0	9.00
10.00	Due from other funds	-850,070	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	25,327,704	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	4,930,000	0	0	0	12.00
13.00	Land improvements	1,014,000	0	0	0	13.00
14.00	Accumulated depreciation	-53,253	0	0	0	14.00
15.00	Buildings	32,238,581	0	0	0	15.00
16.00	Accumulated depreciation	-417,738	0	0	0	16.00
17.00	Leasehold improvements	653,777	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	15,360,297	0	0	0	23.00
24.00	Accumulated depreciation	-1,620,010	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)	52,105,654	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	112,445	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	4,276,471	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	4,388,916	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	81,822,274	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	1,217,005	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	10,809,220	0	0	0	43.00
44.00	Other current liabilities	266,259	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	12,292,484	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	525,887	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	549,128	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	1,075,015	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	13,367,499	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	68,454,775				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)	68,454,775	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	81,822,274	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0155

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

Worksheet G-1

Date/Time Prepared:  
11/28/2018 12:38 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		62,532,573		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		3,015,600			2.00
3.00	Total (sum of line 1 and line 2)		65,548,173		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00	RELEASE FROM TRNA FOR PPE	183,655		0		5.00
6.00	OPENING BALANCE SHEET ADJ	6,311,735		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)		6,495,390		0	10.00
11.00	Subtotal (line 3 plus line 10)		72,043,563		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00	NET ASSET TRANSFERS	3,588,788		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)		3,588,788		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		68,454,775		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	RELEASE FROM TRNA FOR PPE		0			5.00
6.00	OPENING BALANCE SHEET ADJ		0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00	NET ASSET TRANSFERS		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: 14-0155

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
11/28/2018 12:38 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	31,269,891		31,269,891	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	31,269,891		31,269,891	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	11,095,651		11,095,651	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT	8,082,502		8,082,502	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	19,178,153		19,178,153	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	50,448,044		50,448,044	17.00
18.00	Ancillary services	96,829,931	186,305,988	283,135,919	18.00
19.00	Outpatient services	11,282,331	28,729,613	40,011,944	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER NON HOSPITAL REVENUE	0	36,047	36,047	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	158,560,306	215,071,648	373,631,954	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		60,643,385		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00	RECONCILING ITEM	0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00	RECONCILING ITEM	3			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		3		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		60,643,382		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0155

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

Worksheet G-3

Date/Time Prepared:  
11/28/2018 12:38 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	373,631,954	1.00
2.00	Less contractual allowances and discounts on patients' accounts	312,599,163	2.00
3.00	Net patient revenues (line 1 minus line 2)	61,032,791	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	60,643,382	4.00
5.00	Net income from service to patients (line 3 minus line 4)	389,409	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	26,309	6.00
7.00	Income from investments	246,461	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	130,666	14.00
15.00	Revenue from rental of living quarters	245,292	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	249,055	22.00
23.00	Governmental appropriations	0	23.00
24.00	<b>OTHER NON OPERATING INCOME</b>	0	24.00
24.01	<b>OTHER OPERATING INCOME</b>	1,728,408	24.01
25.00	Total other income (sum of lines 6-24)	2,626,191	25.00
26.00	Total (line 5 plus line 25)	3,015,600	26.00
27.00	<b>OTHER EXPENSES (SPECIFY)</b>	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)	3,015,600	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 14-0155  
Component CCN: 14-2318

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

Worksheet I-1  
Date/Time Prepared:  
11/28/2018 12:38 pm

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	REGISTERED NURSES	725,580	HOURS OF SERVICE	23,472.65	11.28	1.00
2.00	LICENSED PRACTICAL NURSES		HOURS OF SERVICE	0.00	0.00	2.00
3.00	NURSES AIDES		HOURS OF SERVICE	0.00	0.00	3.00
4.00	TECHNICIANS		HOURS OF SERVICE	0.00	0.00	4.00
5.00	SOCIAL WORKERS		HOURS OF SERVICE	0.00	0.00	5.00
6.00	DIETICIANS		HOURS OF SERVICE	0.00	0.00	6.00
7.00	PHYSICIANS		ACCUMULATED COST			7.00
8.00	NON-PATIENT CARE SALARY		ACCUMULATED COST			8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	725,580				9.00
10.00	EMPLOYEE BENEFITS	179,567	SALARY			10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES		SQUARE FEET			11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.		PERCENTAGE OF TIME			12.00
13.00	MACHINE COSTS & REPAIRS	169,284	PERCENTAGE OF TIME			13.00
14.00	SUPPLIES	366,763	REQUISITIONS			14.00
15.00	DRUGS	463,363	REQUISITIONS			15.00
16.00	OTHER	54,178	ACCUMULATED COST			16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	1,958,735				17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	10,495	SQUARE FEET			18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	19,968	PERCENTAGE OF TIME			19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	2,857	SALARY			20.00
21.00	ADMINISTRATIVE & GENERAL	919,666	ACCUMULATED COST			21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	282,976	SQUARE FEET			22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	3,812				23.00
24.00	CENTRAL SERVICE & SUPPLIES	35,427	REQUISITIONS			24.00
25.00	PHARMACY	131,552	REQUISITIONS			25.00
26.00	OTHER ALLOCATED COSTS	164,838	ACCUMULATED COST			26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	3,530,326				27.00
28.00	LABORATORY (SEE INSTRUCTIONS)		CHARGES	0		28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES	0		29.00
30.00	OTHER		CHARGES	0		30.00
30.97	CARDIAC REHABILITATION		CHARGES	0		30.97
30.98	HYPERBARIC OXYGEN THERAPY		CHARGES	0		30.98
30.99	LITHOTRIpsy		CHARGES	0		30.99
31.00	TOTAL COSTS (SUM OF LINES 27-30)	3,530,326				31.00

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

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES		Provider CCN: 14-0155 Component CCN: 14-2318		Period: From 01/01/2018 To 06/30/2018		Worksheet 1-2 Date/Time Prepared: 11/28/2018 12:38 pm	
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		Capital Related Costs		Direct Patient Care Salary		Employee Benefits Department	Drugs	
		Bui l di ng	Equip ment	RNs	Other			
		1. 00	2. 00	3. 00	4. 00			
Renal Dialysis						5. 00	6. 00	
1.00	Total Renal Department Costs	293,471	189,252	725,580	0	182,424	473,111	1.00
MAINTENANCE								
2.00	Hemodialysis	233,174	150,379	576,551	0	144,955	375,935	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
TRAINING								
4.00	Hemodialysis	0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	374	246	927	0	234	608	6.00
7.00	CCPD	176	107	402	0	104	270	7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	15,570	10,039	38,486	0	9,677	25,098	10.00
11.00	CCPD	34,707	22,376	85,813	0	21,572	55,946	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	9,470	6,105	23,401	0	5,882	15,254	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	ESAs (included in Renal Department)						121,804	14.00
15.00	Other	0	0	0	0	0	0	15.00
16.00	Total (sum of lines 2 through 16)	293,471	189,252	725,580	0	182,424	473,111	17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00
		Medical Supplies	Routine Ancillary Services	Subtotal (sum of col s. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7. 00	8. 00	9. 00	10. 00	11. 00		
1.00	Total Renal Department Costs	402,190	0	2,266,028	1,138,682	3,404,710		1.00
MAINTENANCE								
2.00	Hemodialysis	316,350	0	1,797,344	903,168	2,700,512		2.00
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
TRAINING								
4.00	Hemodialysis	0	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	517	0	2,906	1,460	4,366		6.00
7.00	CCPD	229	0	1,288	647	1,935		7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	21,335	0	120,205	60,403	180,608		10.00
11.00	CCPD	47,559	0	267,973	134,657	402,630		11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	16,200	0	76,312	38,347	114,659		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	ESAs (included in Renal Department)							14.00
15.00	Other	0	0	0	0	0		15.00
16.00	Total (sum of lines 2 through 16)	402,190	0	2,266,028	1,138,682	3,404,710		17.00
18.00	Medical Educational Program Costs					3,812		18.00
19.00	Total Renal Costs (line 17 + line 18)					3,408,522		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0155  
Component CCN: 14-2318

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

Worksheet 1-3  
Date/Time Prepared:  
11/28/2018 12:38 pm

		Capital Related Costs		Direct Patient Care Salary			
		Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)	Employee Benefits Department (Salary)	
		0	1.00	2.00	3.00	4.00	5.00
1.00	Total Renal Department Costs	293,471	189,252	725,580	0	182,424	1.00
<b>MAINTENANCE</b>							
2.00	Hemodialysis	10,588	14,066.00	18,651.00	0.00	576,549	2.00
3.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	3.00
<b>TRAINING</b>							
4.00	Hemodialysis	0	0.00	0.00	0.00	0	4.00
5.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	5.00
6.00	CAPD	17	23.00	30.00	0.00	931	6.00
7.00	CCPD	8	10.00	13.00	0.00	413	7.00
<b>HOME</b>							
8.00	Hemodialysis	0	0.00	0.00	0.00	0	8.00
9.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	9.00
10.00	CAPD	707	939.00	1,245.00	0.00	38,491	10.00
11.00	CCPD	1,576	2,093.00	2,776.00	0.00	85,800	11.00
<b>OTHER BILLABLE SERVICES</b>							
12.00	Inpatient Dialysis Treatments	340	430	571.00	757.00	0.00	23,396
13.00	Method II Home Patient	0	0.00	0.00	0.00	0.00	0
14.00	ESAs						
15.00							
16.00	Other	0	0.00	0.00	0.00	0	16.00
17.00	Total Statistical Basis	13,326	17,702.00	23,472.00	0.00	725,580	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	22.022437	10.690995	30.912577	0.000000	0.251418	18.00
		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)	
		6.00	7.00	8.00	9.00	10.00	
1.00	Total Renal Department Costs	473,111	402,190	0	2,266,028	1,138,682	1.00
<b>MAINTENANCE</b>							
2.00	Hemodialysis	368,190	288,411	0			2.00
3.00	Intermittent Peritoneal	0	0	0			3.00
<b>TRAINING</b>							
4.00	Hemodialysis	0	0	0			4.00
5.00	Intermittent Peritoneal	0	0	0			5.00
6.00	CAPD	595	471	0			6.00
7.00	CCPD	264	209	0			7.00
<b>HOME</b>							
8.00	Hemodialysis	0	0	0			8.00
9.00	Intermittent Peritoneal	0	0	0			9.00
10.00	CAPD	24,581	19,451	0			10.00
11.00	CCPD	54,793	43,359	0			11.00
<b>OTHER BILLABLE SERVICES</b>							
12.00	Inpatient Dialysis Treatments	14,940	14,769	0			12.00
13.00	Method II Home Patient	0	0	0			13.00
14.00	ESAs						14.00
15.00							15.00
16.00	Other	0	0	0			16.00
17.00	Total Statistical Basis	463,363	366,670	0		2,266,028	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	1.021038	1.096872	0.000000		0.502501	18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 14-0155  
Component CCN: 14-2318

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

Worksheet 1-4  
Date/Time Prepared:  
11/28/2018 12:38 pm

		Rate 0			Renal Dialysis		
		Number of Total Treatments	Total Cost (from Wkst. 1-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
1.00	Maintenance - Hemodialysis	6,707	2,700,512	402.64	3,908	1,573,517	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	0	0	0.00	0	0	3.00
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00	Training - CAPD	9	4,366	485.11	0	0	5.00
6.00	Training - CCPD	4	1,935	483.75	2	968	6.00
7.00	Home Program - Hemodialysis	0	0	0.00	0	0	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00
		Patient Weeks			Patient Weeks		
		1.00	2.00	3.00	4.00	5.00	
9.00	Home Program - CAPD	378	180,608	477.80	120	57,336	9.00
10.00	Home Program - CCPD	798	402,630	504.55	172	86,783	10.00
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	6,720	3,290,051		3,910	1,718,604	11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	10,248					12.00
		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)				
		6.00	7.00				
1.00	Maintenance - Hemodialysis	1,052,784	269.39				1.00
2.00	Maintenance - Peritoneal Dialysis	0	0.00				2.00
3.00	Training - Hemodialysis	0	0.00				3.00
4.00	Training - Peritoneal Dialysis	0	0.00				4.00
5.00	Training - CAPD	0	0.00				5.00
6.00	Training - CCPD	647	323.50				6.00
7.00	Home Program - Hemodialysis	0	0.00				7.00
8.00	Home Program - Peritoneal Dialysis	0	0.00				8.00
		6.00	7.00				
9.00	Home Program - CAPD	89,112	742.60				9.00
10.00	Home Program - CCPD	134,835	783.92				10.00
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	1,277,378					11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)						12.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 14-0155	Period: From 01/01/2018 To 06/30/2018	Worksheet 1-5 Date/Time Prepared: 11/28/2018 12:38 pm
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		1.00	2.00	
<b>PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B</b>				
1.00	Total expenses related to care of program beneficiaries (see instructions)	1,718,604		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	1,277,378	1,231,776	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	1,277,378	1,231,776	2.03
2.04	Outlier payments	32,658		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	559	539	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	559	539	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	255,364	246,248	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	255,364	246,248	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013			5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014			5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Allowable bad debts (sum of lines 5 through line 5.04)	0	0	5.05
6.00	Adjusted reimbursable bad debts (see instructions)	0		6.00
7.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	246,787	8.00
9.00	Program payment (see instructions)	1,021,455	984,990	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
<b>PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE</b>				
12.00	Total allowable expenses (see instructions)	3,411,855		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	3,290,051		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.964300		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0155	Period: From 01/01/2018 To 06/30/2018	Worksheet L Parts I-III Date/Time Prepared: 11/28/2018 12:38 pm
		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		715,648	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		6,916	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)		56.32	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		7.68	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		28.91	8.00
9.00	Sum of lines 7 and 8		36.59	9.00
10.00	Allowable disproportionate share percentage (see instructions)		7.69	10.00
11.00	Disproportionate share adjustment (see instructions)		55,033	11.00
12.00	Total prospective capital payments (see instructions)		777,597	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