

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: 14-0166	Period: From 07/01/2017 To 06/30/2018	Worksheet S Parts I-III Date/Time Prepared: 11/30/2018 10:16 am
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PART I - COST REPORT STATUS

Provider use only
 1. Electronically filed cost report
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for Full or "L" for Low.

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

Date: 11/30/2018 Time: 10:16 am

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 ST MARYS HOSPITAL (14-0166) for the cost reporting period beginning 07/01/2017 and ending 06/30/2018 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) _____
Officer or Administrator of Provider(s)

Title

Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	259,550	-122,029	0	0	1.00
2.00 Subprovider - IPF	0	6	1		0	2.00
3.00 Subprovider - IRF	0	25,608	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
200.00 Total	0	285,164	-122,028	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: 14-0166		Period: From 07/01/2017 To 06/30/2018		Worksheet S-2 Part I Date/Time Prepared: 11/30/2018 10:04 am				
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 1800 EAST LAKE SHORE DRIVE	PO Box:	Zip Code: 62521		County: MACON				1.00	
2.00	City: DECATUR	State: IL							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	ST MARYS HOSPITAL	140166	19500	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	PSYCHIATRY UNIT	14S166	19500	4	07/01/2011	N	P	N	4.00
5.00	Subprovider - IRF	REHABILITATION UNIT	14T166	19500	5	07/01/2008	N	P	N	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 - FOHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)			07/01/2017		06/30/2018		20.00		
21.00	Type of Control (see instructions)			1				21.00		
<u>Inpatient PPS Information</u>										
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)					N	N		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					1	N		23.00	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	5,264	1,355	0	0	1,297	143		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.	193	100	0	0	26			25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0166	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part I Date/Time Prepared: 11/30/2018 10:04 am		
		Urban/Rural	S	Date of Geogr		
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.		1			26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.		1			27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.		0			35.00
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.		0			36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)		N			37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)		N		N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)		Y		N	40.00
		V	XVII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)		N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.		N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.		N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.		N	N	N	48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.		Y			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.		N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.		N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.		N			59.00
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criteria Code		
		1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)		N			60.00
		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	
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	
						1.00		
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)						62.00	0.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)						62.01	0.00
						Teaching Hospitals that Claim Residents in Nonprovider Settings		
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)						63.00	N
	Program Name		Program Code	Unweighted FTEs Nonprovi der Si te	Unweighted FTEs in Hospi tal	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	0.000000

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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	
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			Y			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)			N		0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y			75.00

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		1.00	2.00	3.00	
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N		0	76.00
		1.00			
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00
		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00

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		1.00		2.00			
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				140.00	
		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: HOSPITAL SISTERS HEALTH SYSTEM	Contractor's Name: NATIONAL GOVERNMENT SERVICES		Contractor's Number: 00131		141.00	
142.00	Street: STREET: 4936 LAVERNA ROAD	PO Box:				142.00	
143.00	City: SPRINGFIELD	State: IL		Zip Code: 62794		143.00	
						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				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	
		1.00		2.00		3.00	
						Title XIX	
						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	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER	N		N		N	
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC	N		N		N	
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N				165.00	
		Name		County		State	
		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	
168.01	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	
		Beginni ng		Endi ng			
		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)	01/01/2015		03/31/2015		170.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0166	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part I Date/Time Prepared: 11/30/2018 10:04 am
		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. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0166	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part II Date/Time Prepared: 11/30/2018 10:04 am		
			Y/N	Date		
			1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.						
COMPLETED BY ALL HOSPITALS						
Provider Organization and Operation						
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00	
			Y/N	Date	V/I	
			1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00	
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00	
			Y/N	Type	Date	
			1.00	2.00	3.00	
Financial Data and Reports						
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00	
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00	
			Y/N	Legal Oper.		
			1.00	2.00		
Approved Educational Activities						
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00	
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00	
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00	
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	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			
Bad Debts						
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00	
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00	
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00	
Bed Complement						
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00	
			Part A		Part B	
			Y/N	Date	Y/N	Date
			1.00	2.00	3.00	4.00
PS&R Data						
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N		
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	09/27/2018	Y	09/27/2018	
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N		
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		

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0166	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part II Date/Time Prepared: 11/30/2018 10:04 am	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				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	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	PATRICIA		RACHELL	41.00
42.00	Enter the employer/company name of the cost report preparer.	BKD, LLP			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	314-231-5544		211 N BROADWAY STE 600, ST LOUIS, MO	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0166	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part II Date/Time Prepared: 11/30/2018 10:04 am
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DI RECTOR		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: 14-0166

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

Worksheet S-3
Part I
Date/Time Prepared:
11/30/2018 10:04 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Vi s i t s / Tri ps	
					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	118	43,070	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)		118	43,070	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	13	4,745	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY					0	13.00
14.00 Total (see instructions)		131	47,815	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	56	20,440		0	16.00
17.00 SUBPROVIDER - IRF	41.00	20	7,300		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		207				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0166

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

Worksheet S-3
Part I
Date/Time Prepared:
11/30/2018 10:04 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	9,170	5,413	20,313			1.00
2.00 HMO and other (see instructions)	1,168	928				2.00
3.00 HMO IPF Subprovider	48	0				3.00
4.00 HMO IRF Subprovider	71	101				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)	9,170	5,413	20,313			7.00
8.00 INTENSIVE CARE UNIT	1,240	481	2,386			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		1,094	1,679			13.00
14.00 Total (see instructions)	10,410	6,988	24,378	0.20	710.35	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	3,068	210	3,985	0.00	15.39	16.00
17.00 SUBPROVIDER - IRF	2,671	218	3,382	0.00	16.14	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	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.20	741.88	27.00
28.00 Observation Bed Days		329	1,301			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			480			30.00
31.00 Employee discount days - IRF			77			31.00
32.00 Labor & delivery days (see instructions)	0	143	200			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00
33.01 LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0166

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

Worksheet S-3
Part I
Date/Time Prepared:
11/30/2018 10:04 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,590	1,528	5,823	1.00
2.00	HMO and other (see instructions)			331	0		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	2,590	1,528	5,823	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	198	22	271	16.00
17.00	SUBPROVIDER - IRF	0.00	0	230	17	293	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: 14-0166

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

Worksheet S-3
Part II
Date/Time Prepared:
11/30/2018 10:04 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	43,188,091	0	43,188,091	1,543,115.80	27.99
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		2,138,375	0	2,138,375	20,511.99	104.25
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		2,094,092	0	2,094,092	78,989.94	26.51
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		1,947,929	0	1,947,929	28,971.50	67.24
12.00	Contract Labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		729,438	0	729,438	4,869.65	149.79
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		4,454,631	0	4,454,631	89,325.16	49.87
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		16,082,323	0	16,082,323		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		871,525	0	871,525		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		586,179	0	586,179		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		2,114,639	0	2,114,639		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0166

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

Worksheet S-3
Part II
Date/Time Prepared:
11/30/2018 10:04 am

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	259,395	0	259,395	6,938.06	37.39	26.00
27.00	Administrative & General	5.00	6,148,906	0	6,148,906	241,463.85	25.47	27.00
28.00	Administrative & General under contract (see inst.)		2,304	0	2,304	32.00	72.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,235,444	0	1,235,444	56,700.66	21.79	30.00
31.00	Laundry & Linen Service	8.00	47,877	0	47,877	2,543.15	18.83	31.00
32.00	Housekeeping	9.00	834,478	0	834,478	64,222.86	12.99	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,002,847	-710,739	292,108	20,699.09	14.11	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	710,739	710,739	50,877.67	13.97	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,026,494	0	1,026,494	28,641.50	35.84	38.00
39.00	Central Services and Supply	14.00	415,137	0	415,137	24,982.28	16.62	39.00
40.00	Pharmacy	15.00	1,858,389	0	1,858,389	45,457.75	40.88	40.00
41.00	Medical Records & Medical Records Library	16.00	1,329,375	0	1,329,375	56,887.10	23.37	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0166

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

Worksheet S-3
Part III
Date/Time Prepared:
11/30/2018 10:04 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	41,052,020	0	41,052,020	1,522,635.81	26.96	1.00
2.00	Excluded area salaries (see instructions)	2,094,092	0	2,094,092	78,989.94	26.51	2.00
3.00	Subtotal salaries (line 1 minus line 2)	38,957,928	0	38,957,928	1,443,645.87	26.99	3.00
4.00	Subtotal other wages & related costs (see inst.)	7,131,998	0	7,131,998	123,166.31	57.91	4.00
5.00	Subtotal wage-related costs (see inst.)	18,196,962	0	18,196,962	0.00	46.71	5.00
6.00	Total (sum of lines 3 thru 5)	64,286,888	0	64,286,888	1,566,812.18	41.03	6.00
7.00	Total overhead cost (see instructions)	14,160,646	0	14,160,646	599,445.97	23.62	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 14-0166	Period: From 07/01/2017 To 06/30/2018	Worksheet S-3 Part IV Date/Time Prepared: 11/30/2018 10:04 am
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	166,877	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)	6,362,697	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	7,282,870	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	55,040	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	431,449	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	2,430,070	17.00
18.00	Medicare Taxes - Employers Portion Only	626,227	18.00
19.00	Unemployment Insurance	105,690	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	79,107	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	17,540,027	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 14-0166	Period: From 07/01/2017 To 06/30/2018	Worksheet S-3 Part V Date/Time Prepared: 11/30/2018 10:04 am
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	2,067,812	17,540,027	1.00
2.00	Hospital	1,947,929	17,540,027	2.00
3.00	Subprovider - IPF	840	0	3.00
4.00	Subprovider - IRF	119,043	0	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			17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-0166	Period: From 07/01/2017 To 06/30/2018	Worksheet S-10 Date/Time Prepared: 11/30/2018 10:04 am
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			1.00	
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.199490	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		23,090,121	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		127,300,623	6.00
7.00	Medicaid cost (line 1 times line 6)		25,395,201	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)		2,305,080	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)		2,305,080	19.00
			Uninsured patients	Insured patients
			1.00	2.00
			Total (col. 1 + col. 2)	3.00
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	8,299,460	0	8,299,460
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,655,659	0	1,655,659
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	1,655,659	0	1,655,659
			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)		2,778,631	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		441,052	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		678,541	27.01
28.00	Non-Medicare bad debt expense (see instructions)		2,100,090	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		656,436	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		2,312,095	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		4,617,175	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0166

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

Worksheet A

Date/Time Prepared:
11/30/2018 10:04 am

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	
GENERAL SERVICE COST CENTERS							
1.00	00100		8,230,990	8,230,990	-4,940,569	3,290,421	1.00
2.00	00200		0	0	5,926,349	5,926,349	2.00
3.00	00300		0	0	0	0	3.00
4.00	00400	259,395	9,728,628	9,988,023	0	9,988,023	4.00
5.00	00500	6,148,906	36,830,838	42,979,744	-377,014	42,602,730	5.00
6.00	00600	0	0	0	0	0	6.00
7.00	00700	1,235,444	3,016,275	4,251,719	-84,072	4,167,647	7.00
8.00	00800	47,877	628,200	676,077	0	676,077	8.00
9.00	00900	834,478	510,090	1,344,568	0	1,344,568	9.00
10.00	01000	1,002,847	584,847	1,587,694	-1,277,863	309,831	10.00
11.00	01100	0	0	0	1,277,863	1,277,863	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	1,026,494	137,071	1,163,565	-834	1,162,731	13.00
14.00	01400	415,137	352,705	767,842	-32,740	735,102	14.00
15.00	01500	1,858,389	5,630,586	7,488,975	-5,456,559	2,032,416	15.00
16.00	01600	1,329,375	493,244	1,822,619	0	1,822,619	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	5,439,075	1,471,513	6,910,588	-195,206	6,715,382	30.00
31.00	03100	1,143,577	395,846	1,539,423	-42,977	1,496,446	31.00
40.00	04000	763,504	13,795	777,299	-146	777,153	40.00
41.00	04100	949,363	267,328	1,216,691	-11,335	1,205,356	41.00
43.00	04300	310,946	287,744	598,690	-315	598,375	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	1,468,749	7,275,818	8,744,567	-4,758,671	3,985,896	50.00
50.02	03330	334,635	224,540	559,175	-94,551	464,624	50.02
51.00	05100	495,085	42,896	537,981	-7,173	530,808	51.00
52.00	05200	1,380,550	577,656	1,958,206	-71,276	1,886,930	52.00
53.00	05300	2,370,747	1,373,250	3,743,997	-83,791	3,660,206	53.00
53.01	05301	396,512	148,609	545,121	-48,914	496,207	53.01
54.00	05400	1,566,622	935,444	2,502,066	-62,872	2,439,194	54.00
56.00	05600	142,014	320,622	462,636	-236,133	226,503	56.00
57.00	05700	519,058	564,997	1,084,055	-120,495	963,560	57.00
58.00	05800	255,008	157,529	412,537	-30,885	381,652	58.00
59.00	05900	1,032,970	5,399,540	6,432,510	-2,849,898	3,582,612	59.00
60.00	06000	2,293,346	2,910,388	5,203,734	-475,819	4,727,915	60.00
62.00	06200	0	330,255	330,255	-420	329,835	62.00
65.00	06500	639,582	1,327,529	1,967,111	-3,709	1,963,402	65.00
66.00	06600	1,767,839	72,494	1,840,333	-24	1,840,309	66.00
69.00	06900	675,232	914,609	1,589,841	-306,414	1,283,427	69.00
70.00	07000	264,458	55,159	319,617	-463	319,154	70.00
71.00	07100	0	0	0	5,577,670	5,577,670	71.00
72.00	07200	0	0	0	4,122,096	4,122,096	72.00
73.00	07300	0	0	0	5,381,713	5,381,713	73.00
75.00	07500	715,584	45,102	760,686	-5,490	755,196	75.00
76.00	03950	0	0	0	0	0	76.00
76.97	07697	118,403	17,264	135,667	-83	135,584	76.97
OUTPATIENT SERVICE COST CENTERS							
90.02	09002	286,667	32,530	319,197	0	319,197	90.02
90.03	09003	214,304	119,038	333,342	-4,273	329,069	90.03
90.12	09012	32,357	190,945	223,302	-36,193	187,109	90.12
90.13	09013	390,233	522,747	912,980	-7,799	905,181	90.13
91.00	09100	2,682,104	3,524,342	6,206,446	-183,340	6,023,106	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	51,527	0	51,527	0	51,527	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300		477,375	477,375	-477,375	0	113.00
118.00		42,858,393	96,140,378	138,998,771	0	138,998,771	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	45,158	98,193	143,351	0	143,351	190.00
192.00	19200	53,271	604,967	658,238	0	658,238	192.00
194.00	07950	696	694	1,390	0	1,390	194.00
194.01	07951	142,018	24,039	166,057	0	166,057	194.01
194.02	07952	80,309	3,728	84,037	0	84,037	194.02
194.03	07954	0	42,258	42,258	0	42,258	194.03

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0166

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

Worksheet A

Date/Time Prepared:
11/30/2018 10:04 am

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	
194.04 07953 CANCER CARE	116	24,741	24,857	0	24,857	194.04
194.07 07976 BLUE MOUND	193	60,761	60,954	0	60,954	194.07
194.08 07955 ARTHUR CLINIC	2,522	7,017	9,539	0	9,539	194.08
194.11 07956 2981 NORTH MAIN	0	297,426	297,426	0	297,426	194.11
194.13 07957 MEDICAL OFFICE BUILDING 1750	234	29,836	30,070	0	30,070	194.13
194.15 07959 MT. ZION CLINIC	84	28,040	28,124	0	28,124	194.15
194.16 07960 CERRO GORDO	4,925	118,398	123,323	0	123,323	194.16
194.24 07964 FIELDS WRIGHT MEDICAL PRACTICE	172	349,875	350,047	0	350,047	194.24
194.36 07967 LAKE SHORE MEDICAL OFFICE BUILD	0	3,173	3,173	0	3,173	194.36
194.38 07969 SCHOOL HEALTH SERVICES	0	1,092	1,092	0	1,092	194.38
194.40 07977 PRAIRIE CARDIOVASCULAR	0	0	0	0	0	194.40
194.48 07972 MRI BUILDING	0	0	0	0	0	194.48
200.00 TOTAL (SUM OF LINES 118 through 199)	43,188,091	97,834,616	141,022,707	0	141,022,707	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0166

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

Worksheet A
Date/Time Prepared:
11/30/2018 10:04 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	0	3,290,421	1.00
2.00	00200	0	5,926,349	2.00
3.00	00300	0	0	3.00
4.00	00400	2,314,859	12,302,882	4.00
5.00	00500	-17,015,669	25,587,061	5.00
6.00	00600	0	0	6.00
7.00	00700	-1,271	4,166,376	7.00
8.00	00800	-8,236	667,841	8.00
9.00	00900	0	1,344,568	9.00
10.00	01000	-27,889	281,942	10.00
11.00	01100	-63,581	1,214,282	11.00
12.00	01200	0	0	12.00
13.00	01300	-389	1,162,342	13.00
14.00	01400	-3	735,099	14.00
15.00	01500	-15,693	2,016,723	15.00
16.00	01600	-10	1,822,609	16.00
17.00	01700	0	0	17.00
19.00	01900	0	0	19.00
20.00	02000	0	0	20.00
21.00	02100	0	0	21.00
22.00	02200	0	0	22.00
23.00	02300	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	-50,425	6,664,957	30.00
31.00	03100	-10,787	1,485,659	31.00
40.00	04000	0	777,153	40.00
41.00	04100	-29,420	1,175,936	41.00
43.00	04300	-127,754	470,621	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	0	3,985,896	50.00
50.02	03330	0	464,624	50.02
51.00	05100	0	530,808	51.00
52.00	05200	-316,930	1,570,000	52.00
53.00	05300	-3,194,656	465,550	53.00
53.01	05301	0	496,207	53.01
54.00	05400	-22,338	2,416,856	54.00
56.00	05600	0	226,503	56.00
57.00	05700	-27,835	935,725	57.00
58.00	05800	0	381,652	58.00
59.00	05900	-1,282,988	2,299,624	59.00
60.00	06000	-558	4,727,357	60.00
62.00	06200	0	329,835	62.00
65.00	06500	-1,423,907	539,495	65.00
66.00	06600	0	1,840,309	66.00
69.00	06900	-253,031	1,030,396	69.00
70.00	07000	-3,924	315,230	70.00
71.00	07100	0	5,577,670	71.00
72.00	07200	0	4,122,096	72.00
73.00	07300	0	5,381,713	73.00
75.00	07500	0	755,196	75.00
76.00	03950	0	0	76.00
76.97	07697	0	135,584	76.97
OUTPATIENT SERVICE COST CENTERS				
90.02	09002	-48,233	270,964	90.02
90.03	09003	-49,358	279,711	90.03
90.12	09012	0	187,109	90.12
90.13	09013	-3,620	901,561	90.13
91.00	09100	-3,011,464	3,011,642	91.00
92.00	09200	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	-51,527	0	95.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	0	0	113.00
118.00		-24,726,637	114,272,134	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	0	143,351	190.00
192.00	19200	0	658,238	192.00
194.00	07950	0	1,390	194.00
194.01	07951	0	166,057	194.01
194.02	07952	0	84,037	194.02
194.03	07954	0	42,258	194.03
194.04	07953	0	24,857	194.04

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0166

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

Worksheet A
Date/Time Prepared:
11/30/2018 10:04 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
194.07	07976 BLUE MOUND	0	60,954	194.07
194.08	07955 ARTHUR CLINIC	0	9,539	194.08
194.11	07956 2981 NORTH MAIN	0	297,426	194.11
194.13	07957 MEDICAL OFFICE BUILDING 1750	0	30,070	194.13
194.15	07959 MT. ZION CLINIC	0	28,124	194.15
194.16	07960 CERRO GORDO	0	123,323	194.16
194.24	07964 FIELDS WRIGHT MEDICAL PRACTICE	0	350,047	194.24
194.36	07967 LAKE SHORE MEDICAL OFFICE BUILD	0	3,173	194.36
194.38	07969 SCHOOL HEALTH SERVICES	0	1,092	194.38
194.40	07977 PRAIRIE CARDIOVASCULAR	0	0	194.40
194.48	07972 MRI BUILDING	0	0	194.48
200.00	TOTAL (SUM OF LINES 118 through 199)	-24,726,637	116,296,070	200.00

RECLASSIFICATIONS

Provider CCN: 14-0166

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

Worksheet A-6

Date/Time Prepared:
11/30/2018 10:04 am

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
A - DEPRECIATION EXPENSE						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	5,492,530	1.00	
	O		0	5,492,530		
B - CAFETERIA RECLASS						
1.00	CAFETERIA	11.00	710,739	567,124	1.00	
	O		710,739	567,124		
D - LEASE EXPENSE						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	394,092	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	
	O		0	394,092		
F - CHARGEABLE DRUGS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	5,381,713	1.00	
	O		0	5,381,713		
G - INTEREST EXPENSE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	477,375	1.00	
	O		0	477,375		
H - MEDICAL SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	5,577,670	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	2,750	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	
	O		0	5,580,420		
I - IMPLANT SUPPLIES						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	4,122,096	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	
	O		0	4,122,096		
J - PROPERTY INSURANCE						
1.00	OTHER CAP REL COSTS	3.00	0	114,313	1.00	
	O		0	114,313		
500.00	Grand Total: Increases		710,739	22,129,663	500.00	

RECLASSIFICATIONS

Provider CCN: 14-0166

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

Worksheet A-6
Date/Time Prepared:
11/30/2018 10:04 am

Decreases						
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.	
6.00	7.00	8.00	9.00	10.00		
A - DEPRECIATION EXPENSE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	5,492,530	9	1.00
	O		0	5,492,530		
B - CAFETERIA RECLASS						
1.00	DIETARY	10.00	710,739	567,124	0	1.00
	O		710,739	567,124		
D - LEASE EXPENSE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	265,451	9	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	26,534	0	2.00
3.00	INTENSIVE CARE UNIT	31.00	0	775	0	3.00
4.00	DELIVERY ROOM & LABOR ROOM	52.00	0	43	0	4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	23,755	0	5.00
6.00	LABORATORY	60.00	0	71,829	0	6.00
7.00	RESPIRATORY THERAPY	65.00	0	2,791	0	7.00
8.00	ELECTROENCEPHALOGRAPHY	70.00	0	450	0	8.00
9.00	CARDIAC REHABILITATION	76.97	0	28	0	9.00
10.00	RADIATION ONCOLOGY	90.13	0	36	0	10.00
11.00	EMERGENCY	91.00	0	2,400	0	11.00
	O		0	394,092		
F - CHARGEABLE DRUGS						
1.00	PHARMACY	15.00	0	5,381,713	0	1.00
	O		0	5,381,713		
G - INTEREST EXPENSE						
1.00	INTEREST EXPENSE	113.00	0	477,375	9	1.00
	O		0	477,375		
H - MEDICAL SUPPLIES						
1.00	OPERATION OF PLANT	7.00	0	84,072	0	1.00
2.00	NURSING ADMINISTRATION	13.00	0	834	0	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	6,206	0	3.00
4.00	PHARMACY	15.00	0	74,846	0	4.00
5.00	ADULTS & PEDIATRICS	30.00	0	117,239	0	5.00
6.00	INTENSIVE CARE UNIT	31.00	0	40,864	0	6.00
7.00	SUBPROVIDER - IPF	40.00	0	146	0	7.00
8.00	SUBPROVIDER - IRF	41.00	0	7,516	0	8.00
9.00	NURSERY	43.00	0	315	0	9.00
10.00	OPERATING ROOM	50.00	0	2,094,300	0	10.00
11.00	ENDOSCOPY	50.02	0	94,551	0	11.00
12.00	RECOVERY ROOM	51.00	0	7,173	0	12.00
13.00	DELIVERY ROOM & LABOR ROOM	52.00	0	71,233	0	13.00
14.00	ANESTHESIOLOGY	53.00	0	83,791	0	14.00
15.00	PAIN CENTER	53.01	0	48,914	0	15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	39,117	0	16.00
17.00	RADIOISOTOPE	56.00	0	236,133	0	17.00
18.00	CT SCAN	57.00	0	120,495	0	18.00
19.00	MRI	58.00	0	30,885	0	19.00
20.00	CARDIAC CATHETERIZATION	59.00	0	1,475,297	0	20.00
21.00	LABORATORY	60.00	0	403,990	0	21.00
22.00	WHOLE BLOOD & PACKED RED BLOOD	62.00	0	420	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0	918	0	23.00
24.00	PHYSICAL THERAPY	66.00	0	24	0	24.00
25.00	ELECTROCARDIOLOGY	69.00	0	306,414	0	25.00
26.00	ELECTROENCEPHALOGRAPHY	70.00	0	13	0	26.00
27.00	ASC (NON-DIAGNOSTIC PART)	75.00	0	5,490	0	27.00
28.00	CARDIAC REHABILITATION	76.97	0	55	0	28.00
29.00	WOUND CLINIC	90.03	0	4,273	0	29.00
30.00	CTPET	90.12	0	36,193	0	30.00
31.00	RADIATION ONCOLOGY	90.13	0	7,763	0	31.00
32.00	EMERGENCY	91.00	0	180,940	0	32.00
	O		0	5,580,420		
I - IMPLANT SUPPLIES						
1.00	ADULTS & PEDIATRICS	30.00	0	77,967	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	1,338	0	2.00
3.00	SUBPROVIDER - IRF	41.00	0	3,819	0	3.00
4.00	OPERATING ROOM	50.00	0	2,664,371	0	4.00
5.00	CARDIAC CATHETERIZATION	59.00	0	1,374,601	0	5.00
	O		0	4,122,096		
J - PROPERTY INSURANCE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	114,313	12	1.00
	O		0	114,313		
500.00	Grand Total: Decreases		710,739	22,129,663		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0166

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

Worksheet A-7
Part I
Date/Time Prepared:
11/30/2018 10:04 am

		Acquisitions			Disposals and Retirements		
		Beginning Balances	Purchases	Donation			Total
		1.00	2.00	3.00			4.00
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	3,295,160	0	0	0	1.00	
2.00	Land Improvements	5,809,092	0	0	0	2.00	
3.00	Buildings and Fixtures	134,880,995	530,257	0	530,257	3.00	
4.00	Building Improvements	3,282	2,567,440	0	2,567,440	4.00	
5.00	Fixed Equipment	0	0	0	0	5.00	
6.00	Movable Equipment	64,492,370	1,859,577	0	1,859,577	6.00	
7.00	HIT designated Assets	12,265,809	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	220,746,708	4,957,274	0	4,957,274	8.00	
9.00	Reconciling Items	128,478	2,438,962	0	2,438,962	9.00	
10.00	Total (line 8 minus line 9)	220,618,230	2,518,312	0	2,518,312	10.00	
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	3,295,160	0			1.00	
2.00	Land Improvements	5,809,092	0			2.00	
3.00	Buildings and Fixtures	135,411,252	0			3.00	
4.00	Building Improvements	2,570,722	0			4.00	
5.00	Fixed Equipment	0	0			5.00	
6.00	Movable Equipment	66,351,947	0			6.00	
7.00	HIT designated Assets	12,265,809	0			7.00	
8.00	Subtotal (sum of lines 1-7)	225,703,982	0			8.00	
9.00	Reconciling Items	2,567,440	0			9.00	
10.00	Total (line 8 minus line 9)	223,136,542	0			10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0166

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

Worksheet A-7
Part II
Date/Time Prepared:
11/30/2018 10:04 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	8,230,990	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)	8,230,990	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	8,230,990				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	8,230,990				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0166

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

Worksheet A-7
Part III
Date/Time Prepared:
11/30/2018 10:04 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	147,086,226	0	147,086,226	0.652471	74,586	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	78,617,756	274,376	78,343,380	0.347529	39,727	2.00
3.00	Total (sum of lines 1-2)	225,703,982	274,376	225,429,606	1.000000	114,313	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	74,586	3,215,835	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	39,727	5,886,622	0	2.00
3.00	Total (sum of lines 1-2)	0	0	114,313	9,102,457	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	0	74,586	0	0	3,290,421	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	39,727	0	0	5,926,349	2.00
3.00	Total (sum of lines 1-2)	0	114,313	0	0	9,216,770	3.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #	Wkst. A-7 Ref.	
			3.00	4.00	5.00	
1.00	2.00	3.00	4.00	5.00		
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00 Television and radio service (chapter 21)		0		0.00	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-7,387,898			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	2,542,092			0	12.00
13.00 Laundry and linen service	B	-8,236	LAUNDRY & LINEN SERVICE	8.00	0	13.00
14.00 Cafeteria-employees and guests	B	-14,700	DIETARY	10.00	0	14.00
15.00 Rental of quarters to employees and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients	B	-3	CENTRAL SERVICES & SUPPLY	14.00	0	16.00
17.00 Sale of drugs to other than patients	B	-15,693	PHARMACY	15.00	0	17.00
18.00 Sale of medical records and abstracts	B	-10	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines		0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0NONPHYSICIAN 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	*** Cost Center Deleted ***	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00		30.99

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0166

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

Worksheet A-8

Date/Time Prepared:
11/30/2018 10:04 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
			Cost Center	Line #			
			1.00	2.00			3.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	MEDI CAID TAX	A	-5,978,470	ADMINISTRATIVE & GENERAL	5.00	0	33.00
33.01	ADVERTISING SPONSORSHIP COSTS	A	-645,907	ADMINISTRATIVE & GENERAL	5.00	0	33.01
33.02	SCHOLARSHIP AWARD	A	-16,150	ADMINISTRATIVE & GENERAL	5.00	0	33.02
33.03	PUBLIC RELATIONS	A	-3,620	RADIATION ONCOLOGY	90.13	0	33.03
33.04	PHYSICIAN RECRUITMENT	A	-212,106	ADMINISTRATIVE & GENERAL	5.00	0	33.04
33.05	LOBBYING COSTS	A	-42,390	ADMINISTRATIVE & GENERAL	5.00	0	33.05
33.06	SELF INSURED HEALTH PREMIUMS	A	-5,291,119	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.06
33.07	CRNA SALARIES	A	-2,138,375	ANESTHESIOLOGY	53.00	0	33.07
33.08	CRNA BENEFITS	A	-586,179	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.08
33.09	ADVERTISING SPONSORSHIP COSTS	A	-250	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.09
33.10	PURCHASED SERVICES HSHS MEDICAL	A	-12,258,645	ADMINISTRATIVE & GENERAL	5.00	0	33.10
33.11	PURCHASED SERVICES HSHS MEDICAL	A	-69,792	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.11
33.12	DEFINED PENSION	A	8,343,720	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.12
33.13	RENTAL REVENUE	B	-60	ADMINISTRATIVE & GENERAL	5.00	0	33.13
33.14	RENTAL REVENUE	B	-986	ADULTS & PEDIATRICS	30.00	0	33.14
33.15	DUES	A	-115	ADMINISTRATIVE & GENERAL	5.00	0	33.15
33.16	MISC REVENUE	B	-468,535	ADMINISTRATIVE & GENERAL	5.00	0	33.16
33.17	CATERED MEALS	A	-13,189	DIETARY	10.00	0	33.17
33.18	CATERED MEALS	A	-63,581	CAFETERIA	11.00	0	33.18
33.20	MISC REVENUE	B	-18,992	RADIOLOGY-DIAGNOSTIC	54.00	0	33.20
33.21	MISC REVENUE	B	-6,188	CARDIAC CATHETERIZATION	59.00	0	33.21
33.22	MISC REVENUE	B	-257,251	RESPIRATORY THERAPY	65.00	0	33.22
33.23	MISC REVENUE	B	-48,233	OUTPATIENT PSYCHIATRIC	90.02	0	33.23
33.24	MISC REVENUE	B	-4,639	WOUND CLINIC	90.03	0	33.24
33.25	ADVERTISING SPONSORSHIP COSTS	A	-89	NURSING ADMINISTRATION	13.00	0	33.25
33.26	ADVERTISING SPONSORSHIP COSTS	A	-7,299	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.26
33.27	AMBULANCE SALARIES	A	-51,527	AMBULANCE SERVICES	95.00	0	33.27
33.28	MISC REVENUE	B	-40	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.28
33.29	MISC REVENUE	B	-1,271	OPERATION OF PLANT	7.00	0	33.29
33.31	MISC REVENUE	B	-300	NURSING ADMINISTRATION	13.00	0	33.31
33.33	MISC REVENUE	B	-53	CT SCAN	57.00	0	33.33
33.34	MISC REVENUE	B	-558	LABORATORY	60.00	0	33.34
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-24,726,637				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: 14-0166
 Period: From 07/01/2017 To 06/30/2018
 Worksheet A-8-1
 Date/Time Prepared: 11/30/2018 10:04 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HEALTH & DENTAL PREMIUM	8,370,064	8,444,246 1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	CONTRACTED SERVICES - ISC	8,961,330	6,849,032 2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	CONTRACTED SERVICES - SSC	2,623,304	2,119,328 3.00
4.00	5.00	ADMINISTRATIVE & GENERAL	RELATED SERVICES	15,489,471	15,489,471 4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			35,444,169	32,902,077 5.00

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

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

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

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

6.00	B	ST. MARYS HOSPITAL	100.00	HSHS	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 14-0166	Period: From 07/01/2017 To 06/30/2018	Worksheet A-8-1 Date/Time Prepared: 11/30/2018 10:04 am
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	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-74,182	0		1.00
2.00	2,112,298	0		2.00
3.00	503,976	0		3.00
4.00	0	0		4.00
5.00	2,542,092			5.00

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

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

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

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

6.00	HEALTH CARE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0166

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

Worksheet A-8-2

Date/Time Prepared:
11/30/2018 10:04 am

Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00 ADMINISTRATIVE & GENERAL	9,768	9,518	250	211,500	2	1.00
2.00	30.00 ADULTS & PEDIATRICS	110,550	0	110,550	211,500	601	2.00
3.00	31.00 INTENSIVE CARE UNIT	10,787	10,787	0	0	0	3.00
4.00	41.00 SUBPROVIDER - IRF	64,198	4,423	59,775	181,300	399	4.00
5.00	43.00 NURSERY	147,702	121,452	26,250	237,100	175	5.00
6.00	52.00 DELIVERY ROOM & LABOR ROOM	316,930	316,930	0	0	0	6.00
7.00	53.00 ANESTHESIOLOGY	1,056,281	1,056,281	0	0	0	7.00
8.00	54.00 RADIOLOGY-DIAGNOSTIC	4,000	3,000	1,000	271,900	5	8.00
9.00	57.00 CT SCAN	27,782	27,782	0	0	0	9.00
10.00	59.00 CARDIAC CATHETERIZATION	1,276,800	1,276,800	0	0	0	10.00
11.00	60.00 LABORATORY	138,225	0	138,225	260,300	3,872	11.00
12.00	65.00 RESPIRATORY THERAPY	1,171,842	753,192	418,650	211,500	51	12.00
13.00	69.00 ELECTROCARDIOLOGY	259,742	243,242	16,500	211,500	66	13.00
14.00	70.00 ELECTROENCEPHALOGRAPHY	3,924	3,924	0	0	0	14.00
15.00	90.03 WOUND CLINIC	48,786	42,786	6,000	211,500	40	15.00
16.00	91.00 EMERGENCY	3,017,362	3,005,349	12,013	211,500	58	16.00
200.00		7,664,679	6,875,466	789,213		5,269	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	203	10	0	0	0	1.00
2.00	30.00 ADULTS & PEDIATRICS	61,111	3,056	0	0	0	2.00
3.00	31.00 INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	41.00 SUBPROVIDER - IRF	34,778	1,739	0	0	0	4.00
5.00	43.00 NURSERY	19,948	997	0	0	0	5.00
6.00	52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	6.00
7.00	53.00 ANESTHESIOLOGY	0	0	0	0	0	7.00
8.00	54.00 RADIOLOGY-DIAGNOSTIC	654	33	0	0	0	8.00
9.00	57.00 CT SCAN	0	0	0	0	0	9.00
10.00	59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	10.00
11.00	60.00 LABORATORY	484,558	24,228	0	0	0	11.00
12.00	65.00 RESPIRATORY THERAPY	5,186	259	0	0	0	12.00
13.00	69.00 ELECTROCARDIOLOGY	6,711	336	0	0	0	13.00
14.00	70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	14.00
15.00	90.03 WOUND CLINIC	4,067	203	0	0	0	15.00
16.00	91.00 EMERGENCY	5,898	295	0	0	0	16.00
200.00		623,114	31,156	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	203	47	9,565	1.00
2.00	30.00 ADULTS & PEDIATRICS	0	61,111	49,439	49,439	2.00
3.00	31.00 INTENSIVE CARE UNIT	0	0	0	10,787	3.00
4.00	41.00 SUBPROVIDER - IRF	0	34,778	24,997	29,420	4.00
5.00	43.00 NURSERY	0	19,948	6,302	127,754	5.00
6.00	52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	316,930	6.00
7.00	53.00 ANESTHESIOLOGY	0	0	0	1,056,281	7.00
8.00	54.00 RADIOLOGY-DIAGNOSTIC	0	654	346	3,346	8.00
9.00	57.00 CT SCAN	0	0	0	27,782	9.00
10.00	59.00 CARDIAC CATHETERIZATION	0	0	0	1,276,800	10.00
11.00	60.00 LABORATORY	0	484,558	0	0	11.00
12.00	65.00 RESPIRATORY THERAPY	0	5,186	413,464	1,166,656	12.00
13.00	69.00 ELECTROCARDIOLOGY	0	6,711	9,789	253,031	13.00
14.00	70.00 ELECTROENCEPHALOGRAPHY	0	0	0	3,924	14.00
15.00	90.03 WOUND CLINIC	0	4,067	1,933	44,719	15.00
16.00	91.00 EMERGENCY	0	5,898	6,115	3,011,464	16.00
200.00		0	623,114	512,432	7,387,898	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0166

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

Worksheet B
Part I
Date/Time Prepared:
11/30/2018 10:04 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	3,290,421	3,290,421			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	5,926,349		5,926,349		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	12,302,882	12,524	22,556	12,337,962	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	25,587,061	424,776	765,061	1,769,368	28,546,266
6.00 00600	MAINTENANCE & REPAIRS	0	24,384	43,918	0	68,302
7.00 00700	OPERATION OF PLANT	4,166,376	276,447	497,906	355,500	5,296,229
8.00 00800	LAUNDRY & LINEN SERVICE	667,841	109,653	197,495	13,777	988,766
9.00 00900	HOUSEKEEPING	1,344,568	39,505	71,153	240,122	1,695,348
10.00 01000	DIETARY	281,942	111,808	201,377	84,054	679,181
11.00 01100	CAFETERIA	1,214,282	26,588	47,887	204,516	1,493,273
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	1,162,342	12,316	22,183	295,375	1,492,216
14.00 01400	CENTRAL SERVICES & SUPPLY	735,099	67,557	121,677	119,456	1,043,789
15.00 01500	PHARMACY	2,016,723	26,374	47,501	534,753	2,625,351
16.00 01600	MEDICAL RECORDS & LIBRARY	1,822,609	59,116	106,474	382,529	2,370,728
17.00 01700	SOCIAL SERVICE	0	0	0	0	0
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0
23.00 02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	6,664,957	566,569	1,020,447	1,565,099	9,817,072
31.00 03100	INTENSIVE CARE UNIT	1,485,659	40,997	73,840	329,065	1,929,561
40.00 04000	SUBPROVIDER - IPF	777,153	48,195	86,804	219,699	1,131,851
41.00 04100	SUBPROVIDER - IRF	1,175,936	79,404	143,014	273,180	1,671,534
43.00 04300	NURSERY	470,621	15,895	28,628	89,475	604,619
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	3,985,896	121,514	218,857	422,634	4,748,901
50.02 03330	ENDOSCOPY	464,624	22,927	41,293	96,292	625,136
51.00 05100	RECOVERY ROOM	530,808	15,653	28,192	142,461	717,114
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,570,000	65,347	117,696	397,255	2,150,298
53.00 05300	ANESTHESIOLOGY	465,550	2,176	3,919	682,185	1,153,830
53.01 05301	PAIN CENTER	496,207	24,225	43,632	114,097	678,161
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,416,856	99,243	178,746	450,797	3,145,642
56.00 05600	RADIOISOTOPE	226,503	4,580	8,249	40,865	280,197
57.00 05700	CT SCAN	935,725	3,855	6,942	149,359	1,095,881
58.00 05800	MRI	381,652	6,100	10,986	73,379	472,117
59.00 05900	CARDIAC CATHETERIZATION	2,299,624	34,449	62,045	297,238	2,693,356
60.00 06000	LABORATORY	4,727,357	245,196	441,621	659,913	6,074,087
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD	329,835	1,879	3,384	0	335,098
65.00 06500	RESPIRATORY THERAPY	539,495	5,229	9,418	184,040	738,182
66.00 06600	PHYSICAL THERAPY	1,840,309	94,926	170,970	508,697	2,614,902
69.00 06900	ELECTROCARDIOLOGY	1,030,396	26,104	47,016	194,299	1,297,815
70.00 07000	ELECTROENCEPHALOGRAPHY	315,230	18,195	32,771	76,098	442,294
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	5,577,670	0	0	0	5,577,670
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	4,122,096	0	0	0	4,122,096
73.00 07300	DRUGS CHARGED TO PATIENTS	5,381,713	0	0	0	5,381,713
75.00 07500	ASC (NON-DISTINCT PART)	755,196	0	0	205,910	961,106
76.00 03950	TREATMENT CENTER	0	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	135,584	0	0	34,071	169,655
OUTPATIENT SERVICE COST CENTERS						
90.02 09002	OUTPATIENT PSYCHIATRIC	270,964	24,716	44,515	82,489	422,684
90.03 09003	WOUND CLINIC	279,711	0	0	61,666	341,377
90.12 09012	CTPET	187,109	0	0	9,311	196,420
90.13 09013	RADIATION ONCOLOGY	901,561	0	0	112,290	1,013,851
91.00 09100	EMERGENCY	3,011,642	259,302	467,026	771,778	4,509,748
92.00 09200	OBSERVATION BEDS (NON-DISTINCT)					0
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	114,272,134	3,017,724	5,435,199	12,243,092	113,413,417
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT FLOWER COFFEE SHOP & CAN	143,351	3,627	6,532	12,994	166,504
192.00 19200	PHYSICIANS PRIVATE OFFICES	658,238	0	0	15,329	673,567
194.00 07950	SENIOR SERVICES	1,390	0	0	200	1,590
194.01 07951	ADULT DAY CARE	166,057	0	0	40,866	206,923

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0166

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

Worksheet B
Part I
Date/Time Prepared:
11/30/2018 10:04 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
194.02 07952 SPORTS MEDICINE REHAB	84,037	0	0	23,109	107,146	194.02
194.03 07954 OTHER NONREIMBURSABLE COST CENTERS	42,258	231,761	417,422	0	691,441	194.03
194.04 07953 CANCER CARE	24,857	0	0	33	24,890	194.04
194.07 07976 BLUE MOUND	60,954	0	0	56	61,010	194.07
194.08 07955 ARTHUR CLINIC	9,539	0	0	726	10,265	194.08
194.11 07956 2981 NORTH MAIN	297,426	0	0	0	297,426	194.11
194.13 07957 MEDICAL OFFICE BUILDING 1750	30,070	0	0	67	30,137	194.13
194.15 07959 MT. ZION CLINIC	28,124	0	0	24	28,148	194.15
194.16 07960 CERRO GORDO	123,323	0	0	1,417	124,740	194.16
194.24 07964 FIELDS WRIGHT MEDICAL PRACTICE	350,047	0	0	0	350,047	194.24
194.36 07967 LAKE SHORE MEDICAL OFFICE BUILD	3,173	0	0	49	3,222	194.36
194.38 07969 SCHOOL HEALTH SERVICES	1,092	0	0	0	1,092	194.38
194.40 07977 PRAIRIE CARDIOVASCULAR	0	37,309	67,196	0	104,505	194.40
194.48 07972 MRI BUILDING	0	0	0	0	0	194.48
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)	116,296,070	3,290,421	5,926,349	12,337,962	116,296,070	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0166		Period: From 07/01/2017 To 06/30/2018		Worksheet B Part I Date/Time Prepared: 11/30/2018 10:04 am	
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
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	28,546,266					5.00
6.00	00600	MAINTENANCE & REPAIRS	22,227	90,529				6.00
7.00	00700	OPERATION OF PLANT	1,723,494	8,847	7,028,570			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	321,763	3,509	301,966	1,616,004		8.00
9.00	00900	HOUSEKEEPING	551,698	1,264	108,791	0	2,357,101	9.00
10.00	01000	DIETARY	221,018	3,578	307,901	0	109,667	10.00
11.00	01100	CAFETERIA	485,939	851	73,218	0	26,079	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	485,595	394	33,917	0	12,081	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	339,669	2,162	186,042	0	66,263	14.00
15.00	01500	PHARMACY	854,339	844	72,629	0	25,868	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	771,480	1,892	162,796	0	57,984	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,194,635	18,135	1,560,239	1,091,794	555,719	30.00
31.00	03100	INTENSIVE CARE UNIT	627,916	1,312	112,900	128,244	40,212	31.00
40.00	04000	SUBPROVIDER - IPF	368,326	1,542	132,721	214,188	47,272	40.00
41.00	04100	SUBPROVIDER - IRF	543,949	2,541	218,666	181,778	77,883	41.00
43.00	04300	NURSERY	196,755	509	43,771	0	15,590	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,545,383	3,889	334,628	0	119,186	50.00
50.02	03330	ENDOSCOPY	203,431	734	63,136	0	22,488	50.02
51.00	05100	RECOVERY ROOM	233,363	501	43,105	0	15,353	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	699,748	2,091	179,954	0	64,095	52.00
53.00	05300	ANESTHESIOLOGY	375,478	70	5,992	0	2,134	53.00
53.01	05301	PAIN CENTER	220,686	775	66,712	0	23,761	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,023,652	3,176	273,299	0	97,342	54.00
56.00	05600	RADIOISOTOPE	91,181	147	12,612	0	4,492	56.00
57.00	05700	CT SCAN	356,620	123	10,615	0	3,781	57.00
58.00	05800	MRI	153,636	195	16,797	0	5,983	58.00
59.00	05900	CARDIAC CATHETERIZATION	876,469	1,102	94,866	0	33,789	59.00
60.00	06000	LABORATORY	1,976,623	7,847	675,228	0	240,500	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	109,047	60	5,174	0	1,843	62.00
65.00	06500	RESPIRATORY THERAPY	240,218	167	14,400	0	5,129	65.00
66.00	06600	PHYSICAL THERAPY	850,939	3,038	261,409	0	93,108	66.00
69.00	06900	ELECTROCARDIOLOGY	422,334	835	71,887	0	25,604	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	143,931	582	50,106	0	17,846	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	1,815,080	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,341,408	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,751,312	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	312,762	0	0	0	0	75.00
76.00	03950	TREATMENT CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	55,209	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.02	09002	OUTPATIENT PSYCHIATRIC	137,549	791	68,063	0	24,242	90.02
90.03	09003	WOUND CLINIC	111,091	0	0	0	0	90.03
90.12	09012	CTPET	63,919	0	0	0	0	90.12
90.13	09013	RADIATION ONCOLOGY	329,926	0	0	0	0	90.13
91.00	09100	EMERGENCY	1,467,558	8,299	714,073	0	254,335	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)						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)	27,617,356	81,802	6,277,613	1,616,004	2,089,629	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	54,184	116	9,987	0	3,557	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	219,191	0	0	0	0	192.00
194.00	07950	SENIOR SERVICES	517	0	0	0	0	194.00
194.01	07951	ADULT DAY CARE	67,337	0	0	0	0	194.01
194.02	07952	SPORTS MEDICINE REHAB	34,867	0	0	0	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	225,008	7,417	638,229	0	227,321	194.03
194.04	07953	CANCER CARE	8,100	0	0	0	0	194.04
194.07	07976	BLUE MOUND	19,854	0	0	0	0	194.07
194.08	07955	ARTHUR CLINIC	3,340	0	0	0	0	194.08

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0166

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

Worksheet B
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Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
194.11	07956 2981 NORTH MAIN	96,788	0	0	0	0	194.11
194.13	07957 MEDICAL OFFICE BUILDING 1750	9,807	0	0	0	0	194.13
194.15	07959 MT. ZION CLINIC	0	0	0	0	0	194.15
194.16	07960 CERRO GORDO	40,593	0	0	0	0	194.16
194.24	07964 FIELDS WRIGHT MEDICAL PRACTICE	113,912	0	0	0	0	194.24
194.36	07967 LAKE SHORE MEDICAL OFFICE BUILD	1,049	0	0	0	0	194.36
194.38	07969 SCHOOL HEALTH SERVICES	355	0	0	0	0	194.38
194.40	07977 PRAIRIE CARDIOVASCULAR	34,008	1,194	102,741	0	36,594	194.40
194.48	07972 MRI BUILDING	0	0	0	0	0	194.48
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)	28,546,266	90,529	7,028,570	1,616,004	2,357,101	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0166

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

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Part I
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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	1,321,345					10.00
11.00	01100	CAFETERIA	0	2,079,360				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	63,511	0	2,087,714		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	25,685	0	0	1,663,610	14.00
15.00	01500	PHARMACY	0	114,982	0	196,465	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	82,251	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	892,719	336,516	0	575,000	0	30.00
31.00	03100	INTENSIVE CARE UNIT	104,860	70,755	0	120,897	0	31.00
40.00	04000	SUBPROVIDER - I PF	175,133	47,240	0	80,716	0	40.00
41.00	04100	SUBPROVIDER - I RF	148,633	58,739	0	0	0	41.00
43.00	04300	NURSERY	0	19,239	0	32,873	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	90,874	0	155,273	0	50.00
50.02	03330	ENDOSCOPY	0	20,705	0	35,377	0	50.02
51.00	05100	RECOVERY ROOM	0	30,632	0	52,339	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	85,417	0	145,949	0	52.00
53.00	05300	ANESTHESIOLOGY	0	146,683	0	250,631	0	53.00
53.01	05301	PAIN CENTER	0	24,533	0	41,918	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	96,930	0	165,620	0	54.00
56.00	05600	RADIO SOTOPE	0	8,787	0	0	0	56.00
57.00	05700	CT SCAN	0	32,115	0	0	0	57.00
58.00	05800	MRI	0	15,778	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	63,912	0	109,204	0	59.00
60.00	06000	LABORATORY	0	141,894	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	39,572	0	67,615	0	65.00
66.00	06600	PHYSICAL THERAPY	0	109,380	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	41,778	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	16,363	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	956,629	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	706,981	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	44,275	0	0	0	75.00
76.00	03950	TREATMENT CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	7,326	0	12,517	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.02	09002	OUTPATIENT PSYCHIATRIC	0	17,737	0	30,306	0	90.02
90.03	09003	WOUND CLINIC	0	13,259	0	0	0	90.03
90.12	09012	CTPET	0	2,002	0	0	0	90.12
90.13	09013	RADIATION ONCOLOGY	0	24,144	0	0	0	90.13
91.00	09100	EMERGENCY	0	165,947	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0	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)	1,321,345	2,058,961	0	2,072,700	1,663,610	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	2,794	0	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	3,296	0	0	0	192.00
194.00	07950	SENIOR SERVICES	0	43	0	0	0	194.00
194.01	07951	ADULT DAY CARE	0	8,787	0	15,014	0	194.01
194.02	07952	SPORTS MEDICINE REHAB	0	4,969	0	0	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
194.04	07953	CANCER CARE	0	7	0	0	0	194.04
194.07	07976	BLUE MOUND	0	12	0	0	0	194.07

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0166

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

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Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	10.00	11.00	12.00	13.00	14.00	
194.08 07955 ARTHUR CLINIC	0	156	0	0	0	0 194.08
194.11 07956 2981 NORTH MAIN	0	0	0	0	0	0 194.11
194.13 07957 MEDICAL OFFICE BUILDING 1750	0	14	0	0	0	0 194.13
194.15 07959 MT. ZION CLINIC	0	5	0	0	0	0 194.15
194.16 07960 CERRO GORDO	0	305	0	0	0	0 194.16
194.24 07964 FIELDS WRIGHT MEDICAL PRACTICE	0	0	0	0	0	0 194.24
194.36 07967 LAKE SHORE MEDICAL OFFICE BUILD	0	11	0	0	0	0 194.36
194.38 07969 SCHOOL HEALTH SERVICES	0	0	0	0	0	0 194.38
194.40 07977 PRAIRIE CARDIOVASCULAR	0	0	0	0	0	0 194.40
194.48 07972 MRI BUILDING	0	0	0	0	0	0 194.48
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)	1,321,345	2,079,360	0	2,087,714	1,663,610	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0166

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

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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL		
		15.00	16.00	17.00	19.00	20.00		
GENERAL SERVICE COST CENTERS								
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	
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	
15.00	01500						15.00	
16.00	01600	3,890,478	3,447,131				16.00	
17.00	01700	0	0	0			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			21.00	
22.00	02200	0	0	0			22.00	
23.00	02300	0	0	0			23.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	0	144,334	0	0	0	30.00	
31.00	03100	0	30,526	0	0	0	31.00	
40.00	04000	0	24,799	0	0	0	40.00	
41.00	04100	0	34,720	0	0	0	41.00	
43.00	04300	0	12,572	0	0	0	43.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	0	235,005	0	0	0	50.00	
50.02	03330	0	31,907	0	0	0	50.02	
51.00	05100	0	38,055	0	0	0	51.00	
52.00	05200	0	36,108	0	0	0	52.00	
53.00	05300	0	49,146	0	0	0	53.00	
53.01	05301	0	48,518	0	0	0	53.01	
54.00	05400	0	164,461	0	0	0	54.00	
56.00	05600	0	7,649	0	0	0	56.00	
57.00	05700	0	392,153	0	0	0	57.00	
58.00	05800	0	103,520	0	0	0	58.00	
59.00	05900	0	153,305	0	0	0	59.00	
60.00	06000	0	462,650	0	0	0	60.00	
62.00	06200	0	13,465	0	0	0	62.00	
65.00	06500	0	59,694	0	0	0	65.00	
66.00	06600	0	118,351	0	0	0	66.00	
69.00	06900	0	180,724	0	0	0	69.00	
70.00	07000	0	31,511	0	0	0	70.00	
71.00	07100	0	77,151	0	0	0	71.00	
72.00	07200	0	133,901	0	0	0	72.00	
73.00	07300	3,890,478	376,265	0	0	0	73.00	
75.00	07500	0	14,257	0	0	0	75.00	
76.00	03950	0	0	0	0	0	76.00	
76.97	07697	0	4,830	0	0	0	76.97	
OUTPATIENT SERVICE COST CENTERS								
90.02	09002	0	4,719	0	0	0	90.02	
90.03	09003	0	6,914	0	0	0	90.03	
90.12	09012	0	11,196	0	0	0	90.12	
90.13	09013	0	44,094	0	0	0	90.13	
91.00	09100	0	400,631	0	0	0	91.00	
92.00	09200	0		0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	0	0	0	0	0	95.00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	0	0	0	0	0	113.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)						0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	0	0	0	0	0	190.00	
192.00	19200	0	0	0	0	0	192.00	
194.00	07950	0	0	0	0	0	194.00	
194.01	07951	0	0	0	0	0	194.01	
194.02	07952	0	0	0	0	0	194.02	
194.03	07954	0	0	0	0	0	194.03	
194.04	07953	0	0	0	0	0	194.04	
194.07	07976	0	0	0	0	0	194.07	

COST ALLOCATION - GENERAL SERVICE COSTS

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

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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
194.08	07955 ARTHUR CLINIC	0	0	0	0	0	0194.08
194.11	07956 2981 NORTH MAIN	0	0	0	0	0	0194.11
194.13	07957 MEDICAL OFFICE BUILDING 1750	0	0	0	0	0	0194.13
194.15	07959 MT. ZION CLINIC	0	0	0	0	0	0194.15
194.16	07960 CERRO GORDO	0	0	0	0	0	0194.16
194.24	07964 FIELDS WRIGHT MEDICAL PRACTICE	0	0	0	0	0	0194.24
194.36	07967 LAKE SHORE MEDICAL OFFICE BUILD	0	0	0	0	0	0194.36
194.38	07969 SCHOOL HEALTH SERVICES	0	0	0	0	0	0194.38
194.40	07977 PRAIRIE CARDIOVASCULAR	0	0	0	0	0	0194.40
194.48	07972 MRI BUILDING	0	0	0	0	0	0194.48
200.00	Cross Foot Adjustments						0200.00
201.00	Negative Cost Centers	0	0	0	0	0	0201.00
202.00	TOTAL (sum lines 118 through 201)	3,890,478	3,447,131	0	0	0	0202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0166

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

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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	SERVICES-SALARY & FRINGES A	SERVICES-OTHER PRGM COSTS A			
	21.00	22.00			
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
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
11.00 01100 CAFETERIA					11.00
12.00 01200 MAINTENANCE OF PERSONNEL					12.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY					16.00
17.00 01700 SOCIAL SERVICE					17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000 NURSING SCHOOL					20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES A	0				21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS A		0			22.00
23.00 02300 PARAMED PRGM-(SPECIFY)			0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	0	0	0	18,186,163	0 30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	3,167,183	0 31.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	2,223,788	0 40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	2,938,443	0 41.00
43.00 04300 NURSERY	0	0	0	925,928	0 43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	0	0	7,233,139	0 50.00
50.02 03330 ENDOSCOPY	0	0	0	1,002,914	0 50.02
51.00 05100 RECOVERY ROOM	0	0	0	1,130,462	0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	3,363,660	0 52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	1,983,964	0 53.00
53.01 05301 PAIN CENTER	0	0	0	1,105,064	0 53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	4,970,122	0 54.00
56.00 05600 RADIOISOTOPE	0	0	0	405,065	0 56.00
57.00 05700 CT SCAN	0	0	0	1,891,288	0 57.00
58.00 05800 MRI	0	0	0	768,026	0 58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	4,026,003	0 59.00
60.00 06000 LABORATORY	0	0	0	9,578,829	0 60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD	0	0	0	464,687	0 62.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	1,164,977	0 65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	4,051,127	0 66.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	2,040,977	0 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	702,633	0 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	8,426,530	0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,304,386	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	11,399,768	0 73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	1,332,400	0 75.00
76.00 03950 TREATMENT CENTER	0	0	0	0	0 76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	249,537	0 76.97
OUTPATIENT SERVICE COST CENTERS					
90.02 09002 OUTPATIENT PSYCHIATRIC	0	0	0	706,091	0 90.02
90.03 09003 WOUND CLINIC	0	0	0	472,641	0 90.03
90.12 09012 CTPET	0	0	0	273,537	0 90.12
90.13 09013 RADIATION ONCOLOGY	0	0	0	1,412,015	0 90.13
91.00 09100 EMERGENCY	0	0	0	7,520,591	0 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)	0	0	0		0 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)				0 118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	0	0	0	237,142	0 190.00
192.00 19200 PHYSICIANS PRIVATE OFFICES	0	0	0	896,054	0 192.00
194.00 07950 SENIOR SERVICES	0	0	0	2,150	0 194.00
194.01 07951 ADULT DAY CARE	0	0	0	298,061	0 194.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0166

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

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Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES A	SERVICES-OTHER PRGM COSTS A					
	21.00	22.00	23.00				
194.02 07952 SPORTS MEDICINE REHAB	0	0	0	146,982	0	194.02	
194.03 07954 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	1,789,416	0	194.03	
194.04 07953 CANCER CARE	0	0	0	32,997	0	194.04	
194.07 07976 BLUE MOUND	0	0	0	80,876	0	194.07	
194.08 07955 ARTHUR CLINIC	0	0	0	13,761	0	194.08	
194.11 07956 2981 NORTH MAIN	0	0	0	394,214	0	194.11	
194.13 07957 MEDICAL OFFICE BUILDING 1750	0	0	0	39,958	0	194.13	
194.15 07959 MT. ZION CLINIC	0	0	0	28,153	0	194.15	
194.16 07960 CERRO GORDO	0	0	0	165,638	0	194.16	
194.24 07964 FIELDS WRIGHT MEDICAL PRACTICE	0	0	0	463,959	0	194.24	
194.36 07967 LAKE SHORE MEDICAL OFFICE BUILD	0	0	0	4,282	0	194.36	
194.38 07969 SCHOOL HEALTH SERVICES	0	0	0	1,447	0	194.38	
194.40 07977 PRAIRIE CARDIOVASCULAR	0	0	0	279,042	0	194.40	
194.48 07972 MRI BUILDING	0	0	0	0	0	194.48	
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	116,296,070	0	202.00	

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 14-0166	Period: From 07/01/2017 To 06/30/2018	Worksheet B Part I Date/Time Prepared: 11/30/2018 10:04 am
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500 ADMINISTRATIVE & GENERAL		5.00
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
12.00	01200 MAINTENANCE OF PERSONNEL		12.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
19.00	01900 NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000 NURSING SCHOOL		20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES A		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS A		22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	18,186,163	30.00
31.00	03100 INTENSIVE CARE UNIT	3,167,183	31.00
40.00	04000 SUBPROVIDER - IPF	2,223,788	40.00
41.00	04100 SUBPROVIDER - IRF	2,938,443	41.00
43.00	04300 NURSERY	925,928	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	7,233,139	50.00
50.02	03330 ENDOSCOPY	1,002,914	50.02
51.00	05100 RECOVERY ROOM	1,130,462	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,363,660	52.00
53.00	05300 ANESTHESIOLOGY	1,983,964	53.00
53.01	05301 PAIN CENTER	1,105,064	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,970,122	54.00
56.00	05600 RADIOISOTOPE	405,065	56.00
57.00	05700 CT SCAN	1,891,288	57.00
58.00	05800 MRI	768,026	58.00
59.00	05900 CARDIAC CATHETERIZATION	4,026,003	59.00
60.00	06000 LABORATORY	9,578,829	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	464,687	62.00
65.00	06500 RESPIRATORY THERAPY	1,164,977	65.00
66.00	06600 PHYSICAL THERAPY	4,051,127	66.00
69.00	06900 ELECTROCARDIOLOGY	2,040,977	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	702,633	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	8,426,530	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	6,304,386	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	11,399,768	73.00
75.00	07500 ASC (NON-DISTINCT PART)	1,332,400	75.00
76.00	03950 TREATMENT CENTER	0	76.00
76.97	07697 CARDIAC REHABILITATION	249,537	76.97
OUTPATIENT SERVICE COST CENTERS			
90.02	09002 OUTPATIENT PSYCHIATRIC	706,091	90.02
90.03	09003 WOUND CLINIC	472,641	90.03
90.12	09012 CTPET	273,537	90.12
90.13	09013 RADIATION ONCOLOGY	1,412,015	90.13
91.00	09100 EMERGENCY	7,520,591	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)		92.00
OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	0	95.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	111,421,938	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN	237,142	190.00
192.00	19200 PHYSICIANS PRIVATE OFFICES	896,054	192.00
194.00	07950 SENIOR SERVICES	2,150	194.00
194.01	07951 ADULT DAY CARE	298,061	194.01
194.02	07952 SPORTS MEDICINE REHAB	146,982	194.02
194.03	07954 OTHER NONREIMBURSABLE COST CENTERS	1,789,416	194.03
194.04	07953 CANCER CARE	32,997	194.04
194.07	07976 BLUE MOUND	80,876	194.07
194.08	07955 ARTHUR CLINIC	13,761	194.08
194.11	07956 2981 NORTH MAIN	394,214	194.11

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0166

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Cost Center Description		Total	
		26.00	
194.13	07957 MEDICAL OFFICE BUILDING 1750	39,958	194.13
194.15	07959 MT. ZION CLINIC	28,153	194.15
194.16	07960 CERRO GORDO	165,638	194.16
194.24	07964 FIELDS WRIGHT MEDICAL PRACTICE	463,959	194.24
194.36	07967 LAKE SHORE MEDICAL OFFICE BUILD	4,282	194.36
194.38	07969 SCHOOL HEALTH SERVICES	1,447	194.38
194.40	07977 PRAIRIE CARDIOVASCULAR	279,042	194.40
194.48	07972 MRI BUILDING	0	194.48
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118 through 201)	116,296,070	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0166	Period: From 07/01/2017 To 06/30/2018	Worksheet B Part II Date/Time Prepared: 11/30/2018 10:04 am
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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			
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	0	12,524	22,556	35,080	35,080 4.00
5.00 00500	ADMINISTRATIVE & GENERAL	3,275,680	424,776	765,061	4,465,517	5,039 5.00
6.00 00600	MAINTENANCE & REPAIRS	0	24,384	43,918	68,302	0 6.00
7.00 00700	OPERATION OF PLANT	410,693	276,447	497,906	1,185,046	1,011 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	109,653	197,495	307,148	39 8.00
9.00 00900	HOUSEKEEPING	0	39,505	71,153	110,658	683 9.00
10.00 01000	DIETARY	0	111,808	201,377	313,185	239 10.00
11.00 01100	CAFETERIA	0	26,588	47,887	74,475	581 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	34,082	12,316	22,183	68,581	840 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	67,557	121,677	189,234	340 14.00
15.00 01500	PHARMACY	0	26,374	47,501	73,875	1,520 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	59,116	106,474	165,590	1,087 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0 17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0 22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	544,983	566,569	1,020,447	2,131,999	4,449 30.00
31.00 03100	INTENSIVE CARE UNIT	21,504	40,997	73,840	136,341	935 31.00
40.00 04000	SUBPROVIDER - I PF	4,680	48,195	86,804	139,679	625 40.00
41.00 04100	SUBPROVIDER - I RF	0	79,404	143,014	222,418	777 41.00
43.00 04300	NURSERY	0	15,895	28,628	44,523	254 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	276,236	121,514	218,857	616,607	1,201 50.00
50.02 03330	ENDOSCOPY	27,870	22,927	41,293	92,090	274 50.02
51.00 05100	RECOVERY ROOM	4,680	15,653	28,192	48,525	405 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	41,433	65,347	117,696	224,476	1,129 52.00
53.00 05300	ANESTHESIOLOGY	3,489	2,176	3,919	9,584	1,939 53.00
53.01 05301	PAIN CENTER	9,883	24,225	43,632	77,740	324 53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC	127,752	99,243	178,746	405,741	1,281 54.00
56.00 05600	RADIOISOTOPE	0	4,580	8,249	12,829	116 56.00
57.00 05700	CT SCAN	0	3,855	6,942	10,797	425 57.00
58.00 05800	MRI	0	6,100	10,986	17,086	209 58.00
59.00 05900	CARDIAC CATHETERIZATION	10,195	34,449	62,045	106,689	845 59.00
60.00 06000	LABORATORY	50,466	245,196	441,621	737,283	1,876 60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD	0	1,879	3,384	5,263	0 62.00
65.00 06500	RESPIRATORY THERAPY	0	5,229	9,418	14,647	523 65.00
66.00 06600	PHYSICAL THERAPY	0	94,926	170,970	265,896	1,446 66.00
69.00 06900	ELECTROCARDIOLOGY	57,654	26,104	47,016	130,774	552 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	27,929	18,195	32,771	78,895	216 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	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
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	585 75.00
76.00 03950	TREATMENT CENTER	0	0	0	0	0 76.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	97 76.97
OUTPATIENT SERVICE COST CENTERS						
90.02 09002	OUTPATIENT PSYCHIATRIC	0	24,716	44,515	69,231	234 90.02
90.03 09003	WOUND CLINIC	0	0	0	0	175 90.03
90.12 09012	CTPET	0	0	0	0	26 90.12
90.13 09013	RADIATION ONCOLOGY	0	0	0	0	319 90.13
91.00 09100	EMERGENCY	0	259,302	467,026	726,328	2,194 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0 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	0	0	0	0	0 113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	4,929,209	3,017,724	5,435,199	13,382,132	34,810 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT FLOWER COFFEE SHOP & CAN	0	3,627	6,532	10,159	37 190.00
192.00 19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	44 192.00
194.00 07950	SENIOR SERVICES	0	0	0	0	1 194.00
194.01 07951	ADULT DAY CARE	0	0	0	0	116 194.01
194.02 07952	SPORTS MEDICINE REHAB	0	0	0	0	66 194.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0166

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
	0			2A	4.00	
194.03 07954 OTHER NONREIMBURSABLE COST CENTERS	0	231,761	417,422	649,183	0	194.03
194.04 07953 CANCER CARE	0	0	0	0	0	194.04
194.07 07976 BLUE MOUND	0	0	0	0	0	194.07
194.08 07955 ARTHUR CLINIC	0	0	0	0	2	194.08
194.11 07956 2981 NORTH MAIN	0	0	0	0	0	194.11
194.13 07957 MEDICAL OFFICE BUILDING 1750	1,060,302	0	0	1,060,302	0	194.13
194.15 07959 MT. ZION CLINIC	11,983	0	0	11,983	0	194.15
194.16 07960 CERRO GORDO	0	0	0	0	4	194.16
194.24 07964 FIELDS WRIGHT MEDICAL PRACTICE	383,811	0	0	383,811	0	194.24
194.36 07967 LAKE SHORE MEDICAL OFFICE BUILD	0	0	0	0	0	194.36
194.38 07969 SCHOOL HEALTH SERVICES	0	0	0	0	0	194.38
194.40 07977 PRAIRIE CARDIOVASCULAR	0	37,309	67,196	104,505	0	194.40
194.48 07972 MRI BUILDING	0	0	0	0	0	194.48
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers				0		201.00
202.00 TOTAL (sum lines 118 through 201)	6,385,305	3,290,421	5,926,349	15,602,075	35,080	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0166	Period: From 07/01/2017 To 06/30/2018	Worksheet B Part II Date/Time Prepared: 11/30/2018 10:04 am			
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
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	4,470,556					5.00
6.00	00600	MAINTENANCE & REPAIRS	3,481	71,783				6.00
7.00	00700	OPERATION OF PLANT	269,912	7,015	1,462,984			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	50,390	2,783	62,854	423,214		8.00
9.00	00900	HOUSEKEEPING	86,400	1,003	22,645	0	221,389	9.00
10.00	01000	DIETARY	34,613	2,837	64,089	0	10,300	10.00
11.00	01100	CAFETERIA	76,102	675	15,240	0	2,449	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	76,048	313	7,060	0	1,135	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	53,195	1,714	38,724	0	6,224	14.00
15.00	01500	PHARMACY	133,796	669	15,117	0	2,430	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	120,819	1,500	33,886	0	5,446	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	500,305	14,378	324,762	285,928	52,196	30.00
31.00	03100	INTENSIVE CARE UNIT	98,336	1,040	23,500	33,586	3,777	31.00
40.00	04000	SUBPROVIDER - IPF	57,683	1,223	27,626	56,094	4,440	40.00
41.00	04100	SUBPROVIDER - IRF	85,186	2,015	45,515	47,606	7,315	41.00
43.00	04300	NURSERY	30,813	403	9,111	0	1,464	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	242,018	3,084	69,652	0	11,194	50.00
50.02	03330	ENDOSCOPY	31,859	582	13,142	0	2,112	50.02
51.00	05100	RECOVERY ROOM	36,546	397	8,972	0	1,442	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	109,586	1,658	37,457	0	6,020	52.00
53.00	05300	ANESTHESIOLOGY	58,803	55	1,247	0	200	53.00
53.01	05301	PAIN CENTER	34,561	615	13,886	0	2,232	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	160,311	2,518	56,887	0	9,143	54.00
56.00	05600	RADIOISOTOPE	14,280	116	2,625	0	422	56.00
57.00	05700	CT SCAN	55,849	98	2,209	0	355	57.00
58.00	05800	MRI	24,060	155	3,496	0	562	58.00
59.00	05900	CARDIAC CATHETERIZATION	137,262	874	19,746	0	3,174	59.00
60.00	06000	LABORATORY	309,554	6,222	140,548	0	22,589	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	17,078	48	1,077	0	173	62.00
65.00	06500	RESPIRATORY THERAPY	37,620	133	2,997	0	482	65.00
66.00	06600	PHYSICAL THERAPY	133,263	2,409	54,412	0	8,745	66.00
69.00	06900	ELECTROCARDIOLOGY	66,141	662	14,963	0	2,405	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	22,541	462	10,429	0	1,676	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	284,255	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	210,074	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	274,268	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	48,981	0	0	0	0	75.00
76.00	03950	TREATMENT CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	8,646	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.02	09002	OUTPATIENT PSYCHIATRIC	21,541	627	14,167	0	2,277	90.02
90.03	09003	WOUND CLINIC	17,398	0	0	0	0	90.03
90.12	09012	CTPET	10,010	0	0	0	0	90.12
90.13	09013	RADIATION ONCOLOGY	51,669	0	0	0	0	90.13
91.00	09100	EMERGENCY	229,830	6,580	148,633	0	23,888	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)						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)	4,325,083	64,863	1,306,674	423,214	196,267	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	8,486	92	2,079	0	334	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	34,327	0	0	0	0	192.00
194.00	07950	SENIOR SERVICES	81	0	0	0	0	194.00
194.01	07951	ADULT DAY CARE	10,545	0	0	0	0	194.01
194.02	07952	SPORTS MEDICINE REHAB	5,460	0	0	0	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	35,238	5,881	132,846	0	21,351	194.03
194.04	07953	CANCER CARE	1,268	0	0	0	0	194.04
194.07	07976	BLUE MOUND	3,109	0	0	0	0	194.07
194.08	07955	ARTHUR CLINIC	523	0	0	0	0	194.08

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0166

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

Worksheet B
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Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
194.11	07956 2981 NORTH MAIN	15,158	0	0	0	0	0 194.11
194.13	07957 MEDICAL OFFICE BUILDING 1750	1,536	0	0	0	0	0 194.13
194.15	07959 MT. ZION CLINIC	0	0	0	0	0	0 194.15
194.16	07960 CERRO GORDO	6,357	0	0	0	0	0 194.16
194.24	07964 FIELDS WRIGHT MEDICAL PRACTICE	17,839	0	0	0	0	0 194.24
194.36	07967 LAKE SHORE MEDICAL OFFICE BUILD	164	0	0	0	0	0 194.36
194.38	07969 SCHOOL HEALTH SERVICES	56	0	0	0	0	0 194.38
194.40	07977 PRAIRIE CARDIOVASCULAR	5,326	947	21,385	0	3,437	3,437 194.40
194.48	07972 MRI BUILDING	0	0	0	0	0	0 194.48
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)	4,470,556	71,783	1,462,984	423,214	221,389	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0166	Period: From 07/01/2017 To 06/30/2018	Worksheet B Part II Date/Time Prepared: 11/30/2018 10:04 am		
Cost Center	Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
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
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	425,263					10.00
11.00	01100		169,522				11.00
12.00	01200			0			12.00
13.00	01300		5,178		159,155		13.00
14.00	01400		2,094			291,525	14.00
15.00	01500		9,374		14,977		15.00
16.00	01600		6,705				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
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	287,314	27,441		43,839		30.00
31.00	03100	33,748	5,768		9,216		31.00
40.00	04000	56,365	3,851		6,153		40.00
41.00	04100	47,836	4,789				41.00
43.00	04300		1,568		2,506		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000		7,408		11,837		50.00
50.02	03330		1,688		2,697		50.02
51.00	05100		2,497		3,990		51.00
52.00	05200		6,963		11,126		52.00
53.00	05300		11,958		19,106		53.00
53.01	05301		2,000		3,195		53.01
54.00	05400		7,902		12,625		54.00
56.00	05600		716				56.00
57.00	05700		2,618				57.00
58.00	05800		1,286				58.00
59.00	05900		5,210		8,325		59.00
60.00	06000		11,568				60.00
62.00	06200						62.00
65.00	06500		3,226		5,154		65.00
66.00	06600		8,917				66.00
69.00	06900		3,406				69.00
70.00	07000		1,334				70.00
71.00	07100					167,635	71.00
72.00	07200					123,890	72.00
73.00	07300						73.00
75.00	07500		3,609				75.00
76.00	03950						76.00
76.97	07697		597		954		76.97
OUTPATIENT SERVICE COST CENTERS							
90.02	09002		1,446		2,310		90.02
90.03	09003		1,081				90.03
90.12	09012		163				90.12
90.13	09013		1,968				90.13
91.00	09100		13,529				91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500						95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		425,263	167,858		158,010	291,525	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000		228				190.00
192.00	19200		269				192.00
194.00	07950		4				194.00
194.01	07951		716		1,145		194.01
194.02	07952		405				194.02
194.03	07954						194.03
194.04	07953		1				194.04
194.07	07976		1				194.07

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0166

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

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Cost Center Description	DI ETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	
	10.00	11.00	12.00	13.00	14.00	
194.08 07955 ARTHUR CLINIC	0	13	0	0	0	0 194.08
194.11 07956 2981 NORTH MAIN	0	0	0	0	0	0 194.11
194.13 07957 MEDICAL OFFICE BUILDING 1750	0	1	0	0	0	0 194.13
194.15 07959 MT. ZION CLINIC	0	0	0	0	0	0 194.15
194.16 07960 CERRO GORDO	0	25	0	0	0	0 194.16
194.24 07964 FIELDS WRIGHT MEDICAL PRACTICE	0	0	0	0	0	0 194.24
194.36 07967 LAKE SHORE MEDICAL OFFICE BUILD	0	1	0	0	0	0 194.36
194.38 07969 SCHOOL HEALTH SERVICES	0	0	0	0	0	0 194.38
194.40 07977 PRAIRIE CARDIOVASCULAR	0	0	0	0	0	0 194.40
194.48 07972 MRI BUILDING	0	0	0	0	0	0 194.48
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)	425,263	169,522	0	159,155	291,525	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0166	Period: From 07/01/2017 To 06/30/2018	Worksheet B Part II Date/Time Prepared: 11/30/2018 10:04 am		
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL
			15.00	16.00	17.00	19.00	20.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY	251,758				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	335,033			16.00
17.00	01700	SOCIAL SERVICE	0	0	0		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	14,031	0		30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,968	0		31.00
40.00	04000	SUBPROVIDER - I PF	0	2,411	0		40.00
41.00	04100	SUBPROVIDER - I RF	0	3,375	0		41.00
43.00	04300	NURSERY	0	1,222	0		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	22,846	0		50.00
50.02	03330	ENDOSCOPY	0	3,102	0		50.02
51.00	05100	RECOVERY ROOM	0	3,699	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,510	0		52.00
53.00	05300	ANESTHESIOLOGY	0	4,778	0		53.00
53.01	05301	PAIN CENTER	0	4,717	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	15,988	0		54.00
56.00	05600	RADIO SOTOPE	0	744	0		56.00
57.00	05700	CT SCAN	0	38,122	0		57.00
58.00	05800	MRI	0	10,064	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	14,903	0		59.00
60.00	06000	LABORATORY	0	44,901	0		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	1,309	0		62.00
65.00	06500	RESPIRATORY THERAPY	0	5,803	0		65.00
66.00	06600	PHYSICAL THERAPY	0	11,505	0		66.00
69.00	06900	ELECTROCARDIOLOGY	0	17,569	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,063	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	7,500	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	13,017	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	251,758	36,578	0		73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	1,386	0		75.00
76.00	03950	TREATMENT CENTER	0	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	469	0		76.97
OUTPATIENT SERVICE COST CENTERS							
90.02	09002	OUTPATIENT PSYCHIATRIC	0	459	0		90.02
90.03	09003	WOUND CLINIC	0	672	0		90.03
90.12	09012	CTPET	0	1,088	0		90.12
90.13	09013	RADIATION ONCOLOGY	0	4,287	0		90.13
91.00	09100	EMERGENCY	0	38,947	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0		0		92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	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)	251,758	335,033	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0		190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0		192.00
194.00	07950	SENIOR SERVICES	0	0	0		194.00
194.01	07951	ADULT DAY CARE	0	0	0		194.01
194.02	07952	SPORTS MEDICINE REHAB	0	0	0		194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0		194.03
194.04	07953	CANCER CARE	0	0	0		194.04
194.07	07976	BLUE MOUND	0	0	0		194.07

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0166

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

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Cost Center Description	PHARMACY	MEDI CAL RECORDS & LIBRARY	SOCI AL SERVI CE	NONPHYSI CI AN ANESTHETI STS	NURSI NG SCHOOL	
	15.00	16.00	17.00	19.00	20.00	
194.08 07955 ARTHUR CLINIC	0	0	0			194.08
194.11 07956 2981 NORTH MAIN	0	0	0			194.11
194.13 07957 MEDICAL OFFICE BUILDING 1750	0	0	0			194.13
194.15 07959 MT. ZION CLINIC	0	0	0			194.15
194.16 07960 CERRO GORDO	0	0	0			194.16
194.24 07964 FIELDS WRIGHT MEDICAL PRACTICE	0	0	0			194.24
194.36 07967 LAKE SHORE MEDICAL OFFICE BUILD	0	0	0			194.36
194.38 07969 SCHOOL HEALTH SERVICES	0	0	0			194.38
194.40 07977 PRAIRIE CARDIOVASCULAR	0	0	0			194.40
194.48 07972 MRI BUILDING	0	0	0			194.48
200.00 Cross Foot Adjustments				0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	251,758	335,033	0	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0166

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

Worksheet B
Part II
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Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	SERVICES-SALARY & FRINGES A	SERVICES-OTHER PRGM COSTS A				
	21.00	22.00	23.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL					20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES A	0				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A		0			22.00
23.00 02300	PARAMED PRGM-(SPECIFY)			0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS				3,686,642	0 30.00
31.00 03100	INTENSIVE CARE UNIT				349,215	0 31.00
40.00 04000	SUBPROVIDER - IPF				356,150	0 40.00
41.00 04100	SUBPROVIDER - IRF				466,832	0 41.00
43.00 04300	NURSERY				91,864	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM				985,847	0 50.00
50.02 03330	ENDOSCOPY				147,546	0 50.02
51.00 05100	RECOVERY ROOM				106,473	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM				401,925	0 52.00
53.00 05300	ANESTHESIOLOGY				107,670	0 53.00
53.01 05301	PAIN CENTER				139,270	0 53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC				672,396	0 54.00
56.00 05600	RADIOISOTOPE				31,848	0 56.00
57.00 05700	CT SCAN				110,473	0 57.00
58.00 05800	MRI				56,918	0 58.00
59.00 05900	CARDIAC CATHETERIZATION				297,028	0 59.00
60.00 06000	LABORATORY				1,274,541	0 60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD				24,948	0 62.00
65.00 06500	RESPIRATORY THERAPY				70,585	0 65.00
66.00 06600	PHYSICAL THERAPY				486,593	0 66.00
69.00 06900	ELECTROCARDIOLOGY				236,472	0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY				118,616	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT				459,390	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS				346,981	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS				562,604	0 73.00
75.00 07500	ASC (NON-DISTINCT PART)				54,561	0 75.00
76.00 03950	TREATMENT CENTER				0	0 76.00
76.97 07697	CARDIAC REHABILITATION				10,763	0 76.97
OUTPATIENT SERVICE COST CENTERS						
90.02 09002	OUTPATIENT PSYCHIATRIC				112,292	0 90.02
90.03 09003	WOUND CLINIC				19,326	0 90.03
90.12 09012	CTPET				11,287	0 90.12
90.13 09013	RADIATION ONCOLOGY				58,243	0 90.13
91.00 09100	EMERGENCY				1,189,929	0 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT)					0 92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES				0	0 95.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	13,045,228	0 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT FLOWER COFFEE SHOP & CAN				21,415	0 190.00
192.00 19200	PHYSICIANS PRIVATE OFFICES				34,640	0 192.00
194.00 07950	SENIOR SERVICES				86	0 194.00
194.01 07951	ADULT DAY CARE				12,522	0 194.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0166

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

Worksheet B
Part II
Date/Time Prepared:
11/30/2018 10:04 am

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	SERVICES-SALARY & FRINGES A	SERVICES-OTHER PRGM COSTS A				
	21.00	22.00	23.00			
194.02 07952 SPORTS MEDICINE REHAB					5,931	0 194.02
194.03 07954 OTHER NONREIMBURSABLE COST CENTERS					844,499	0 194.03
194.04 07953 CANCER CARE					1,269	0 194.04
194.07 07976 BLUE MOUND					3,110	0 194.07
194.08 07955 ARTHUR CLINIC					538	0 194.08
194.11 07956 2981 NORTH MAIN					15,158	0 194.11
194.13 07957 MEDICAL OFFICE BUILDING 1750					1,061,839	0 194.13
194.15 07959 MT. ZION CLINIC					11,983	0 194.15
194.16 07960 CERRO GORDO					6,386	0 194.16
194.24 07964 FIELDS WRIGHT MEDICAL PRACTICE					401,650	0 194.24
194.36 07967 LAKE SHORE MEDICAL OFFICE BUILD					165	0 194.36
194.38 07969 SCHOOL HEALTH SERVICES					56	0 194.38
194.40 07977 PRAIRIE CARDIOVASCULAR					135,600	0 194.40
194.48 07972 MRI BUILDING					0	0 194.48
200.00 Cross Foot Adjustments	0	0	0	0	0	0 200.00
201.00 Negative Cost Centers	0	0	0	0	0	0 201.00
202.00 TOTAL (sum lines 118 through 201)	0	0	0	0	15,602,075	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0166	Period: From 07/01/2017 To 06/30/2018	Worksheet B Part II Date/Time Prepared: 11/30/2018 10:04 am
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	12.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
20.00	02000	NURSING SCHOOL	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
40.00	04000	SUBPROVIDER - IPF	40.00
41.00	04100	SUBPROVIDER - IRF	41.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
50.02	03330	ENDOSCOPY	50.02
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
53.01	05301	PAIN CENTER	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	62.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
75.00	07500	ASC (NON-DISTINCT PART)	75.00
76.00	03950	TREATMENT CENTER	76.00
76.97	07697	CARDIAC REHABILITATION	76.97
OUTPATIENT SERVICE COST CENTERS			
90.02	09002	OUTPATIENT PSYCHIATRIC	90.02
90.03	09003	WOUND CLINIC	90.03
90.12	09012	CTPET	90.12
90.13	09013	RADIATION ONCOLOGY	90.13
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	95.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	192.00
194.00	07950	SENIOR SERVICES	194.00
194.01	07951	ADULT DAY CARE	194.01
194.02	07952	SPORTS MEDICINE REHAB	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	194.03
194.04	07953	CANCER CARE	194.04
194.07	07976	BLUE MOUND	194.07
194.08	07955	ARTHUR CLINIC	194.08
194.11	07956	2981 NORTH MAIN	194.11

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0166	Period: From 07/01/2017 To 06/30/2018	Worksheet B Part II Date/Time Prepared: 11/30/2018 10:04 am
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Cost Center Description		Total	
		26.00	
194.13	07957 MEDICAL OFFICE BUILDING 1750	1,061,839	194.13
194.15	07959 MT. ZION CLINIC	11,983	194.15
194.16	07960 CERRO GORDO	6,386	194.16
194.24	07964 FIELDS WRIGHT MEDICAL PRACTICE	401,650	194.24
194.36	07967 LAKE SHORE MEDICAL OFFICE BUILD	165	194.36
194.38	07969 SCHOOL HEALTH SERVICES	56	194.38
194.40	07977 PRAIRIE CARDIOVASCULAR	135,600	194.40
194.48	07972 MRI BUILDING	0	194.48
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118 through 201)	15,602,075	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0166

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

Worksheet B-1

Date/Time Prepared:
11/30/2018 10:04 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	476,340				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		476,340			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	1,813	1,813	42,877,175		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	61,493	61,493	6,148,912	-28,546,266	87,721,656
6.00 00600	MAINTENANCE & REPAIRS	3,530	3,530	0	0	68,302
7.00 00700	OPERATION OF PLANT	40,020	40,020	1,235,444	0	5,296,229
8.00 00800	LAUNDRY & LINEN SERVICE	15,874	15,874	47,877	0	988,766
9.00 00900	HOUSEKEEPING	5,719	5,719	834,478	0	1,695,348
10.00 01000	DIETARY	16,186	16,186	292,108	0	679,181
11.00 01100	CAFETERIA	3,849	3,849	710,739	0	1,493,273
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	1,783	1,783	1,026,494	0	1,492,216
14.00 01400	CENTRAL SERVICES & SUPPLY	9,780	9,780	415,137	0	1,043,789
15.00 01500	PHARMACY	3,818	3,818	1,858,389	0	2,625,351
16.00 01600	MEDICAL RECORDS & LIBRARY	8,558	8,558	1,329,375	0	2,370,728
17.00 01700	SOCIAL SERVICE	0	0	0	0	0
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0
23.00 02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	82,020	82,020	5,439,075	0	9,817,072
31.00 03100	INTENSIVE CARE UNIT	5,935	5,935	1,143,577	0	1,929,561
40.00 04000	SUBPROVIDER - I/PF	6,977	6,977	763,504	0	1,131,851
41.00 04100	SUBPROVIDER - I/RF	11,495	11,495	949,363	0	1,671,534
43.00 04300	NURSERY	2,301	2,301	310,946	0	604,619
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	17,591	17,591	1,468,749	0	4,748,901
50.02 03330	ENDOSCOPY	3,319	3,319	334,635	0	625,136
51.00 05100	RECOVERY ROOM	2,266	2,266	495,085	0	717,114
52.00 05200	DELIVERY ROOM & LABOR ROOM	9,460	9,460	1,380,550	0	2,150,298
53.00 05300	ANESTHESIOLOGY	315	315	2,370,747	0	1,153,830
53.01 05301	PAIN CENTER	3,507	3,507	396,512	0	678,161
54.00 05400	RADIOLOGY-DIAGNOSTIC	14,367	14,367	1,566,622	0	3,145,642
56.00 05600	RADIOISOTOPE	663	663	142,014	0	280,197
57.00 05700	CT SCAN	558	558	519,058	0	1,095,881
58.00 05800	MRI	883	883	255,008	0	472,117
59.00 05900	CARDIAC CATHETERIZATION	4,987	4,987	1,032,970	0	2,693,356
60.00 06000	LABORATORY	35,496	35,496	2,293,346	0	6,074,087
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD	272	272	0	0	335,098
65.00 06500	RESPIRATORY THERAPY	757	757	639,582	0	738,182
66.00 06600	PHYSICAL THERAPY	13,742	13,742	1,767,839	0	2,614,902
69.00 06900	ELECTROCARDIOLOGY	3,779	3,779	675,232	0	1,297,815
70.00 07000	ELECTROENCEPHALOGRAPHY	2,634	2,634	264,458	0	442,294
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	5,577,670
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	4,122,096
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	5,381,713
75.00 07500	ASC (NON-DISTINCT PART)	0	0	715,584	0	961,106
76.00 03950	TREATMENT CENTER	0	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	0	0	118,403	0	169,655
OUTPATIENT SERVICE COST CENTERS						
90.02 09002	OUTPATIENT PSYCHIATRIC	3,578	3,578	286,667	0	422,684
90.03 09003	WOUND CLINIC	0	0	214,304	0	341,377
90.12 09012	CTPET	0	0	32,357	0	196,420
90.13 09013	RADIATION ONCOLOGY	0	0	390,233	0	1,013,851
91.00 09100	EMERGENCY	37,538	37,538	2,682,104	0	4,509,748
92.00 09200	OBSERVATION BEDS (NON-DISTINCT)					
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	436,863	436,863	42,547,477	-28,546,266	84,867,151
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT FLOWER COFFEE SHOP & CAN	525	525	45,158	0	166,504
192.00 19200	PHYSICIANS PRIVATE OFFICES	0	0	53,271	0	673,567
194.00 07950	SENIOR SERVICES	0	0	696	0	1,590
194.01 07951	ADULT DAY CARE	0	0	142,018	0	206,923

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0166

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

Worksheet B-1

Date/Time Prepared:
11/30/2018 10:04 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
194.0207952 SPORTS MEDICINE REHAB	0	0	80,309	0	107,146	194.02
194.0307954 OTHER NONREIMBURSABLE COST CENTERS	33,551	33,551	0	0	691,441	194.03
194.0407953 CANCER CARE	0	0	116	0	24,890	194.04
194.0707976 BLUE MOUND	0	0	193	0	61,010	194.07
194.0807955 ARTHUR CLINIC	0	0	2,522	0	10,265	194.08
194.1107956 2981 NORTH MAIN	0	0	0	0	297,426	194.11
194.1307957 MEDICAL OFFICE BUILDING 1750	0	0	234	0	30,137	194.13
194.1507959 MT. ZION CLINIC	0	0	84	-28,148	0	194.15
194.1607960 CERRO GORDO	0	0	4,925	0	124,740	194.16
194.2407964 FIELDS WRIGHT MEDICAL PRACTICE	0	0	0	0	350,047	194.24
194.3607967 LAKE SHORE MEDICAL OFFICE BUILD	0	0	172	0	3,222	194.36
194.3807969 SCHOOL HEALTH SERVICES	0	0	0	0	1,092	194.38
194.4007977 PRAIRIE CARDIOVASCULAR	5,401	5,401	0	0	104,505	194.40
194.4807972 MRI BUILDING	0	0	0	0	0	194.48
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)	3,290,421	5,926,349	12,337,962		28,546,266	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	6.907715	12.441426	0.287751		0.325419	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			35,080		4,470,556	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000818		0.050963	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: 14-0166

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

Worksheet B-1

Date/Time Prepared:
11/30/2018 10:04 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600	409,504					6.00
7.00	00700	40,020	369,484				7.00
8.00	00800	15,874	15,874	30,066			8.00
9.00	00900	5,719	5,719	0	347,891		9.00
10.00	01000	16,186	16,186	0	16,186	30,066	10.00
11.00	01100	3,849	3,849	0	3,849	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	1,783	1,783	0	1,783	0	13.00
14.00	01400	9,780	9,780	0	9,780	0	14.00
15.00	01500	3,818	3,818	0	3,818	0	15.00
16.00	01600	8,558	8,558	0	8,558	0	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	82,020	82,020	20,313	82,020	20,313	30.00
31.00	03100	5,935	5,935	2,386	5,935	2,386	31.00
40.00	04000	6,977	6,977	3,985	6,977	3,985	40.00
41.00	04100	11,495	11,495	3,382	11,495	3,382	41.00
43.00	04300	2,301	2,301	0	2,301	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	17,591	17,591	0	17,591	0	50.00
50.02	03330	3,319	3,319	0	3,319	0	50.02
51.00	05100	2,266	2,266	0	2,266	0	51.00
52.00	05200	9,460	9,460	0	9,460	0	52.00
53.00	05300	315	315	0	315	0	53.00
53.01	05301	3,507	3,507	0	3,507	0	53.01
54.00	05400	14,367	14,367	0	14,367	0	54.00
56.00	05600	663	663	0	663	0	56.00
57.00	05700	558	558	0	558	0	57.00
58.00	05800	883	883	0	883	0	58.00
59.00	05900	4,987	4,987	0	4,987	0	59.00
60.00	06000	35,496	35,496	0	35,496	0	60.00
62.00	06200	272	272	0	272	0	62.00
65.00	06500	757	757	0	757	0	65.00
66.00	06600	13,742	13,742	0	13,742	0	66.00
69.00	06900	3,779	3,779	0	3,779	0	69.00
70.00	07000	2,634	2,634	0	2,634	0	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
75.00	07500	0	0	0	0	0	75.00
76.00	03950	0	0	0	0	0	76.00
76.97	07697	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.02	09002	3,578	3,578	0	3,578	0	90.02
90.03	09003	0	0	0	0	0	90.03
90.12	09012	0	0	0	0	0	90.12
90.13	09013	0	0	0	0	0	90.13
91.00	09100	37,538	37,538	0	37,538	0	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	0	0	0	0	0	113.00
118.00		370,027	330,007	30,066	308,414	30,066	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	525	525	0	525	0	190.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02
194.03	07954	33,551	33,551	0	33,551	0	194.03
194.04	07953	0	0	0	0	0	194.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0166

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

Worksheet B-1

Date/Time Prepared:
11/30/2018 10:04 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
194.07	07976 BLUE MOUND	0	0	0	0	0	194.07
194.08	07955 ARTHUR CLINIC	0	0	0	0	0	194.08
194.11	07956 2981 NORTH MAIN	0	0	0	0	0	194.11
194.13	07957 MEDICAL OFFICE BUILDING 1750	0	0	0	0	0	194.13
194.15	07959 MT. ZION CLINIC	0	0	0	0	0	194.15
194.16	07960 CERRO GORDO	0	0	0	0	0	194.16
194.24	07964 FIELDS WRIGHT MEDICAL PRACTICE	0	0	0	0	0	194.24
194.36	07967 LAKE SHORE MEDICAL OFFICE BUILD	0	0	0	0	0	194.36
194.38	07969 SCHOOL HEALTH SERVICES	0	0	0	0	0	194.38
194.40	07977 PRAIRIE CARDIOVASCULAR	5,401	5,401	0	5,401	0	194.40
194.48	07972 MRI BUILDING	0	0	0	0	0	194.48
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)	90,529	7,028,570	1,616,004	2,357,101	1,321,345	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.221070	19.022664	53.748553	6.775401	43.948147	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	71,783	1,462,984	423,214	221,389	425,263	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.175293	3.959533	14.076166	0.636375	14.144316	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: 14-0166

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

Worksheet B-1

Date/Time Prepared: 11/30/2018 10:04 am

Cost Center Description		CAFETERIA (GROSS SALARIES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATIVE (GROSS SALARIES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	33,607,617					11.00
12.00	01200	0	0				12.00
13.00	01300	1,026,494	0	19,748,031			13.00
14.00	01400	415,137	0	0	9,699,766		14.00
15.00	01500	1,858,389	0	1,858,389	0	100,000	15.00
16.00	01600	1,329,375	0	0	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	5,439,075	0	5,439,075	0	0	30.00
31.00	03100	1,143,577	0	1,143,577	0	0	31.00
40.00	04000	763,504	0	763,504	0	0	40.00
41.00	04100	949,363	0	0	0	0	41.00
43.00	04300	310,946	0	310,946	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	1,468,749	0	1,468,749	0	0	50.00
50.02	03330	334,635	0	334,635	0	0	50.02
51.00	05100	495,085	0	495,085	0	0	51.00
52.00	05200	1,380,550	0	1,380,550	0	0	52.00
53.00	05300	2,370,747	0	2,370,747	0	0	53.00
53.01	05301	396,512	0	396,512	0	0	53.01
54.00	05400	1,566,622	0	1,566,622	0	0	54.00
56.00	05600	142,014	0	0	0	0	56.00
57.00	05700	519,058	0	0	0	0	57.00
58.00	05800	255,008	0	0	0	0	58.00
59.00	05900	1,032,970	0	1,032,970	0	0	59.00
60.00	06000	2,293,346	0	0	0	0	60.00
62.00	06200	0	0	0	0	0	62.00
65.00	06500	639,582	0	639,582	0	0	65.00
66.00	06600	1,767,839	0	0	0	0	66.00
69.00	06900	675,232	0	0	0	0	69.00
70.00	07000	264,458	0	0	0	0	70.00
71.00	07100	0	0	0	5,577,670	0	71.00
72.00	07200	0	0	0	4,122,096	0	72.00
73.00	07300	0	0	0	0	100,000	73.00
75.00	07500	715,584	0	0	0	0	75.00
76.00	03950	0	0	0	0	0	76.00
76.97	07697	118,403	0	118,403	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.02	09002	286,667	0	286,667	0	0	90.02
90.03	09003	214,304	0	0	0	0	90.03
90.12	09012	32,357	0	0	0	0	90.12
90.13	09013	390,233	0	0	0	0	90.13
91.00	09100	2,682,104	0	0	0	0	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		33,277,919	0	19,606,013	9,699,766	100,000	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	45,158	0	0	0	0	190.00
192.00	19200	53,271	0	0	0	0	192.00
194.00	07950	696	0	0	0	0	194.00
194.01	07951	142,018	0	142,018	0	0	194.01
194.02	07952	80,309	0	0	0	0	194.02
194.03	07954	0	0	0	0	0	194.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0166

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

Worksheet B-1

Date/Time Prepared:
11/30/2018 10:04 am

Cost Center Description		CAFETERIA (GROSS SALARIES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (GROSS SALARIES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
194.04	07953 CANCER CARE	116	0	0	0	0	194.04
194.07	07976 BLUE MOUND	193	0	0	0	0	194.07
194.08	07955 ARTHUR CLINIC	2,522	0	0	0	0	194.08
194.11	07956 2981 NORTH MAIN	0	0	0	0	0	194.11
194.13	07957 MEDICAL OFFICE BUILDING 1750	234	0	0	0	0	194.13
194.15	07959 MT. ZION CLINIC	84	0	0	0	0	194.15
194.16	07960 CERRO GORDO	4,925	0	0	0	0	194.16
194.24	07964 FIELDS WRIGHT MEDICAL PRACTICE	0	0	0	0	0	194.24
194.36	07967 LAKE SHORE MEDICAL OFFICE BUILD	172	0	0	0	0	194.36
194.38	07969 SCHOOL HEALTH SERVICES	0	0	0	0	0	194.38
194.40	07977 PRAIRIE CARDIOVASCULAR	0	0	0	0	0	194.40
194.48	07972 MRI BUILDING	0	0	0	0	0	194.48
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	2,079,360	0	2,087,714	1,663,610	3,890,478	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.061872	0.000000	0.105718	0.171510	38.904780	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	169,522	0	159,155	291,525	251,758	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.005044	0.000000	0.008059	0.030055	2.517580	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: 14-0166

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

Worksheet B-1

Date/Time Prepared:
11/30/2018 10:04 am

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS	SERVICES-SALARY & FRINGES A (ASSIGNED TIME)	
	16.00	17.00	19.00	20.00	21.00		
GENERAL SERVICE COST CENTERS							
1.00 00100 CAP REL COSTS-BLDG & FIXT							1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP							2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT							4.00
5.00 00500 ADMINISTRATIVE & GENERAL							5.00
6.00 00600 MAINTENANCE & REPAIRS							6.00
7.00 00700 OPERATION OF PLANT							7.00
8.00 00800 LAUNDRY & LINEN SERVICE							8.00
9.00 00900 HOUSEKEEPING							9.00
10.00 01000 DIETARY							10.00
11.00 01100 CAFETERIA							11.00
12.00 01200 MAINTENANCE OF PERSONNEL							12.00
13.00 01300 NURSING ADMINISTRATION							13.00
14.00 01400 CENTRAL SERVICES & SUPPLY							14.00
15.00 01500 PHARMACY							15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	558,533,528						16.00
17.00 01700 SOCIAL SERVICE	0	0					17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0				19.00
20.00 02000 NURSING SCHOOL	0	0		0			20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES A	0	0			100		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS A	0	0					22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0					23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	23,385,348	0	0	0	100		30.00
31.00 03100 INTENSIVE CARE UNIT	4,945,918	0	0	0	0		31.00
40.00 04000 SUBPROVIDER - IPF	4,017,968	0	0	0	0		40.00
41.00 04100 SUBPROVIDER - IRF	5,625,431	0	0	0	0		41.00
43.00 04300 NURSERY	2,036,862	0	0	0	0		43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	38,075,965	0	0	0	0		50.00
50.02 03330 ENDOSCOPY	5,169,584	0	0	0	0		50.02
51.00 05100 RECOVERY ROOM	6,165,742	0	0	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	5,850,360	0	0	0	0		52.00
53.00 05300 ANESTHESIOLOGY	7,962,718	0	0	0	0		53.00
53.01 05301 PAIN CENTER	7,860,972	0	0	0	0		53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	26,646,226	0	0	0	0		54.00
56.00 05600 RADIOISOTOPE	1,239,379	0	0	0	0		56.00
57.00 05700 CT SCAN	63,537,358	0	0	0	0		57.00
58.00 05800 MRI	16,772,558	0	0	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	24,838,752	0	0	0	0		59.00
60.00 06000 LABORATORY	74,981,852	0	0	0	0		60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD	2,181,661	0	0	0	0		62.00
65.00 06500 RESPIRATORY THERAPY	9,671,760	0	0	0	0		65.00
66.00 06600 PHYSICAL THERAPY	19,175,534	0	0	0	0		66.00
69.00 06900 ELECTROCARDIOLOGY	29,281,290	0	0	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	5,105,443	0	0	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	12,500,085	0	0	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	21,694,958	0	0	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	60,963,288	0	0	0	0		73.00
75.00 07500 ASC (NON-DISTINCT PART)	2,309,936	0	0	0	0		75.00
76.00 03950 TREATMENT CENTER	0	0	0	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	782,486	0	0	0	0		76.97
OUTPATIENT SERVICE COST CENTERS							
90.02 09002 OUTPATIENT PSYCHIATRIC	764,637	0	0	0	0		90.02
90.03 09003 WOUND CLINIC	1,120,285	0	0	0	0		90.03
90.12 09012 CTPET	1,813,977	0	0	0	0		90.12
90.13 09013 RADIATION ONCOLOGY	7,144,183	0	0	0	0		90.13
91.00 09100 EMERGENCY	64,911,012	0	0	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)							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)	558,533,528	0	0	0	100		118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0		190.00
192.00 19200 PHYSICIANS PRIVATE OFFICES	0	0	0	0	0		192.00
194.00 07950 SENIOR SERVICES	0	0	0	0	0		194.00
194.01 07951 ADULT DAY CARE	0	0	0	0	0		194.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0166

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

Worksheet B-1

Date/Time Prepared:
11/30/2018 10:04 am

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS	
	16.00	17.00	19.00	20.00	SERVICES-SALARY & FRINGES A (ASSIGNED TIME)	
194.0207952 SPORTS MEDICINE REHAB	0	0	0	0	0	194.02
194.0307954 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
194.0407953 CANCER CARE	0	0	0	0	0	194.04
194.0707976 BLUE MOUND	0	0	0	0	0	194.07
194.0807955 ARTHUR CLINIC	0	0	0	0	0	194.08
194.1107956 2981 NORTH MAIN	0	0	0	0	0	194.11
194.1307957 MEDICAL OFFICE BUILDING 1750	0	0	0	0	0	194.13
194.1507959 MT. ZION CLINIC	0	0	0	0	0	194.15
194.1607960 CERRO GORDO	0	0	0	0	0	194.16
194.2407964 FIELDS WRIGHT MEDICAL PRACTICE	0	0	0	0	0	194.24
194.3607967 LAKE SHORE MEDICAL OFFICE BUILD	0	0	0	0	0	194.36
194.3807969 SCHOOL HEALTH SERVICES	0	0	0	0	0	194.38
194.4007977 PRAIRIE CARDIOVASCULAR	0	0	0	0	0	194.40
194.4807972 MRI BUILDING	0	0	0	0	0	194.48
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)	3,447,131	0	0	0	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.006172	0.000000	0.000000	0.000000	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	335,033	0	0	0	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000600	0.000000	0.000000	0.000000	0.000000	205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)				0		206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)				0.000000		207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0166

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

Worksheet B-1
Date/Time Prepared:
11/30/2018 10:04 am

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)	PRGM (ASSIGNED TIME)
	SERVICES-OTHER PRGM COSTS A (ASSIGNED TIME)		
	22.00		
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
8.00 00800	LAUNDRY & LINEN SERVICE		8.00
9.00 00900	HOUSEKEEPING		9.00
10.00 01000	DIETARY		10.00
11.00 01100	CAFETERIA		11.00
12.00 01200	MAINTENANCE OF PERSONNEL		12.00
13.00 01300	NURSING ADMINISTRATION		13.00
14.00 01400	CENTRAL SERVICES & SUPPLY		14.00
15.00 01500	PHARMACY		15.00
16.00 01600	MEDICAL RECORDS & LIBRARY		16.00
17.00 01700	SOCIAL SERVICE		17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00 02000	NURSING SCHOOL		20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES A		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A	0	22.00
23.00 02300	PARAMED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 03000	ADULTS & PEDIATRICS	0	30.00
31.00 03100	INTENSIVE CARE UNIT	0	31.00
40.00 04000	SUBPROVIDER - IPF	0	40.00
41.00 04100	SUBPROVIDER - IRF	0	41.00
43.00 04300	NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS			
50.00 05000	OPERATING ROOM	0	50.00
50.02 03330	ENDOSCOPY	0	50.02
51.00 05100	RECOVERY ROOM	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00 05300	ANESTHESIOLOGY	0	53.00
53.01 05301	PAIN CENTER	0	53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	54.00
56.00 05600	RADIOISOTOPE	0	56.00
57.00 05700	CT SCAN	0	57.00
58.00 05800	MRI	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	59.00
60.00 06000	LABORATORY	0	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD	0	62.00
65.00 06500	RESPIRATORY THERAPY	0	65.00
66.00 06600	PHYSICAL THERAPY	0	66.00
69.00 06900	ELECTROCARDIOLOGY	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	73.00
75.00 07500	ASC (NON-DISTINCT PART)	0	75.00
76.00 03950	TREATMENT CENTER	0	76.00
76.97 07697	CARDIAC REHABILITATION	0	76.97
OUTPATIENT SERVICE COST CENTERS			
90.02 09002	OUTPATIENT PSYCHIATRIC	0	90.02
90.03 09003	WOUND CLINIC	0	90.03
90.12 09012	CTPET	0	90.12
90.13 09013	RADIATION ONCOLOGY	0	90.13
91.00 09100	EMERGENCY	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT)	0	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00 09500	AMBULANCE SERVICES	0	95.00
SPECIAL PURPOSE COST CENTERS			
113.00 11300	INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	118.00
NONREIMBURSABLE COST CENTERS			
190.00 19000	GIFT FLOWER COFFEE SHOP & CAN	0	190.00
192.00 19200	PHYSICIANS PRIVATE OFFICES	0	192.00
194.00 07950	SENIOR SERVICES	0	194.00
194.01 07951	ADULT DAY CARE	0	194.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0166

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

Worksheet B-1

Date/Time Prepared:
11/30/2018 10:04 am

Cost Center Description	INTERNS & RESIDENTS	PARAMETERED PRGM (ASSIGNED TIME)	
	SERVICES-OTHER PRGM COSTS A (ASSIGNED TIME)		
	22.00		
194.0207952 SPORTS MEDICINE REHAB	0	0	194.02
194.0307954 OTHER NONREIMBURSABLE COST CENTERS	0	0	194.03
194.0407953 CANCER CARE	0	0	194.04
194.0707976 BLUE MOUND	0	0	194.07
194.0807955 ARTHUR CLINIC	0	0	194.08
194.1107956 2981 NORTH MAIN	0	0	194.11
194.1307957 MEDICAL OFFICE BUILDING 1750	0	0	194.13
194.1507959 MT. ZION CLINIC	0	0	194.15
194.1607960 CERRO GORDO	0	0	194.16
194.2407964 FIELDS WRIGHT MEDICAL PRACTICE	0	0	194.24
194.3607967 LAKE SHORE MEDICAL OFFICE BUILD	0	0	194.36
194.3807969 SCHOOL HEALTH SERVICES	0	0	194.38
194.4007977 PRAIRIE CARDIOVASCULAR	0	0	194.40
194.4807972 MRI BUILDING	0	0	194.48
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	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)		0	206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0166

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

Worksheet C
Part I
Date/Time Prepared:
11/30/2018 10:04 am

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
				Total Costs	Hospital			
					RCE Disallowance	Total Costs		PPS
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	18,186,163		18,186,163	49,439	18,235,602	30.00
31.00	03100	INTENSIVE CARE UNIT	3,167,183		3,167,183	0	3,167,183	31.00
40.00	04000	SUBPROVIDER - IPF	2,223,788		2,223,788	0	2,223,788	40.00
41.00	04100	SUBPROVIDER - IRF	2,938,443		2,938,443	24,997	2,963,440	41.00
43.00	04300	NURSERY	925,928		925,928	6,302	932,230	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,233,139		7,233,139	0	7,233,139	50.00
50.02	03330	ENDOSCOPY	1,002,914		1,002,914	0	1,002,914	50.02
51.00	05100	RECOVERY ROOM	1,130,462		1,130,462	0	1,130,462	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,363,660		3,363,660	0	3,363,660	52.00
53.00	05300	ANESTHESIOLOGY	1,983,964		1,983,964	0	1,983,964	53.00
53.01	05301	PAIN CENTER	1,105,064		1,105,064	0	1,105,064	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,970,122		4,970,122	346	4,970,468	54.00
56.00	05600	RADIOISOTOPE	405,065		405,065	0	405,065	56.00
57.00	05700	CT SCAN	1,891,288		1,891,288	0	1,891,288	57.00
58.00	05800	MRI	768,026		768,026	0	768,026	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,026,003		4,026,003	0	4,026,003	59.00
60.00	06000	LABORATORY	9,578,829		9,578,829	0	9,578,829	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	464,687		464,687	0	464,687	62.00
65.00	06500	RESPIRATORY THERAPY	1,164,977	0	1,164,977	413,464	1,578,441	65.00
66.00	06600	PHYSICAL THERAPY	4,051,127	0	4,051,127	0	4,051,127	66.00
69.00	06900	ELECTROCARDIOLOGY	2,040,977		2,040,977	9,789	2,050,766	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	702,633		702,633	0	702,633	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	8,426,530		8,426,530	0	8,426,530	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,304,386		6,304,386	0	6,304,386	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,399,768		11,399,768	0	11,399,768	73.00
75.00	07500	ASC (NON-DISTINCT PART)	1,332,400		1,332,400	0	1,332,400	75.00
76.00	03950	TREATMENT CENTER	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	249,537		249,537	0	249,537	76.97
OUTPATIENT SERVICE COST CENTERS								
90.02	09002	OUTPATIENT PSYCHIATRIC	706,091		706,091	0	706,091	90.02
90.03	09003	WOUND CLINIC	472,641		472,641	1,933	474,574	90.03
90.12	09012	CTPET	273,537		273,537	0	273,537	90.12
90.13	09013	RADIATION ONCOLOGY	1,412,015		1,412,015	0	1,412,015	90.13
91.00	09100	EMERGENCY	7,520,591		7,520,591	6,115	7,526,706	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	1,097,641		1,097,641	0	1,097,641	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	112,519,579	0	112,519,579	512,385	113,031,964	200.00
201.00		Less Observation Beds	1,097,641		1,097,641		1,097,641	201.00
202.00		Total (see instructions)	111,421,938	0	111,421,938	512,385	111,934,323	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0166

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

Worksheet C
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			Title XVIII			Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio				
	Inpatient	Outpatient	Total (col. 6 + col. 7)						
	6.00	7.00	8.00				9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	22,166,766		22,166,766				30.00
31.00	03100	INTENSIVE CARE UNIT	4,688,192		4,688,192				31.00
40.00	04000	SUBPROVIDER - IPF	3,808,597		3,808,597				40.00
41.00	04100	SUBPROVIDER - IRF	5,332,297		5,332,297				41.00
43.00	04300	NURSERY	1,930,724		1,930,724				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	18,666,937	19,409,028	38,075,965	0.189966	0.000000		50.00
50.02	03330	ENDOSCOPY	430,736	4,738,848	5,169,584	0.194003	0.000000		50.02
51.00	05100	RECOVERY ROOM	1,916,099	4,249,643	6,165,742	0.183346	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,333,320	1,517,040	5,850,360	0.574949	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	3,076,549	4,886,169	7,962,718	0.249157	0.000000		53.00
53.01	05301	PAIN CENTER	53,881	7,807,091	7,860,972	0.140576	0.000000		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,139,399	20,506,827	26,646,226	0.186523	0.000000		54.00
56.00	05600	RADIO SOTOPE	395,789	843,590	1,239,379	0.326829	0.000000		56.00
57.00	05700	CT SCAN	16,049,524	47,487,834	63,537,358	0.029767	0.000000		57.00
58.00	05800	MRI	3,511,474	13,261,084	16,772,558	0.045791	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	8,550,802	16,287,950	24,838,752	0.162086	0.000000		59.00
60.00	06000	LABORATORY	29,509,553	45,472,299	74,981,852	0.127749	0.000000		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	1,483,648	698,013	2,181,661	0.212997	0.000000		62.00
65.00	06500	RESPIRATORY THERAPY	7,683,960	1,987,800	9,671,760	0.120451	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	11,160,023	8,015,511	19,175,534	0.211265	0.000000		66.00
69.00	06900	ELECTROCARDIOLOGY	5,509,343	23,771,947	29,281,290	0.069702	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	333,780	4,771,663	5,105,443	0.137624	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	7,322,081	5,178,004	12,500,085	0.674118	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,525,933	8,169,025	21,694,958	0.290592	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	34,801,791	26,161,497	60,963,288	0.186994	0.000000		73.00
75.00	07500	ASC (NON-DISTINCT PART)	32,482	2,277,454	2,309,936	0.576813	0.000000		75.00
76.00	03950	TREATMENT CENTER	0	0	0	0.000000	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	4,536	777,950	782,486	0.318903	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS									
90.02	09002	OUTPATIENT PSYCHIATRIC	79,119	685,518	764,637	0.923433	0.000000		90.02
90.03	09003	WOUND CLINIC	361,166	759,119	1,120,285	0.421894	0.000000		90.03
90.12	09012	CTPET	0	1,813,977	1,813,977	0.150794	0.000000		90.12
90.13	09013	RADIATION ONCOLOGY	48,493	7,095,690	7,144,183	0.197645	0.000000		90.13
91.00	09100	EMERGENCY	14,566,848	50,344,164	64,911,012	0.115860	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	572,682	1,512,270	2,084,952	0.526459	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000		95.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	228,046,524	330,487,005	558,533,529				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	228,046,524	330,487,005	558,533,529				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0166	Period: From 07/01/2017 To 06/30/2018	Worksheet C Part I Date/Time Prepared: 11/30/2018 10:04 am
Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital PPS
		INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.189966		50.00
50.02	03330	ENDOSCOPY	0.194003		50.02
51.00	05100	RECOVERY ROOM	0.183346		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.574949		52.00
53.00	05300	ANESTHESIOLOGY	0.249157		53.00
53.01	05301	PAIN CENTER	0.140576		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.186536		54.00
56.00	05600	RADIOISOTOPE	0.326829		56.00
57.00	05700	CT SCAN	0.029767		57.00
58.00	05800	MRI	0.045791		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.162086		59.00
60.00	06000	LABORATORY	0.127749		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0.212997		62.00
65.00	06500	RESPIRATORY THERAPY	0.163201		65.00
66.00	06600	PHYSICAL THERAPY	0.211265		66.00
69.00	06900	ELECTROCARDIOLOGY	0.070037		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.137624		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.674118		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.290592		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.186994		73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.576813		75.00
76.00	03950	TREATMENT CENTER	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.318903		76.97
		OUTPATIENT SERVICE COST CENTERS			
90.02	09002	OUTPATIENT PSYCHIATRIC	0.923433		90.02
90.03	09003	WOUND CLINIC	0.423619		90.03
90.12	09012	CTPET	0.150794		90.12
90.13	09013	RADIATION ONCOLOGY	0.197645		90.13
91.00	09100	EMERGENCY	0.115954		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0.526459		92.00
		OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0166

Period:
From 07/01/2017
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Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
				Total Costs	RCE Disallowance	
		1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	18,186,163		18,186,163	49,439	18,235,602
31.00	03100 INTENSIVE CARE UNIT	3,167,183		3,167,183	0	3,167,183
40.00	04000 SUBPROVIDER - IPF	2,223,788		2,223,788	0	2,223,788
41.00	04100 SUBPROVIDER - IRF	2,938,443		2,938,443	24,997	2,963,440
43.00	04300 NURSERY	925,928		925,928	6,302	932,230
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	7,233,139		7,233,139	0	7,233,139
50.02	03330 ENDOSCOPY	1,002,914		1,002,914	0	1,002,914
51.00	05100 RECOVERY ROOM	1,130,462		1,130,462	0	1,130,462
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,363,660		3,363,660	0	3,363,660
53.00	05300 ANESTHESIOLOGY	1,983,964		1,983,964	0	1,983,964
53.01	05301 PAIN CENTER	1,105,064		1,105,064	0	1,105,064
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,970,122		4,970,122	346	4,970,468
56.00	05600 RADIOISOTOPE	405,065		405,065	0	405,065
57.00	05700 CT SCAN	1,891,288		1,891,288	0	1,891,288
58.00	05800 MRI	768,026		768,026	0	768,026
59.00	05900 CARDIAC CATHETERIZATION	4,026,003		4,026,003	0	4,026,003
60.00	06000 LABORATORY	9,578,829		9,578,829	0	9,578,829
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	464,687		464,687	0	464,687
65.00	06500 RESPIRATORY THERAPY	1,164,977	0	1,164,977	413,464	1,578,441
66.00	06600 PHYSICAL THERAPY	4,051,127	0	4,051,127	0	4,051,127
69.00	06900 ELECTROCARDIOLOGY	2,040,977		2,040,977	9,789	2,050,766
70.00	07000 ELECTROENCEPHALOGRAPHY	702,633		702,633	0	702,633
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	8,426,530		8,426,530	0	8,426,530
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	6,304,386		6,304,386	0	6,304,386
73.00	07300 DRUGS CHARGED TO PATIENTS	11,399,768		11,399,768	0	11,399,768
75.00	07500 ASC (NON-DISTINCT PART)	1,332,400		1,332,400	0	1,332,400
76.00	03950 TREATMENT CENTER	0		0	0	0
76.97	07697 CARDIAC REHABILITATION	249,537		249,537	0	249,537
OUTPATIENT SERVICE COST CENTERS						
90.02	09002 OUTPATIENT PSYCHIATRIC	706,091		706,091	0	706,091
90.03	09003 WOUND CLINIC	472,641		472,641	1,933	474,574
90.12	09012 CTPET	273,537		273,537	0	273,537
90.13	09013 RADIATION ONCOLOGY	1,412,015		1,412,015	0	1,412,015
91.00	09100 EMERGENCY	7,520,591		7,520,591	6,115	7,526,706
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	1,097,641		1,097,641	0	1,097,641
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0		0	0	0
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					
200.00	Subtotal (see instructions)	112,519,579	0	112,519,579	512,385	113,031,964
201.00	Less Observation Beds	1,097,641		1,097,641		1,097,641
202.00	Total (see instructions)	111,421,938	0	111,421,938	512,385	111,934,323

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0166

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

Worksheet C
Part I
Date/Time Prepared:
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		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
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	22,166,766		22,166,766		30.00
31.00	03100	INTENSIVE CARE UNIT	4,688,192		4,688,192		31.00
40.00	04000	SUBPROVIDER - IPF	3,808,597		3,808,597		40.00
41.00	04100	SUBPROVIDER - IRF	5,332,297		5,332,297		41.00
43.00	04300	NURSERY	1,930,724		1,930,724		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	18,666,937	19,409,028	38,075,965	0.189966	50.00
50.02	03330	ENDOSCOPY	430,736	4,738,848	5,169,584	0.194003	50.02
51.00	05100	RECOVERY ROOM	1,916,099	4,249,643	6,165,742	0.183346	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,333,320	1,517,040	5,850,360	0.574949	52.00
53.00	05300	ANESTHESIOLOGY	3,076,549	4,886,169	7,962,718	0.249157	53.00
53.01	05301	PAIN CENTER	53,881	7,807,091	7,860,972	0.140576	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,139,399	20,506,827	26,646,226	0.186523	54.00
56.00	05600	RADIOISOTOPE	395,789	843,590	1,239,379	0.326829	56.00
57.00	05700	CT SCAN	16,049,524	47,487,834	63,537,358	0.029767	57.00
58.00	05800	MRI	3,511,474	13,261,084	16,772,558	0.045791	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,550,802	16,287,950	24,838,752	0.162086	59.00
60.00	06000	LABORATORY	29,509,553	45,472,299	74,981,852	0.127749	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	1,483,648	698,013	2,181,661	0.212997	62.00
65.00	06500	RESPIRATORY THERAPY	7,683,960	1,987,800	9,671,760	0.120451	65.00
66.00	06600	PHYSICAL THERAPY	11,160,023	8,015,511	19,175,534	0.211265	66.00
69.00	06900	ELECTROCARDIOLOGY	5,509,343	23,771,947	29,281,290	0.069702	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	333,780	4,771,663	5,105,443	0.137624	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	7,322,081	5,178,004	12,500,085	0.674118	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,525,933	8,169,025	21,694,958	0.290592	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	34,801,791	26,161,497	60,963,288	0.186994	73.00
75.00	07500	ASC (NON-DISTINCT PART)	32,482	2,277,454	2,309,936	0.576813	75.00
76.00	03950	TREATMENT CENTER	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	4,536	777,950	782,486	0.318903	76.97
OUTPATIENT SERVICE COST CENTERS							
90.02	09002	OUTPATIENT PSYCHIATRIC	79,119	685,518	764,637	0.923433	90.02
90.03	09003	WOUND CLINIC	361,166	759,119	1,120,285	0.421894	90.03
90.12	09012	CTPET	0	1,813,977	1,813,977	0.150794	90.12
90.13	09013	RADIATION ONCOLOGY	48,493	7,095,690	7,144,183	0.197645	90.13
91.00	09100	EMERGENCY	14,566,848	50,344,164	64,911,012	0.115860	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	572,682	1,512,270	2,084,952	0.526459	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	228,046,524	330,487,005	558,533,529		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	228,046,524	330,487,005	558,533,529		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0166	Period: From 07/01/2017 To 06/30/2018	Worksheet C Part I Date/Time Prepared: 11/30/2018 10:04 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
50.02	03330 ENDOSCOPY	0.000000		50.02
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
53.01	05301 PAIN CENTER	0.000000		53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0.000000		62.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	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
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03950 TREATMENT CENTER	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS				
90.02	09002 OUTPATIENT PSYCHIATRIC	0.000000		90.02
90.03	09003 WOUND CLINIC	0.000000		90.03
90.12	09012 CTPET	0.000000		90.12
90.13	09013 RADIATION ONCOLOGY	0.000000		90.13
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 14-0166	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part I Date/Time Prepared: 11/30/2018 10:04 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	3,686,642	0	3,686,642	21,614	170.57	30.00
31.00	INTENSIVE CARE UNIT	349,215	0	349,215	2,386	146.36	31.00
40.00	SUBPROVIDER - IPF	356,150	0	356,150	3,985	89.37	40.00
41.00	SUBPROVIDER - IRF	466,832	0	466,832	3,382	138.03	41.00
43.00	NURSERY	91,864		91,864	1,679	54.71	43.00
200.00	Total (lines 30 through 199)	4,950,703		4,950,703	33,046		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	9,170	1,564,127				
31.00	INTENSIVE CARE UNIT	1,240	181,486				
40.00	SUBPROVIDER - IPF	3,068	274,187				
41.00	SUBPROVIDER - IRF	2,671	368,678				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	16,149	2,388,478				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0166	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part II Date/Time Prepared: 11/30/2018 10:04 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
Title XVIII								
Hospital								
PPS								
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	985,847	38,075,965	0.025892	9,512,617	246,301	50.00
50.02	03330	ENDOSCOPY	147,546	5,169,584	0.028541	277,947	7,933	50.02
51.00	05100	RECOVERY ROOM	106,473	6,165,742	0.017268	863,581	14,912	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	401,925	5,850,360	0.068701	148,283	10,187	52.00
53.00	05300	ANESTHESIOLOGY	107,670	7,962,718	0.013522	1,365,796	18,468	53.00
53.01	05301	PAIN CENTER	139,270	7,860,972	0.017717	38,898	689	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	672,396	26,646,226	0.025234	3,579,749	90,331	54.00
56.00	05600	RADIOISOTOPE	31,848	1,239,379	0.025697	226,949	5,832	56.00
57.00	05700	CT SCAN	110,473	63,537,358	0.001739	9,498,157	16,517	57.00
58.00	05800	MRI	56,918	16,772,558	0.003394	2,140,673	7,265	58.00
59.00	05900	CARDIAC CATHETERIZATION	297,028	24,838,752	0.011958	4,116,477	49,225	59.00
60.00	06000	LABORATORY	1,274,541	74,981,852	0.016998	14,708,502	250,015	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	24,948	2,181,661	0.011435	672,349	7,688	62.00
65.00	06500	RESPIRATORY THERAPY	70,585	9,671,760	0.007298	4,286,993	31,286	65.00
66.00	06600	PHYSICAL THERAPY	486,593	19,175,534	0.025376	2,190,409	55,584	66.00
69.00	06900	ELECTROCARDIOLOGY	236,472	29,281,290	0.008076	3,331,542	26,906	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	118,616	5,105,443	0.023233	202,976	4,716	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	459,390	12,500,085	0.036751	3,947,025	145,057	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	346,981	21,694,958	0.015994	7,011,169	112,137	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	562,604	60,963,288	0.009229	15,983,997	147,516	73.00
75.00	07500	ASC (NON-DISTINCT PART)	54,561	2,309,936	0.023620	25,630	605	75.00
76.00	03950	TREATMENT CENTER	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	10,763	782,486	0.013755	828	11	76.97
OUTPATIENT SERVICE COST CENTERS								
90.02	09002	OUTPATIENT PSYCHIATRIC	112,292	764,637	0.146857	12,023	1,766	90.02
90.03	09003	WOUND CLINIC	19,326	1,120,285	0.017251	212,603	3,668	90.03
90.12	09012	CTPET	11,287	1,813,977	0.006222	0	0	90.12
90.13	09013	RADIATION ONCOLOGY	58,243	7,144,183	0.008153	47,147	384	90.13
91.00	09100	EMERGENCY	1,189,929	64,911,012	0.018332	6,979,026	127,940	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	221,907	2,084,952	0.106433	298,222	31,741	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	8,316,432	520,606,953		91,679,568	1,414,680	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0166	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part III Date/Time Prepared: 11/30/2018 10:04 am
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Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	21,614	0.00	9,170	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	2,386	0.00	1,240	31.00	
40.00	04000	SUBPROVIDER - IPF	0	0	3,985	0.00	3,068	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	3,382	0.00	2,671	41.00	
43.00	04300	NURSERY	0	0	1,679	0.00	0	43.00	
200.00		Total (lines 30 through 199)	0	0	33,046		16,149	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
40.00	04000	SUBPROVIDER - IPF	0						40.00
41.00	04100	SUBPROVIDER - IRF	0						41.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0166	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/30/2018 10:04 am
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Cost Center Description	Title XVIII			Hospital		Allied Health Post-Stepdown Adjustments	Allied Health PPS	
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments				
	1.00	2A	2.00	3A				
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.02	03330	ENDOSCOPY	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	05301	PAIN CENTER	0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	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
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	TREATMENT CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.02	09002	OUTPATIENT PSYCHIATRIC	0	0	0	0	0	90.02
90.03	09003	WOUND CLINIC	0	0	0	0	0	90.03
90.12	09012	CTPET	0	0	0	0	0	90.12
90.13	09013	RADIATION ONCOLOGY	0	0	0	0	0	90.13
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0166	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/30/2018 10:04 am
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Cost Center Description	Title XVIII			Hospital	PPS	
	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	38,075,965	0.000000	50.00
50.02 03330 ENDOSCOPY	0	0	0	5,169,584	0.000000	50.02
51.00 05100 RECOVERY ROOM	0	0	0	6,165,742	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	5,850,360	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	7,962,718	0.000000	53.00
53.01 05301 PAIN CENTER	0	0	0	7,860,972	0.000000	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	26,646,226	0.000000	54.00
56.00 05600 RADIOISOTOPE	0	0	0	1,239,379	0.000000	56.00
57.00 05700 CT SCAN	0	0	0	63,537,358	0.000000	57.00
58.00 05800 MRI	0	0	0	16,772,558	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	24,838,752	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	74,981,852	0.000000	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD	0	0	0	2,181,661	0.000000	62.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	9,671,760	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	19,175,534	0.000000	66.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	29,281,290	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	5,105,443	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	12,500,085	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	21,694,958	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	60,963,288	0.000000	73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	2,309,936	0.000000	75.00
76.00 03950 TREATMENT CENTER	0	0	0	0	0.000000	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	782,486	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS						
90.02 09002 OUTPATIENT PSYCHIATRIC	0	0	0	764,637	0.000000	90.02
90.03 09003 WOUND CLINIC	0	0	0	1,120,285	0.000000	90.03
90.12 09012 CTPET	0	0	0	1,813,977	0.000000	90.12
90.13 09013 RADIATION ONCOLOGY	0	0	0	7,144,183	0.000000	90.13
91.00 09100 EMERGENCY	0	0	0	64,911,012	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)	0	0	0	2,084,952	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50 through 199)	0	0	0	520,606,953		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0166	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/30/2018 10:04 am
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Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	9,512,617	0	6,749,243	0	50.00
50.02	03330 ENDOSCOPY	0.000000	277,947	0	1,784,986	0	50.02
51.00	05100 RECOVERY ROOM	0.000000	863,581	0	1,852,559	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	148,283	0	6,776	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	1,365,796	0	1,461,087	0	53.00
53.01	05301 PAIN CENTER	0.000000	38,898	0	3,770,377	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	3,579,749	0	6,416,032	0	54.00
56.00	05600 RADIOISOTOPE	0.000000	226,949	0	337,381	0	56.00
57.00	05700 CT SCAN	0.000000	9,498,157	0	14,828,001	0	57.00
58.00	05800 MRI	0.000000	2,140,673	0	4,911,185	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	4,116,477	0	7,785,038	0	59.00
60.00	06000 LABORATORY	0.000000	14,708,502	0	6,922,977	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0.000000	672,349	0	205,482	0	62.00
65.00	06500 RESPIRATORY THERAPY	0.000000	4,286,993	0	719,044	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	2,190,409	0	151,433	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	3,331,542	0	11,298,667	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	202,976	0	1,962,122	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.000000	3,947,025	0	2,213,381	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	7,011,169	0	4,764,404	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	15,983,997	0	10,305,061	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	25,630	0	1,990,367	0	75.00
76.00	03950 TREATMENT CENTER	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	828	0	365,976	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.02	09002 OUTPATIENT PSYCHIATRIC	0.000000	12,023	0	315,483	0	90.02
90.03	09003 WOUND CLINIC	0.000000	212,603	0	373,741	0	90.03
90.12	09012 CTPET	0.000000	0	0	1,092,200	0	90.12
90.13	09013 RADIATION ONCOLOGY	0.000000	47,147	0	4,289,194	0	90.13
91.00	09100 EMERGENCY	0.000000	6,979,026	0	9,422,250	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0.000000	298,222	0	647,272	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		91,679,568	0	106,941,719	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0166	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part V Date/Time Prepared: 11/30/2018 10:04 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.189966	6,749,243	0	0	1,282,127
50.02 03330 ENDOSCOPY	0.194003	1,784,986	0	0	346,293
51.00 05100 RECOVERY ROOM	0.183346	1,852,559	0	0	339,659
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.574949	6,776	0	0	3,896
53.00 05300 ANESTHESIOLOGY	0.249157	1,461,087	0	0	364,040
53.01 05301 PAIN CENTER	0.140576	3,770,377	0	0	530,025
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.186523	6,416,032	0	0	1,196,738
56.00 05600 RADIO SOTOPE	0.326829	337,381	0	0	110,266
57.00 05700 CT SCAN	0.029767	14,828,001	0	0	441,385
58.00 05800 MRI	0.045791	4,911,185	0	0	224,888
59.00 05900 CARDIAC CATHETERIZATION	0.162086	7,785,038	0	0	1,261,846
60.00 06000 LABORATORY	0.127749	6,922,977	0	0	884,403
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD	0.212997	205,482	0	0	43,767
65.00 06500 RESPIRATORY THERAPY	0.120451	719,044	0	0	86,610
66.00 06600 PHYSICAL THERAPY	0.211265	151,433	0	0	31,992
69.00 06900 ELECTROCARDIOLOGY	0.069702	11,298,667	0	0	787,540
70.00 07000 ELECTROENCEPHALOGRAPHY	0.137624	1,962,122	0	0	270,035
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0.674118	2,213,381	0	0	1,492,080
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.290592	4,764,404	0	0	1,384,498
73.00 07300 DRUGS CHARGED TO PATIENTS	0.186994	10,305,061	0	132,198	1,926,985
75.00 07500 ASC (NON-DISTINCT PART)	0.576813	1,990,367	0	1	1,148,070
76.00 03950 TREATMENT CENTER	0.000000	0	0	0	0
76.97 07697 CARDIAC REHABILITATION	0.318903	365,976	0	0	116,711
OUTPATIENT SERVICE COST CENTERS					
90.02 09002 OUTPATIENT PSYCHIATRIC	0.923433	315,483	0	0	291,327
90.03 09003 WOUND CLINIC	0.421894	373,741	0	0	157,679
90.12 09012 CTPET	0.150794	1,092,200	0	0	164,697
90.13 09013 RADIATION ONCOLOGY	0.197645	4,289,194	0	0	847,738
91.00 09100 EMERGENCY	0.115860	9,422,250	0	60	1,091,662
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)	0.526459	647,272	0	0	340,762
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	0.000000		0	0	
200.00		Subtotal (see instructions)	106,941,719	0	132,259
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0	0
202.00		Net Charges (line 200 - line 201)	106,941,719	0	132,259

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0166	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part V Date/Time Prepared: 11/30/2018 10:04 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000	OPERATING ROOM	0	0	50.00
50.02 03330	ENDOSCOPY	0	0	50.02
51.00 05100	RECOVERY ROOM	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	53.00
53.01 05301	PAIN CENTER	0	0	53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
56.00 05600	RADIOISOTOPE	0	0	56.00
57.00 05700	CT SCAN	0	0	57.00
58.00 05800	MRI	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000	LABORATORY	0	0	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	62.00
65.00 06500	RESPIRATORY THERAPY	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	66.00
69.00 06900	ELECTROCARDIOLOGY	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	24,720	73.00
75.00 07500	ASC (NON-DISTINCT PART)	0	1	75.00
76.00 03950	TREATMENT CENTER	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS				
90.02 09002	OUTPATIENT PSYCHIATRIC	0	0	90.02
90.03 09003	WOUND CLINIC	0	0	90.03
90.12 09012	CTPET	0	0	90.12
90.13 09013	RADIATION ONCOLOGY	0	0	90.13
91.00 09100	EMERGENCY	0	7	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500	AMBULANCE SERVICES	0		95.00
200.00	Subtotal (see instructions)	0	24,728	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	0	24,728	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0166 Component CCN: 14-S166		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part II Date/Time Prepared: 11/30/2018 10:04 am		
Title XVIII				Subprovider - IPF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	985,847	38,075,965	0.025892	10,275	266	50.00
50.02	03330	ENDOSCOPY	147,546	5,169,584	0.028541	0	0	50.02
51.00	05100	RECOVERY ROOM	106,473	6,165,742	0.017268	5,399	93	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	401,925	5,850,360	0.068701	393	27	52.00
53.00	05300	ANESTHESIOLOGY	107,670	7,962,718	0.013522	5,873	79	53.00
53.01	05301	PAIN CENTER	139,270	7,860,972	0.017717	2,740	49	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	672,396	26,646,226	0.025234	96,303	2,430	54.00
56.00	05600	RADIO SOTOPE	31,848	1,239,379	0.025697	3,170	81	56.00
57.00	05700	CT SCAN	110,473	63,537,358	0.001739	203,277	353	57.00
58.00	05800	MRI	56,918	16,772,558	0.003394	13,032	44	58.00
59.00	05900	CARDIAC CATHETERIZATION	297,028	24,838,752	0.011958	3,435	41	59.00
60.00	06000	LABORATORY	1,274,541	74,981,852	0.016998	876,708	14,902	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	24,948	2,181,661	0.011435	14,802	169	62.00
65.00	06500	RESPIRATORY THERAPY	70,585	9,671,760	0.007298	87,309	637	65.00
66.00	06600	PHYSICAL THERAPY	486,593	19,175,534	0.025376	429,183	10,891	66.00
69.00	06900	ELECTROCARDIOLOGY	236,472	29,281,290	0.008076	54,703	442	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	118,616	5,105,443	0.023233	2,750	64	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	459,390	12,500,085	0.036751	44,341	1,630	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	346,981	21,694,958	0.015994	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	562,604	60,963,288	0.009229	1,175,965	10,853	73.00
75.00	07500	ASC (NON-DISTINCT PART)	54,561	2,309,936	0.023620	972	23	75.00
76.00	03950	TREATMENT CENTER	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	10,763	782,486	0.013755	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.02	09002	OUTPATIENT PSYCHIATRIC	112,292	764,637	0.146857	2,370	348	90.02
90.03	09003	WOUND CLINIC	19,326	1,120,285	0.017251	14,006	242	90.03
90.12	09012	CTPET	11,287	1,813,977	0.006222	0	0	90.12
90.13	09013	RADIATION ONCOLOGY	58,243	7,144,183	0.008153	0	0	90.13
91.00	09100	EMERGENCY	1,189,929	64,911,012	0.018332	275,137	5,044	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	2,084,952	0.000000	1,102	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	8,094,525	520,606,953		3,323,245	48,708	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0166 Component CCN: 14-S166	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/30/2018 10:04 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.02	03330 ENDOSCOPY	0	0	0	0	0	50.02
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	05301 PAIN CENTER	0	0	0	0	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	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
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950 TREATMENT CENTER	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.02	09002 OUTPATIENT PSYCHIATRIC	0	0	0	0	0	90.02
90.03	09003 WOUND CLINIC	0	0	0	0	0	90.03
90.12	09012 CTPET	0	0	0	0	0	90.12
90.13	09013 RADIATION ONCOLOGY	0	0	0	0	0	90.13
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0166 Component CCN: 14-S166	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/30/2018 10:04 am
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Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
		4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	38,075,965	0.000000	50.00
50.02	03330 ENDOSCOPY	0	0	0	5,169,584	0.000000	50.02
51.00	05100 RECOVERY ROOM	0	0	0	6,165,742	0.000000	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	5,850,360	0.000000	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	7,962,718	0.000000	53.00
53.01	05301 PAIN CENTER	0	0	0	7,860,972	0.000000	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	26,646,226	0.000000	54.00
56.00	05600 RADIOISOTOPE	0	0	0	1,239,379	0.000000	56.00
57.00	05700 CT SCAN	0	0	0	63,537,358	0.000000	57.00
58.00	05800 MRI	0	0	0	16,772,558	0.000000	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	24,838,752	0.000000	59.00
60.00	06000 LABORATORY	0	0	0	74,981,852	0.000000	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0	0	0	2,181,661	0.000000	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	9,671,760	0.000000	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	19,175,534	0.000000	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	29,281,290	0.000000	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	5,105,443	0.000000	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	12,500,085	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	21,694,958	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	60,963,288	0.000000	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	2,309,936	0.000000	75.00
76.00	03950 TREATMENT CENTER	0	0	0	0	0.000000	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	782,486	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS							
90.02	09002 OUTPATIENT PSYCHIATRIC	0	0	0	764,637	0.000000	90.02
90.03	09003 WOUND CLINIC	0	0	0	1,120,285	0.000000	90.03
90.12	09012 CTPET	0	0	0	1,813,977	0.000000	90.12
90.13	09013 RADIATION ONCOLOGY	0	0	0	7,144,183	0.000000	90.13
91.00	09100 EMERGENCY	0	0	0	64,911,012	0.000000	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0	0	0	2,084,952	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	0	0	0	520,606,953		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0166 Component CCN: 14-S166	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/30/2018 10:04 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.000000	10,275	0	0	0	50.00
50.02 03330 ENDOSCOPY	0.000000	0	0	0	0	50.02
51.00 05100 RECOVERY ROOM	0.000000	5,399	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.000000	393	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.000000	5,873	0	0	0	53.00
53.01 05301 PAIN CENTER	0.000000	2,740	0	0	0	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.000000	96,303	0	0	0	54.00
56.00 05600 RADIO SOTOPE	0.000000	3,170	0	0	0	56.00
57.00 05700 CT SCAN	0.000000	203,277	0	0	0	57.00
58.00 05800 MRI	0.000000	13,032	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.000000	3,435	0	0	0	59.00
60.00 06000 LABORATORY	0.000000	876,708	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD	0.000000	14,802	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0.000000	87,309	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.000000	429,183	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0.000000	54,703	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.000000	2,750	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0.000000	44,341	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	1,175,965	0	0	0	73.00
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	972	0	2	0	75.00
76.00 03950 TREATMENT CENTER	0.000000	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.02 09002 OUTPATIENT PSYCHIATRIC	0.000000	2,370	0	0	0	90.02
90.03 09003 WOUND CLINIC	0.000000	14,006	0	0	0	90.03
90.12 09012 CTPET	0.000000	0	0	0	0	90.12
90.13 09013 RADIATION ONCOLOGY	0.000000	0	0	0	0	90.13
91.00 09100 EMERGENCY	0.000000	275,137	0	91	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)	0.000000	1,102	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50 through 199)		3,323,245	0	93	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0166 Component CCN: 14-S166	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part V Date/Time Prepared: 11/30/2018 10:04 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	PPS Services (see inst.)
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
		1.00	2.00	3.00	4.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.189966	0	0	0	0	50.00
50.02 03330 ENDOSCOPY	0.194003	0	0	0	0	50.02
51.00 05100 RECOVERY ROOM	0.183346	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.574949	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.249157	0	0	0	0	53.00
53.01 05301 PAIN CENTER	0.140576	0	0	0	0	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.186523	0	0	0	0	54.00
56.00 05600 RADIO SOTOPE	0.326829	0	0	0	0	56.00
57.00 05700 CT SCAN	0.029767	0	0	0	0	57.00
58.00 05800 MRI	0.045791	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.162086	0	0	0	0	59.00
60.00 06000 LABORATORY	0.127749	0	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD	0.212997	0	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0.120451	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.211265	0	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0.069702	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.137624	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0.674118	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.290592	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.186994	0	0	190	0	73.00
75.00 07500 ASC (NON-DISTINCT PART)	0.576813	2	0	0	0	75.00
76.00 03950 TREATMENT CENTER	0.000000	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0.318903	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.02 09002 OUTPATIENT PSYCHIATRIC	0.923433	0	0	0	0	90.02
90.03 09003 WOUND CLINIC	0.421894	0	0	0	0	90.03
90.12 09012 CTPET	0.150794	0	0	0	0	90.12
90.13 09013 RADIATION ONCOLOGY	0.197645	0	0	0	0	90.13
91.00 09100 EMERGENCY	0.115860	91	0	0	11	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)	0.526459	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0.000000		0	0	0	95.00
200.00	Subtotal (see instructions)		93	0	190	12 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 - line 201)		93	0	190	12 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0166 Component CCN: 14-S166	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part V Date/Time Prepared: 11/30/2018 10:04 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
50.02 03330 ENDOSCOPY	0	0		50.02
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
53.01 05301 PAIN CENTER	0	0		53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
56.00 05600 RADIO SOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD	0	0		62.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	36		73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 03950 TREATMENT CENTER	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
90.02 09002 OUTPATIENT PSYCHIATRIC	0	0		90.02
90.03 09003 WOUND CLINIC	0	0		90.03
90.12 09012 CTPET	0	0		90.12
90.13 09013 RADIATION ONCOLOGY	0	0		90.13
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0			95.00
200.00	Subtotal (see instructions)	0	36	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	0	36	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0166 Component CCN: 14-T166		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part II Date/Time Prepared: 11/30/2018 10:04 am	
Title XVIII				Subprovider - IRF		PPS	
Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	985,847	38,075,965	0.025892	7,197	186		50.00
50.02 03330 ENDOSCOPY	147,546	5,169,584	0.028541	787	22		50.02
51.00 05100 RECOVERY ROOM	106,473	6,165,742	0.017268	1,876	32		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	401,925	5,850,360	0.068701	311	21		52.00
53.00 05300 ANESTHESIOLOGY	107,670	7,962,718	0.013522	2,820	38		53.00
53.01 05301 PAIN CENTER	139,270	7,860,972	0.017717	3,917	69		53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	672,396	26,646,226	0.025234	84,014	2,120		54.00
56.00 05600 RADIO SOTOPE	31,848	1,239,379	0.025697	0	0		56.00
57.00 05700 CT SCAN	110,473	63,537,358	0.001739	114,519	199		57.00
58.00 05800 MRI	56,918	16,772,558	0.003394	66,491	226		58.00
59.00 05900 CARDIAC CATHETERIZATION	297,028	24,838,752	0.011958	8,738	104		59.00
60.00 06000 LABORATORY	1,274,541	74,981,852	0.016998	665,795	11,317		60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD	24,948	2,181,661	0.011435	5,996	69		62.00
65.00 06500 RESPIRATORY THERAPY	70,585	9,671,760	0.007298	406,677	2,968		65.00
66.00 06600 PHYSICAL THERAPY	486,593	19,175,534	0.025376	5,781,751	146,718		66.00
69.00 06900 ELECTROCARDIOLOGY	236,472	29,281,290	0.008076	42,657	344		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	118,616	5,105,443	0.023233	4,902	114		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	459,390	12,500,085	0.036751	132,126	4,856		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	346,981	21,694,958	0.015994	3,825	61		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	562,604	60,963,288	0.009229	1,305,694	12,050		73.00
75.00 07500 ASC (NON-DISTINCT PART)	54,561	2,309,936	0.023620	0	0		75.00
76.00 03950 TREATMENT CENTER	0	0	0.000000	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	10,763	782,486	0.013755	0	0		76.97
OUTPATIENT SERVICE COST CENTERS							
90.02 09002 OUTPATIENT PSYCHIATRIC	112,292	764,637	0.146857	0	0		90.02
90.03 09003 WOUND CLINIC	19,326	1,120,285	0.017251	20,423	352		90.03
90.12 09012 CTPET	11,287	1,813,977	0.006222	0	0		90.12
90.13 09013 RADIATION ONCOLOGY	58,243	7,144,183	0.008153	106	1		90.13
91.00 09100 EMERGENCY	1,189,929	64,911,012	0.018332	1,129	21		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)	0	2,084,952	0.000000	0	0		92.00
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES							95.00
200.00	Total (lines 50 through 199)	8,094,525	520,606,953		8,661,751	181,888	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0166 Component CCN: 14-T166	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/30/2018 10:04 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.02	03330 ENDOSCOPY	0	0	0	0	0	50.02
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	05301 PAIN CENTER	0	0	0	0	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	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
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950 TREATMENT CENTER	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.02	09002 OUTPATIENT PSYCHIATRIC	0	0	0	0	0	90.02
90.03	09003 WOUND CLINIC	0	0	0	0	0	90.03
90.12	09012 CTPET	0	0	0	0	0	90.12
90.13	09013 RADIATION ONCOLOGY	0	0	0	0	0	90.13
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0166 Component CCN: 14-T166	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/30/2018 10:04 am
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Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
		4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	38,075,965	0.000000	50.00
50.02	03330 ENDOSCOPY	0	0	0	5,169,584	0.000000	50.02
51.00	05100 RECOVERY ROOM	0	0	0	6,165,742	0.000000	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	5,850,360	0.000000	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	7,962,718	0.000000	53.00
53.01	05301 PAIN CENTER	0	0	0	7,860,972	0.000000	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	26,646,226	0.000000	54.00
56.00	05600 RADIOISOTOPE	0	0	0	1,239,379	0.000000	56.00
57.00	05700 CT SCAN	0	0	0	63,537,358	0.000000	57.00
58.00	05800 MRI	0	0	0	16,772,558	0.000000	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	24,838,752	0.000000	59.00
60.00	06000 LABORATORY	0	0	0	74,981,852	0.000000	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0	0	0	2,181,661	0.000000	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	9,671,760	0.000000	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	19,175,534	0.000000	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	29,281,290	0.000000	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	5,105,443	0.000000	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	12,500,085	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	21,694,958	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	60,963,288	0.000000	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	2,309,936	0.000000	75.00
76.00	03950 TREATMENT CENTER	0	0	0	0	0.000000	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	782,486	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS							
90.02	09002 OUTPATIENT PSYCHIATRIC	0	0	0	764,637	0.000000	90.02
90.03	09003 WOUND CLINIC	0	0	0	1,120,285	0.000000	90.03
90.12	09012 CTPET	0	0	0	1,813,977	0.000000	90.12
90.13	09013 RADIATION ONCOLOGY	0	0	0	7,144,183	0.000000	90.13
91.00	09100 EMERGENCY	0	0	0	64,911,012	0.000000	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0	0	0	2,084,952	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	0	0	0	520,606,953		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0166 Component CCN: 14-T166	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/30/2018 10:04 am		
Title XVIII			Subprovider - IRF	PPS		
Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.000000	7,197	0	0	0	50.00
50.02 03330 ENDOSCOPY	0.000000	787	0	0	0	50.02
51.00 05100 RECOVERY ROOM	0.000000	1,876	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.000000	311	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.000000	2,820	0	0	0	53.00
53.01 05301 PAIN CENTER	0.000000	3,917	0	0	0	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.000000	84,014	0	0	0	54.00
56.00 05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00 05700 CT SCAN	0.000000	114,519	0	0	0	57.00
58.00 05800 MRI	0.000000	66,491	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.000000	8,738	0	0	0	59.00
60.00 06000 LABORATORY	0.000000	665,795	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD	0.000000	5,996	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0.000000	406,677	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.000000	5,781,751	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0.000000	42,657	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.000000	4,902	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0.000000	132,126	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	3,825	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.000000	1,305,694	0	0	0	73.00
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00 03950 TREATMENT CENTER	0.000000	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.02 09002 OUTPATIENT PSYCHIATRIC	0.000000	0	0	0	0	90.02
90.03 09003 WOUND CLINIC	0.000000	20,423	0	0	0	90.03
90.12 09012 CTPET	0.000000	0	0	0	0	90.12
90.13 09013 RADIATION ONCOLOGY	0.000000	106	0	0	0	90.13
91.00 09100 EMERGENCY	0.000000	1,129	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)	0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		8,661,751	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0166	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/30/2018 10:04 am
		Title XVIII	Hospital	PPS
Cost Center Description		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		21,614	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		21,614	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		20,313	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)		9,170	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		18,235,602	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)		18,235,602	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		18,235,602	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		843.69	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		7,736,637	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)		7,736,637	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0166	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/30/2018 10:04 am	
Title XVIII			Hospital	PPS		
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	3,167,183	2,386	1,327.40	1,240	1,645,976	43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						
					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					16,464,967	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					25,847,580	49.00
PASS THROUGH COST ADJUSTMENTS						
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,745,613	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,414,680	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					3,160,293	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					22,687,287	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)					1,301	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					843.69	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					1,097,641	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0166		Period: From 07/01/2017 To 06/30/2018		Worksheet D-1 Date/Time Prepared: 11/30/2018 10:04 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,686,642	18,235,602	0.202167	1,097,641	221,907	90.00
91.00	Nursing School cost	0	18,235,602	0.000000	1,097,641	0	91.00
92.00	Allied health cost	0	18,235,602	0.000000	1,097,641	0	92.00
93.00	All other Medical Education	0	18,235,602	0.000000	1,097,641	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0166 Component CCN: 14-S166	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/30/2018 10:04 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,985	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,985	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)		3,985	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)		3,068	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,223,788	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,223,788	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,223,788	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		558.04	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,712,067	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,712,067	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0166 Component CCN: 14-S166	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/30/2018 10:04 am
				Title XVIII	Subprovider - LPF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						
					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					546,457	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,258,524	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)					274,187	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					48,708	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					322,895	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					1,935,629	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges					0	54.00
55.00 Target amount per discharge					0.00	55.00
56.00 Target amount (line 54 x line 55)					0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00 Bonus payment (see instructions)					0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00 Relief payment (see instructions)					0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00 Program routine service cost (line 9 x line 71)						72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00 Program capital-related costs (line 9 x line 76)						77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00 Inpatient routine service cost per diem limitation						81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00 Reasonable inpatient routine service costs (see instructions)						83.00
84.00 Program inpatient ancillary services (see instructions)						84.00
85.00 Utilization review - physician compensation (see instructions)						85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0166 Component CCN: 14-S166		Period: From 07/01/2017 To 06/30/2018		Worksheet D-1 Date/Time Prepared: 11/30/2018 10:04 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	356,150	2,223,788	0.160155	0	0	90.00
91.00	Nursing School cost	0	2,223,788	0.000000	0	0	91.00
92.00	Allied health cost	0	2,223,788	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,223,788	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0166 Component CCN: 14-T166	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/30/2018 10:04 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,382	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,382	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)		3,382	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,671	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,963,440	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,963,440	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,963,440	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		876.24	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,340,437	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,340,437	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0166 Component CCN: 14-T166	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/30/2018 10:04 am
				Title XVIII	Subprovider - IRF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						
					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,747,828	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,088,265	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)					368,678	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					181,888	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					550,566	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					3,537,699	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges					0	54.00
55.00 Target amount per discharge					0.00	55.00
56.00 Target amount (line 54 x line 55)					0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00 Bonus payment (see instructions)					0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00 Relief payment (see instructions)					0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00 Program routine service cost (line 9 x line 71)						72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00 Program capital-related costs (line 9 x line 76)						77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00 Inpatient routine service cost per diem limitation						81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00 Reasonable inpatient routine service costs (see instructions)						83.00
84.00 Program inpatient ancillary services (see instructions)						84.00
85.00 Utilization review - physician compensation (see instructions)						85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0166 Component CCN: 14-T166		Period: From 07/01/2017 To 06/30/2018		Worksheet D-1 Date/Time Prepared: 11/30/2018 10:04 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	466,832	2,963,440	0.157530	0	0	90.00
91.00	Nursing School cost	0	2,963,440	0.000000	0	0	91.00
92.00	Allied health cost	0	2,963,440	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,963,440	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0166	Period: From 07/01/2017 To 06/30/2018	Worksheet D-3 Date/Time Prepared: 11/30/2018 10:04 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		9,441,036	30.00
31.00	03100	INTENSIVE CARE UNIT		2,374,544	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.189966	9,512,617	50.00
50.02	03330	ENDOSCOPY	0.194003	277,947	50.02
51.00	05100	RECOVERY ROOM	0.183346	863,581	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.574949	148,283	52.00
53.00	05300	ANESTHESIOLOGY	0.249157	1,365,796	53.00
53.01	05301	PAIN CENTER	0.140576	38,898	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.186536	3,579,749	54.00
56.00	05600	RADIOISOTOPE	0.326829	226,949	56.00
57.00	05700	CT SCAN	0.029767	9,498,157	57.00
58.00	05800	MRI	0.045791	2,140,673	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.162086	4,116,477	59.00
60.00	06000	LABORATORY	0.127749	14,708,502	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0.212997	672,349	62.00
65.00	06500	RESPIRATORY THERAPY	0.163201	4,286,993	65.00
66.00	06600	PHYSICAL THERAPY	0.211265	2,190,409	66.00
69.00	06900	ELECTROCARDIOLOGY	0.070037	3,331,542	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.137624	202,976	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.674118	3,947,025	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.290592	7,011,169	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.186994	15,983,997	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.576813	25,630	75.00
76.00	03950	TREATMENT CENTER	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.318903	828	76.97
OUTPATIENT SERVICE COST CENTERS					
90.02	09002	OUTPATIENT PSYCHIATRIC	0.923433	12,023	90.02
90.03	09003	WOUND CLINIC	0.423619	212,603	90.03
90.12	09012	CTPET	0.150794	0	90.12
90.13	09013	RADIATION ONCOLOGY	0.197645	47,147	90.13
91.00	09100	EMERGENCY	0.115954	6,979,026	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0.526459	298,222	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		91,679,568	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)		91,679,568	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0166 Component CCN: 14-S166	Period: From 07/01/2017 To 06/30/2018	Worksheet D-3 Date/Time Prepared: 11/30/2018 10:04 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
40.00	04000 SUBPROVIDER - IPF		2,934,456		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.189966	10,275	1,952	50.00
50.02	03330 ENDOSCOPY	0.194003	0	0	50.02
51.00	05100 RECOVERY ROOM	0.183346	5,399	990	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.574949	393	226	52.00
53.00	05300 ANESTHESIOLOGY	0.249157	5,873	1,463	53.00
53.01	05301 PAIN CENTER	0.140576	2,740	385	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.186536	96,303	17,964	54.00
56.00	05600 RADIOISOTOPE	0.326829	3,170	1,036	56.00
57.00	05700 CT SCAN	0.029767	203,277	6,051	57.00
58.00	05800 MRI	0.045791	13,032	597	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.162086	3,435	557	59.00
60.00	06000 LABORATORY	0.127749	876,708	111,999	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0.212997	14,802	3,153	62.00
65.00	06500 RESPIRATORY THERAPY	0.163201	87,309	14,249	65.00
66.00	06600 PHYSICAL THERAPY	0.211265	429,183	90,671	66.00
69.00	06900 ELECTROCARDIOLOGY	0.070037	54,703	3,831	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.137624	2,750	378	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.674118	44,341	29,891	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.290592	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.186994	1,175,965	219,898	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.576813	972	561	75.00
76.00	03950 TREATMENT CENTER	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.318903	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.02	09002 OUTPATIENT PSYCHIATRIC	0.923433	2,370	2,189	90.02
90.03	09003 WOUND CLINIC	0.423619	14,006	5,933	90.03
90.12	09012 CTPET	0.150794	0	0	90.12
90.13	09013 RADIATION ONCOLOGY	0.197645	0	0	90.13
91.00	09100 EMERGENCY	0.115954	275,137	31,903	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0.526459	1,102	580	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		3,323,245	546,457	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net charges (line 200 minus line 201)		3,323,245		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0166 Component CCN: 14-T166	Period: From 07/01/2017 To 06/30/2018	Worksheet D-3 Date/Time Prepared: 11/30/2018 10:04 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		4,195,490		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.189966	7,197	1,367	50.00
50.02	03330 ENDOSCOPY	0.194003	787	153	50.02
51.00	05100 RECOVERY ROOM	0.183346	1,876	344	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.574949	311	179	52.00
53.00	05300 ANESTHESIOLOGY	0.249157	2,820	703	53.00
53.01	05301 PAIN CENTER	0.140576	3,917	551	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.186536	84,014	15,672	54.00
56.00	05600 RADIOISOTOPE	0.326829	0	0	56.00
57.00	05700 CT SCAN	0.029767	114,519	3,409	57.00
58.00	05800 MRI	0.045791	66,491	3,045	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.162086	8,738	1,416	59.00
60.00	06000 LABORATORY	0.127749	665,795	85,055	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0.212997	5,996	1,277	62.00
65.00	06500 RESPIRATORY THERAPY	0.163201	406,677	66,370	65.00
66.00	06600 PHYSICAL THERAPY	0.211265	5,781,751	1,221,482	66.00
69.00	06900 ELECTROCARDIOLOGY	0.070037	42,657	2,988	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.137624	4,902	675	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.674118	132,126	89,069	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.290592	3,825	1,112	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.186994	1,305,694	244,157	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.576813	0	0	75.00
76.00	03950 TREATMENT CENTER	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.318903	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.02	09002 OUTPATIENT PSYCHIATRIC	0.923433	0	0	90.02
90.03	09003 WOUND CLINIC	0.423619	20,423	8,652	90.03
90.12	09012 CTPET	0.150794	0	0	90.12
90.13	09013 RADIATION ONCOLOGY	0.197645	106	21	90.13
91.00	09100 EMERGENCY	0.115954	1,129	131	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0.526459	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		8,661,751	1,747,828	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net charges (line 200 minus line 201)		8,661,751		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0166	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 11/30/2018 10:04 am
		Title XVIII	Hospital	PPS
				1.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments			0 1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		5,079,070	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		15,237,210	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)		254,392	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		2,537,049	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		127.44	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		4.38	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)		3.20	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)		7.58	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.20	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)		0.20	12.00
13.00	Total allowable FTE count for the prior year.		0.26	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.		0.34	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.27	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		0.27	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.002119	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.003851	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.002119	21.00
22.00	IME payment adjustment (see instructions)		23,526	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		2,938	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		-7.38	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)		23,526	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		2,938	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		6.58	30.00
31.00	Percentage of Medicaid patient days (see instructions)		32.16	31.00
32.00	Sum of lines 30 and 31		38.74	32.00
33.00	Allowable disproportionate share percentage (see instructions)		21.18	33.00
34.00	Disproportionate share adjustment (see instructions)		1,075,747	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0166	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 11/30/2018 10:04 am	
		Title XVIII	Hospital	PPS	
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)	5,977,483,147	6,766,695,164	35.00	
35.01	Factor 3 (see instructions)	0.000309796	0.000225014	35.01	
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,851,800	1,522,601	35.02	
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	466,755	1,138,822	35.03	
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,605,577		36.00	
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00	
		Before 1/1	On/After 1/1		
		1.00	1.01		
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0	0	41.00	
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0	0	41.01	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00	
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		43.00	
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00	
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00	45.00	
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00	
47.00	Subtotal (see instructions)	23,275,522		47.00	
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		48.00	
			Amount		
			1.00		
49.00	Total payment for inpatient operating costs (see instructions)		23,278,460	49.00	
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,827,601	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).		8,584	52.00	
53.00	Nursing and Allied Health Managed Care payment		0	53.00	
54.00	Special add-on payments for new technologies		0	54.00	
54.01	Islet isolation add-on payment		0	54.01	
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00	
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00	
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00	
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00	
59.00	Total (sum of amounts on lines 49 through 58)		25,114,645	59.00	
60.00	Primary payer payments		0	60.00	
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		25,114,645	61.00	
62.00	Deductibles billed to program beneficiaries		2,386,856	62.00	
63.00	Coinsurance billed to program beneficiaries		41,138	63.00	
64.00	Allowable bad debts (see instructions)		605,791	64.00	
65.00	Adjusted reimbursable bad debts (see instructions)		393,764	65.00	
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		605,791	66.00	
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		23,080,415	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)		58,103	70.93	
70.94	HRR adjustment amount (see instructions)		-200,170	70.94	
70.95	Recovery of accelerated depreciation		0	70.95	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0166	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 11/30/2018 10:04 am
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		58,206	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		22,880,142	71.00
71.01	Sequestration adjustment (see instructions)		457,603	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		22,162,989	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)		259,550	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		381,548	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: 14-0166

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/30/2018 10:04 am

		Title XVIII			Hospital		PPS	
	W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)		
	0	1.00	2.00	3.00	4.00	5.00		
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	5,079,070	0	5,079,070		5,079,070	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	15,237,210	0		20,316,281	20,316,281	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	254,392	0		254,392	254,392	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	2,537,049	0	0	2,537,049	2,537,049	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.002119	0.002119	0.002119	0.002119		5.00
6.00	IME payment adjustment (see instructions)	22.00	23,526	0	5,882	17,644	23,526	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	2,938	0	0	2,938	2,938	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	23,526	0	5,882	17,644	23,526	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	2,938	0	0	2,938	2,938	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2118	0.2118	0.2118	0.2118		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,075,747	0	268,937	806,810	1,075,747	11.00
11.01	Uncompensated care payments	36.00	1,605,577	0	466,755	1,138,822	1,605,577	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	23,275,522	0	5,820,644	17,454,878	23,275,522	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	23,278,460	0	5,820,644	17,457,816	23,278,460	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,827,601	0	0	1,827,601	1,827,601	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0166

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/30/2018 10:04 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	5,820,644	19,285,417	25,106,061	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	1,636,905	0	0	1,636,905	1,636,905	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	55,161	0	0	55,161	55,161	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	0.0012	0.0012	0.0012	0.0012		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	1,964	0	0	1,964	1,964	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0816	0.0816	0.0816	0.0816		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	133,571	0	0	133,571	133,571	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,827,601	0	0	1,827,601	1,827,601	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		N					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5	Provider CCN: 14-0166	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/30/2018 10:04 am
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		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 (cols. 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	5,079,070	5,079,070			5,079,070	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	15,237,210		15,237,210		15,237,210	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	254,392	0	254,392		254,392	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	2,537,049	0	2,537,049		2,537,049	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.002119	0.002119	0.002119			5.00
6.00	IME payment adjustment (see instructions)	22.00	23,526	5,882	17,644		23,526	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	2,938	0	2,938		2,938	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000			7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0		0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0		0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	23,526	5,882	17,644		23,526	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	2,938	0	2,938		2,938	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2118	0.2118	0.2118			10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,075,747	268,937	806,810		1,075,747	11.00
11.01	Uncompensated care payments	36.00	1,605,577	466,755	1,138,822		1,605,577	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0		0	12.00
13.00	Subtotal (see instructions)	47.00	23,275,522	5,820,644	17,454,878		23,275,522	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	23,278,460	5,820,644	17,457,816		23,278,460	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,827,601	0	1,827,601		1,827,601	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	SUBTOTAL			5,820,644	19,285,417		25,106,061	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 14-0166	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/30/2018 10:04 am
		Title XVIII	Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	1,636,905	0	1,636,905	1,636,905	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	55,161	0	55,161	55,161	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	0.0012	0.0012	0.0012		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	1,964	0	1,964	1,964	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0816	0.0816	0.0816		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	133,571	0	133,571	133,571	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,827,601	0	1,827,601	1,827,601	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	58,103	0	58,103	58,103	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	-200,170	0	-200,170	-200,170	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		58,206	0	58,206	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0166	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part B Date/Time Prepared: 11/30/2018 10:04 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		24,728	1.00
2.00	Medical and other services reimbursed under OPPTS (see instructions)		17,167,719	2.00
3.00	OPPTS payments		15,778,540	3.00
4.00	Outlier payment (see instructions)		34,522	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		24,728	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		132,259	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)		132,259	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		132,259	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		107,531	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)		24,728	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)		15,813,062	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		2,992,847	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)		12,844,943	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		4,584	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)		12,849,527	30.00
31.00	Primary payer payments		397	31.00
32.00	Subtotal (line 30 minus line 31)		12,849,130	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		72,750	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		47,288	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		72,750	36.00
37.00	Subtotal (see instructions)		12,896,418	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)		12,896,418	40.00
40.01	Sequestration adjustment (see instructions)		257,928	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		12,760,519	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-122,029	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0166 Component CCN: 14-S166	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part B Date/Time Prepared: 11/30/2018 10:04 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		36	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		12	2.00
3.00	OPPS payments		34	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		36	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		190	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)		190	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		190	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		154	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)		36	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)		34	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		70	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)		70	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		70	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. 1-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		70	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	
39.97	Demonstration payment adjustment 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)		70	40.00
40.01	Sequestration adjustment (see instructions)		1	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		68	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		1	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0166

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

Worksheet E-1
Part I
Date/Time Prepared:
11/30/2018 10:04 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		22,187,669		12,785,030	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0		3.01
3.02			0		0		3.02
3.03			0		0		3.03
3.04			0		0		3.04
3.05			0		0		3.05
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM	01/25/2018	24,680	01/25/2018	24,511		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)		-24,680		-24,511		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)		22,162,989		12,760,519		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		259,550		0		6.01
6.02	SETTLEMENT TO PROGRAM		0		122,029		6.02
7.00	Total Medicare program liability (see instructions)		22,422,539		12,638,490		7.00
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0166
Component CCN: 14-S166

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

Worksheet E-1
Part I
Date/Time Prepared:
11/30/2018 10:04 am
PPS

Title XVIII

Subprovider -
IPF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		2,327,493		68	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,327,493		68	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		6		1	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,327,499		69	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0166
Component CCN: 14-T166

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

Worksheet E-1
Part I
Date/Time Prepared:
11/30/2018 10:04 am
PPS

Title XVIII

Subprovider -
IRF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		3,732,434		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,732,434		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		25,608		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,758,042		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 14-0166	Period: From 07/01/2017 To 06/30/2018	Worksheet E-1 Part II Date/Time Prepared: 11/30/2018 10:04 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPSS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0166 Component CCN: 14-S166	Period: From 07/01/2017 To 06/30/2018	Worksheet E-3 Part II Date/Time Prepared: 11/30/2018 10:04 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			2,536,036 1.00
2.00	Net IPF PPS Outlier Payments			8,620 2.00
3.00	Net IPF PPS ECT Payments			566 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			10.917808 9.00
10.00	Teaching Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$.			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			2,545,222 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			2,545,222 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			2,545,222 18.00
19.00	Deductibles			147,252 19.00
20.00	Subtotal (line 18 minus line 19)			2,397,970 20.00
21.00	Coinsurance			22,971 21.00
22.00	Subtotal (line 20 minus line 21)			2,374,999 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			0 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 25.00
26.00	Subtotal (sum of lines 22 and 24)			2,374,999 26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			0 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Demonstration payment adjustment amount before sequestration			0 30.99
31.00	Total amount payable to the provider (see instructions)			2,374,999 31.00
31.01	Sequestration adjustment (see instructions)			47,500 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			2,327,493 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)			6 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			8,620 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0166 Component CCN: 14-T166	Period: From 07/01/2017 To 06/30/2018	Worksheet E-3 Part III Date/Time Prepared: 11/30/2018 10:04 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			3,584,788 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0157 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			118,656 3.00
4.00	Outlier Payments			177,689 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			9.265753 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			3,881,133 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			3,881,133 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			3,881,133 19.00
20.00	Deductibles			39,816 20.00
21.00	Subtotal (line 19 minus line 20)			3,841,317 21.00
22.00	Coinurance			6,580 22.00
23.00	Subtotal (line 21 minus line 22)			3,834,737 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			3,834,737 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			3,834,737 32.00
32.01	Sequestration adjustment (see instructions)			76,695 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			3,732,434 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			25,608 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			177,689 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0166	Period: From 07/01/2017 To 06/30/2018	Worksheet E-4 Date/Time Prepared: 11/30/2018 10:04 am	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			6.19	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			4.17	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			2.02	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			0.20	6.00
7.00	Enter the lesser of line 5 or line 6			0.20	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.20	0.00	0.20	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.20	0.00	0.20	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	0.20	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.26	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.34	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.27	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	0.27	0.00		17.00
18.00	Per resident amount	85,557.13	0.00		18.00
19.00	Approved amount for resident costs	23,100	0	23,100	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			23,100	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	16,149	1,287		26.00
27.00	Total Inpatient Days (see instructions)	30,266	30,266		27.00
28.00	Ratio of inpatient days to total inpatient days	0.533569	0.042523		28.00
29.00	Program direct GME amount	12,325	982		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		139		30.00
31.00	Net Program direct GME amount			13,168	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0166	Period: From 07/01/2017 To 06/30/2018	Worksheet E-4 Date/Time Prepared: 11/30/2018 10:04 am
		Title XVIII	Hospital	PPS
		1.00		
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		32,194,369	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		32,194,369	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		17,192,495	42.00
43.00	Primary payer payments (see instructions)		397	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		17,192,098	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		49,386,467	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.651886	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.348114	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		13,168	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		8,584	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		4,584	50.00

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

Provider CCN: 14-0166

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

Worksheet G

Date/Time Prepared:
11/30/2018 10:04 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	4,038,391	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	111,399,341	0	0	0	4.00
5.00	Other receivable	-655,356	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-79,522,934	0	0	0	6.00
7.00	Inventory	2,460,353	0	0	0	7.00
8.00	Prepaid expenses	1,919,015	0	0	0	8.00
9.00	Other current assets	139,101	0	0	0	9.00
10.00	Due from other funds	2,613,154	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	42,391,065	0	0	0	11.00
FIXED ASSETS						
12.00	Land	3,295,160	0	0	0	12.00
13.00	Land improvements	5,809,092	0	0	0	13.00
14.00	Accumulated depreciation	-4,401,916	0	0	0	14.00
15.00	Buildings	93,159,825	0	0	0	15.00
16.00	Accumulated depreciation	-45,298,625	0	0	0	16.00
17.00	Leasehold improvements	278,658	0	0	0	17.00
18.00	Accumulated depreciation	-275,767	0	0	0	18.00
19.00	Fixed equipment	42,260,328	0	0	0	19.00
20.00	Accumulated depreciation	-28,907,144	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	78,617,756	0	0	0	23.00
24.00	Accumulated depreciation	-65,135,580	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)	79,401,787	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	9,613,201	0	0	0	33.00
34.00	Other assets	2,567,440	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	12,180,641	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	133,973,493	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	4,245,797	0	0	0	37.00
38.00	Salaries, wages, and fees payable	5,642,671	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	12,575,818	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	348,389	0	0	0	43.00
44.00	Other current liabilities	9,468,731	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	32,281,406	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	66,418,716	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	66,418,716	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	98,700,122	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	35,273,371				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)	35,273,371	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	133,973,493	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0166

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

Worksheet G-1

Date/Time Prepared:
11/30/2018 10:04 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		5,566,828			0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-2,797,210				2.00
3.00	Total (sum of line 1 and line 2)		2,769,618			0	3.00
4.00	NET TRANSFERS	32,503,753			0		4.00
5.00		0			0		5.00
6.00		0			0		6.00
7.00		0			0		7.00
8.00		0			0		8.00
9.00		0			0		9.00
10.00	Total additions (sum of line 4-9)		32,503,753			0	10.00
11.00	Subtotal (line 3 plus line 10)		35,273,371			0	11.00
12.00	Deductions (debit adjustments) (specify)	0			0		12.00
13.00		0			0		13.00
14.00		0			0		14.00
15.00		0			0		15.00
16.00		0			0		16.00
17.00		0			0		17.00
18.00	Total deductions (sum of lines 12-17)		0			0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		35,273,371			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	NET TRANSFERS		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES		Provider CCN: 14-0166		Period: From 07/01/2017 To 06/30/2018		Worksheet G-2 Parts I & II Date/Time Prepared: 11/30/2018 10:04 am	
Cost Center Description		Inpatient	Outpatient	Total			
		1.00	2.00	3.00			
PART I - PATIENT REVENUES							
General Inpatient Routine Services							
1.00	Hospital	24,333,839		24,333,839		1.00	
2.00	SUBPROVIDER - IPF	3,809,556		3,809,556		2.00	
3.00	SUBPROVIDER - IRF	5,412,010		5,412,010		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)	33,555,405		33,555,405		10.00	
Intensive Care Type Inpatient Hospital Services							
11.00	INTENSIVE CARE UNIT	4,733,125		4,733,125		11.00	
12.00	CORONARY CARE UNIT					12.00	
13.00	BURN INTENSIVE CARE UNIT					13.00	
14.00	SURGICAL INTENSIVE CARE UNIT					14.00	
15.00	OTHER SPECIAL CARE (SPECIFY)					15.00	
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	4,733,125		4,733,125		16.00	
17.00	Total inpatient routine care services (sum of lines 10 and 16)	38,288,530		38,288,530		17.00	
18.00	Ancillary services	176,748,294	274,796,563	451,544,857		18.00	
19.00	Outpatient services	15,758,415	63,259,833	79,018,248		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	PROFESSIONAL SERVICES	6,115,896	6,834,386	12,950,282		27.00	
27.01	ADULT DAY CARE & SPORT MED REHAB REV	0	193,286	193,286		27.01	
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	236,911,135	345,084,068	581,995,203		28.00	
PART II - OPERATING EXPENSES							
29.00	Operating expenses (per Wkst. A, column 3, line 200)		141,022,707			29.00	
30.00	ADD (SPECIFY)	0		0		30.00	
31.00		0		0		31.00	
32.00		0		0		32.00	
33.00		0		0		33.00	
34.00		0		0		34.00	
35.00		0		0		35.00	
36.00	Total additions (sum of lines 30-35)		0	0		36.00	
37.00	DEDUCT (SPECIFY)	0		0		37.00	
38.00		0		0		38.00	
39.00		0		0		39.00	
40.00		0		0		40.00	
41.00		0		0		41.00	
42.00	Total deductions (sum of lines 37-41)		0	0		42.00	
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		141,022,707			43.00	

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0166

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

Worksheet G-3

Date/Time Prepared:
11/30/2018 10:04 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	581,995,203	1.00
2.00	Less contractual allowances and discounts on patients' accounts	446,104,587	2.00
3.00	Net patient revenues (line 1 minus line 2)	135,890,616	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	141,022,707	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-5,132,091	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	8,236	13.00
14.00	Revenue from meals sold to employees and guests	14,700	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	10	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	130,982	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	1,265,142	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISC REVENUE	925,698	24.00
24.01	INVESTMENT INCOME NON-OP	-6,037	24.01
24.02	SWAP PYMTS	-962	24.02
25.00	Total other income (sum of lines 6-24)	2,337,769	25.00
26.00	Total (line 5 plus line 25)	-2,794,322	26.00
27.00	BANK CHARGES	2,888	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	2,888	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-2,797,210	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0166	Period: From 07/01/2017 To 06/30/2018	Worksheet L Parts I-III Date/Time Prepared: 11/30/2018 10:04 am
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,636,905	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		55,161	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)		64.05	3.00
4.00	Number of interns & residents (see instructions)		0.27	4.00
5.00	Indirect medical education percentage (see instructions)		0.12	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)		1,964	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		6.58	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		32.16	8.00
9.00	Sum of lines 7 and 8		38.74	9.00
10.00	Allowable disproportionate share percentage (see instructions)		8.16	10.00
11.00	Disproportionate share adjustment (see instructions)		133,571	11.00
12.00	Total prospective capital payments (see instructions)		1,827,601	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00