

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: 14-0202	Period: From 01/01/2018 To 12/31/2018	Worksheet S Parts I-III Date/Time Prepared: 5/30/2019 11:24 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: 5/30/2019 Time: 11:24 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 CONDELL MEDICAL CENTER (14-0202) for the cost reporting period beginning 01/01/2018 and ending 12/31/2018 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) MI CHAEL VOLANTE
 Officer or Administrator of Provider(s)

VP, REIMBURSEMENT
 Title

(Dated when report is electronically signed.)
 Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-191,964	-74,769	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
4.00 SUBPROVIDER I						4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0				0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0				0	11.00
200.00 Total	0	-191,964	-74,769	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-MEDI CARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0202	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part I Date/Time Prepared: 5/30/2019 11:24 am
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1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IL		4.00 Zip Code: 60648- County: LAKE		1.00
2.00 Street: 900 GARFIELD AVE		2.00 City: LIBERTYVILLE		3.00		4.00		2.00

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
						V	XVIII	XIX		
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00			
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	CONDELL MEDICAL CENTER	140202	29404	1	01/01/1966	0	P	0	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
10.01	ICF/IID									10.01
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	CONDELL MEDICAL CENTER HHA	147247	29404		07/01/1996	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
17.20	Hospital-Based (OPT) I									17.20
17.30	Hospital-Based (OOT) I									17.30
17.40	Hospital-Based (OSP) I									17.40
18.00	Renal Dialysis									18.00
19.00	Other									19.00

						From:	To:		
						1.00	2.00		

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

		1.00	2.00	3.00
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Inpatient PPS Information					
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.	Y	N	22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	Y	Y	22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.	N	N	22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) 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	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0202			Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/30/2019 11:24 am		
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	1,115	3,990	0	37	3,837	88	24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00	
						Urban/Rural	S	Date of Geogr	
						1.00		2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginning:		Ending:	
						1.00		2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
						Y/N		Y/N	
						1.00		2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00	
						V	XVIII	XIX	
						1.00	2.00	3.00	
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.					N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.								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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0202		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/30/2019 11:24 am	
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)	Y				60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1		60.01	
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.01	1		60.02	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions)						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name	Program Code	Unweighted FTE Count	IME	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	5.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00		0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00		0.00	61.20
		ACA Provisions Affecting the Health Resources and Services Administration (HRSA)					
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
		Teaching Hospitals that Claim Residents in Nonprovider Settings					
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)					N	63.00

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			Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.					64.00
	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	
		Program Name	Program Code	Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	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)					65.00
				0.00	0.00	0.000000
			Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
66.00	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	
		Program Name	Program Code	Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	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)					67.00
				0.00	0.00	0.000000

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0202	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part I Date/Time Prepared: 5/30/2019 11:24 am	
			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00
			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.			N	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.	Y		Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 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)	N			106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.	N			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0202		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/30/2019 11:24 am		
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00			
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N		109.00	
					1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N		110.00	
					1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.				N		111.00	
					1.00	2.00	3.00	
Miscellaneous Cost Reporting Information								
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.				N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.				N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.				N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.				1			118.00
		Premiums		Losses		Insurance		
		1.00	2.00	3.00				
118.01	List amounts of malpractice premiums and paid losses:	385,080		1,944,629		865,276		118.01
				1.00		2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.				N			118.02
119.00	DO NOT USE THIS LINE							119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.				N	N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.				Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.				N			122.00
Transplant Center Information								
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.				N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.							134.00
All Providers								
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)				Y	14H036		140.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0202		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part II Date/Time Prepared: 5/30/2019 11:24 am	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	03/09/2018			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y			12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N			13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N			14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y			15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/11/2018	Y	04/11/2018		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0202	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part II Date/Time Prepared: 5/30/2019 11:24 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.	ROBERT		LEPPERT	41.00
42.00	Enter the employer/company name of the cost report preparer.	ADVOCATE HEALTH CARE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	630.929.5768		ROBERT.LEPPERT@ADVOCATEHEALTH.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0202	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part II Date/Time Prepared: 5/30/2019 11:24 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.	SENIOR REIMBURSEMENT SPECIALIST		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0202

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2019 11:24 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	256	93,440	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)		256	93,440	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	17	6,205	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		273	99,645	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
20.01 ICF/MR	45.01	0	0	0.00	0	20.01
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
25.20 CMHC - OPT	99.20				0	25.20
25.30 CMHC - OOT	99.30				0	25.30
25.40 CMHC - OSP	99.40				0	25.40
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		273				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)		33	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: 14-0202

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2019 11:24 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)	30,192	4,428	62,410			1.00
2.00 HMO and other (see instructions)	6,627	3,837				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	30,192	4,428	62,410			7.00
8.00 INTENSIVE CARE UNIT	2,170	214	5,136			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		501	1,966			13.00
14.00 Total (see instructions)	32,362	5,143	69,512	0.00	1,444.89	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER		0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY		0	0	0.00	0.00	20.00
20.01 ICF/MR	0	0	0	0.00	0.00	20.01
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0	0	0	0.00	0.00	24.00
24.10 HOSPICE (non-distinct part)			0			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
25.20 CMHC - OPT	0	0	0	0.00	0.00	25.20
25.30 CMHC - OOT	0	0	0	0.00	0.00	25.30
25.40 CMHC - OSP	0	0	0	0.00	0.00	25.40
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	1,444.89	27.00
28.00 Observation Bed Days		204	5,574			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	87	394			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: 14-0202

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2019 11:24 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	6,531	567	15,638	1.00
2.00	HMO and other (see instructions)			1,344	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	6,531	567	15,638	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00	SUBPROVIDER	0.00	0		0	0	18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY	0.00					20.00
20.01	ICF/MR	0.00	0	0	0	0	20.01
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0.00					24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0.00					25.10
25.20	CMHC - OPT	0.00					25.20
25.30	CMHC - OOT	0.00					25.30
25.40	CMHC - OSP	0.00					25.40
26.00	RURAL HEALTH CLINIC	0.00					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: 14-0202

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

Worksheet S-3
Part II
Date/Time Prepared:
5/30/2019 11:24 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	105,798,812	0	105,798,812	3,025,963.00	34.96
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		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)		603,795	156,909	760,704	35,619.00	21.36
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		581,437	0	581,437	10,199.00	57.01
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		1,539,600	0	1,539,600	10,506.00	146.54
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		0	0	0	0.00	0.00
14.02	Related organization salaries		12,622,358	0	12,622,358	170,449.00	74.05
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)		25,299,199	0	25,299,199		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		186,878	0	186,878		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		0	0	0		
25.51	Related organization wage-related (core)		1,996,414	0	1,996,414		
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		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	1,259,183	-991,837	267,346	8,320.00	32.13
27.00	Administrative & General	5.00	11,219,614	-44,732	11,174,882	286,817.18	38.96

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0202

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

Worksheet S-3
Part II
Date/Time Prepared:
5/30/2019 11:24 am

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	2,221,292	21,075	2,242,367	70,720.00	31.71	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	5,749	55	5,804	2,080.00	2.79	31.00
32.00	Housekeeping	9.00	2,690,377	25,525	2,715,902	158,080.00	17.18	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	2,533,649	-539,623	1,994,026	106,080.00	18.80	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	563,661	563,661	20,800.00	27.10	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,545,100	24,147	2,569,247	51,750.40	49.65	38.00
39.00	Central Services and Supply	14.00	748,248	7,099	755,347	33,280.00	22.70	39.00
40.00	Pharmacy	15.00	4,659,187	44,205	4,703,392	99,840.00	47.11	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0202

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

Worksheet S-3
Part III
Date/Time Prepared:
5/30/2019 11:24 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	105,798,812	0	105,798,812	3,025,963.00	34.96	1.00
2.00	Excluded area salaries (see instructions)	603,795	156,909	760,704	35,619.00	21.36	2.00
3.00	Subtotal salaries (line 1 minus line 2)	105,195,017	-156,909	105,038,108	2,990,344.00	35.13	3.00
4.00	Subtotal other wages & related costs (see inst.)	14,743,395	0	14,743,395	191,154.00	77.13	4.00
5.00	Subtotal wage-related costs (see inst.)	27,295,613	0	27,295,613	0.00	25.99	5.00
6.00	Total (sum of lines 3 thru 5)	147,234,025	-156,909	147,077,116	3,181,498.00	46.23	6.00
7.00	Total overhead cost (see instructions)	27,882,399	-890,425	26,991,974	837,767.58	32.22	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0202

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

Worksheet S-3
Part IV
Date/Time Prepared:
5/30/2019 11:24 am

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	2,182,087	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	2,379,400	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	125,215	6.00
7.00	Employee Managed Care Program Administration Fees	1,086,668	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)	7,525,991	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	2,349,058	9.00
10.00	Dental, Hearing and Vision Plan	352,985	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	102,666	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)	806,432	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,296,626	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	7,601,152	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	-26,793	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))	200,555	21.00
22.00	Day Care Cost and Allowances	102,652	22.00
23.00	Tuition Reimbursement	693,820	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	26,778,514	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: 14-0202	Period: From 01/01/2018 To 12/31/2018	Worksheet S-3 Part V Date/Time Prepared: 5/30/2019 11:24 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	581,437	26,778,514	1.00
2.00	Hospital	581,437	26,778,514	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	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	0	0	9.00
9.01	Hospital-Based NF	0	0	9.01
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
16.20	Hospital-Based-CMHC 20	0	0	16.20
16.30	Hospital-Based-CMHC 30	0	0	16.30
16.40	Hospital-Based-CMHC 40	0	0	16.40
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-0202	Period: From 01/01/2018 To 12/31/2018	Worksheet S-10 Date/Time Prepared: 5/30/2019 11:24 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)		0.197984	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		34,802,463	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?			3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			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		193,820,042	6.00	
7.00	Medicaid cost (line 1 times line 6)		38,373,267	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)		3,570,804	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)		3,570,804	19.00	
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	34,069,870	3,563,923	37,633,793	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	6,745,289	3,563,923	10,309,212	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	6,745,289	3,563,923	10,309,212	23.00
			1.00		
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		22,632,197	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		1,257,652	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		1,934,850	27.01	
28.00	Non-Medicare bad debt expense (see instructions)		20,697,347	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		4,774,942	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		15,084,154	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		18,654,958	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 14-0202		Period: From 01/01/2018 To 12/31/2018		Worksheet A	
Date/Time Prepared: 5/30/2019 11:24 am								
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		0	0	9,493,155	9,493,155	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	8,110,223	8,110,223	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,259,183	19,890,946	21,150,129	-998,478	20,151,651	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	11,219,614	79,060,195	90,279,809	-10,724,302	79,555,507	5.00
6.00	00600	MAINTENANCE & REPAIRS	2,221,292	8,878,342	11,099,634	-49,978	11,049,656	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	5,749	1,001,464	1,007,213	-16,942	990,271	8.00
9.00	00900	HOUSEKEEPING	2,690,377	815,432	3,505,809	15,886	3,521,695	9.00
10.00	01000	DIETARY	2,533,649	1,574,318	4,107,967	-938,606	3,169,361	10.00
11.00	01100	CAFETERIA	0	0	0	899,952	899,952	11.00
13.00	01300	NURSING ADMINISTRATION	2,545,100	883,447	3,428,547	-242,825	3,185,722	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	748,248	439,043	1,187,291	-316,361	870,930	14.00
15.00	01500	PHARMACY	4,659,187	19,356,451	24,015,638	-14,488,925	9,526,713	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	30,257	30,257	-6,496	23,761	16.00
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 APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02302	PARAMED EDUCATION EMS	260,077	271,951	532,028	-278,856	253,172	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0	0	255,525	255,525	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	31,793,301	7,911,661	39,704,962	-5,269,951	34,435,011	30.00
31.00	03100	INTENSIVE CARE UNIT	5,636,536	3,220,669	8,857,205	-833,608	8,023,597	31.00
41.00	04100	SUBPROVIDER - I&R	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,097,578	570,613	1,668,191	927,655	2,595,846	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,891,921	26,171,294	34,063,215	-22,765,070	11,298,145	50.00
51.00	05100	RECOVERY ROOM	1,136,411	142,616	1,279,027	-30,043	1,248,984	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,109,269	1,109,269	52.00
53.00	05300	ANESTHESIOLOGY	101,686	763,164	864,850	-480,960	383,890	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,480,850	2,461,768	5,942,618	-1,906,513	4,036,105	54.00
56.00	05600	RADIOISOTOPE	962,515	2,800,190	3,762,705	-1,823,696	1,939,009	56.00
56.01	05603	ULTRASOUND	1,289,720	517,063	1,806,783	-393,054	1,413,729	56.01
57.00	05700	CT SCAN	1,038,887	986,835	2,025,722	-670,862	1,354,860	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	648,157	1,093,629	1,741,786	-1,015,947	725,839	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,872,506	7,166,604	9,039,110	-6,746,819	2,292,291	59.00
60.00	06000	LABORATORY	0	8,730,269	8,730,269	0	8,730,269	60.00
60.01	06001	LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,031,314	1,031,314	-1,031,314	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,184,952	850,636	3,035,588	-475,013	2,560,575	65.00
65.01	06501	STRESS TEST	649,548	210,243	859,791	-113,704	746,087	65.01
66.00	06600	PHYSICAL THERAPY	4,308,660	767,624	5,076,284	-9,340	5,066,944	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	331,979	54,611	386,590	-8,831	377,759	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0	0	0	69.01
69.02	06902	CARDIOLOGY	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	38,803	17,557	56,360	-10,968	45,392	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	22,233,265	22,233,265	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	16,224,113	16,224,113	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	14,055,991	14,055,991	73.00
74.00	07400	RENAL DIALYSIS	0	1,076,956	1,076,956	-5,541	1,071,415	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0	0	0	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	554,590	87,867	642,457	-23,166	619,291	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	1,728,953	777,231	2,506,184	-497,695	2,008,489	90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	0	0	0	90.01
90.03	09002	LITHOTRIPSY	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	8,277,848	4,969,429	13,247,277	-1,012,075	12,235,202	91.00
91.20	09101	ACUTE CARE CENTER	2,287,217	1,291,064	3,578,281	-133,167	3,445,114	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	0	99.30

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0202

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

Worksheet A
Date/Time Prepared:
5/30/2019 11:24 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	
99.40	09940	OSP	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	105,455,094	205,872,753	311,327,847	5,928	311,333,775	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	343,718	553,160	896,878	-5,928	890,950	190.00
194.00	07950	FUNDRAISING	0	0	0	0	0	194.00
194.01	07951	MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN SUPPORT SERVICES	0	0	0	0	0	194.02
194.03	07953	HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04	07954	HOME PHARMACY	0	0	0	0	0	194.04
194.05	07955	HOSPICE	0	0	0	0	0	194.05
194.06	07956	NEILMRI	0	0	0	0	0	194.06
200.00		TOTAL (SUM OF LINES 118 through 199)	105,798,812	206,425,913	312,224,725	0	312,224,725	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0202

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

Worksheet A
Date/Time Prepared:
5/30/2019 11:24 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	3,649,476	13,142,631	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,751,850	9,862,073	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,167,115	23,318,766	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-12,774,645	66,780,862	5.00
6.00	00600	MAINTENANCE & REPAIRS	-649,847	10,399,809	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	-8,124	982,147	8.00
9.00	00900	HOUSEKEEPING	-18,000	3,503,695	9.00
10.00	01000	DIETARY	-7,285	3,162,076	10.00
11.00	01100	CAFETERIA	-480,441	419,511	11.00
13.00	01300	NURSING ADMINISTRATION	-11,629	3,174,093	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-1,263	869,667	14.00
15.00	01500	PHARMACY	-5,768	9,520,945	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	23,761	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	02302	PARAMED EDUCATION EMS	-128,139	125,033	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	255,525	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-885,676	33,549,335	30.00
31.00	03100	INTENSIVE CARE UNIT	-1,260,455	6,763,142	31.00
41.00	04100	SUBPROVIDER - I RF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	-361,962	2,233,884	43.00
45.00	04500	NURSING FACILITY	0	0	45.00
45.01	04510	ICF/MR	0	0	45.01
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-50,390	11,247,755	50.00
51.00	05100	RECOVERY ROOM	-1,920	1,247,064	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,109,269	52.00
53.00	05300	ANESTHESIOLOGY	-141,320	242,570	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-3,905	4,032,200	54.00
56.00	05600	RADIOISOTOPE	-60,538	1,878,471	56.00
56.01	05603	ULTRASOUND	0	1,413,729	56.01
57.00	05700	CT SCAN	-434	1,354,426	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	-2,394	723,445	58.00
59.00	05900	CARDIAC CATHETERIZATION	-115,245	2,177,046	59.00
60.00	06000	LABORATORY	-309,155	8,421,114	60.00
60.01	06001	LABORATORY	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	-208	-208	63.00
65.00	06500	RESPIRATORY THERAPY	-6,701	2,553,874	65.00
65.01	06501	STRESS TEST	-2,163	743,924	65.01
66.00	06600	PHYSICAL THERAPY	-8,834	5,058,110	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	-70	377,689	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	69.01
69.02	06902	CARDIOLOGY	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	45,392	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	22,233,265	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	16,224,113	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	14,055,991	73.00
74.00	07400	RENAL DIALYSIS	0	1,071,415	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	-1,582	617,709	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	-4,176	2,004,313	90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	90.01
90.03	09002	LITHOTRIpsy	0	0	90.03
91.00	09100	EMERGENCY	-1,902,198	10,333,004	91.00
91.20	09101	ACUTE CARE CENTER	-107,784	3,337,330	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
99.20	09920	OPT	0	0	99.20
99.30	09930	OOT	0	0	99.30
99.40	09940	OSP	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	101.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0202

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

Worksheet A
Date/Time Prepared:
5/30/2019 11:24 am

Cost Center Description		Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00		
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-10,743,810	300,589,965	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	-2,445	888,505	190.00
194.00	07950	FUNDRAISING	0	0	194.00
194.01	07951	MANAGED CARE ADMINISTRATION	0	0	194.01
194.02	07952	PHYSICIAN SUPPORT SERVICES	0	0	194.02
194.03	07953	HOME MEDICAL EQUIPMENT	0	0	194.03
194.04	07954	HOME PHARMACY	0	0	194.04
194.05	07955	HOSPICE	0	0	194.05
194.06	07956	NEIL MRI	0	0	194.06
200.00		TOTAL (SUM OF LINES 118 through 199)	-10,746,255	301,478,470	200.00

RECLASSIFICATIONS

Provider CCN: 14-0202

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

Worksheet A-6

Date/Time Prepared:
5/30/2019 11:24 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - CLINICAL PASTORAL EDUCATION					
1.00	CLINICAL PASTORAL EDUCATION	23.01	229,709	25,816	1.00
	O		229,709	25,816	
B - EMS RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	78,529	35,930	1.00
	O		78,529	35,930	
C - DEPRECIATION					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	9,493,155	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	8,110,223	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
	O		0	17,603,378	
D - DRUG RECLASS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	14,055,991	1.00
	O		0	14,055,991	
E - NURSERY AND LABOR/DELIVERY					
1.00	NURSERY	43.00	669,761	334,185	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	740,025	369,244	2.00
	O		1,409,786	703,429	
F - CAFE/DIETARY					
1.00	CAFETERIA	11.00	563,661	336,291	1.00
	O		563,661	336,291	
G - SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	38,457,378	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00

RECLASSIFICATIONS

Provider CCN: 14-0202

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

Worksheet A-6

Date/Time Prepared:
5/30/2019 11:24 am

Increases						
Cost Center	Line #	Salary	Other			
2.00	3.00	4.00	5.00			
21.00	0.00	0	0			21.00
22.00	0.00	0	0			22.00
23.00	0.00	0	0			23.00
24.00	0.00	0	0			24.00
25.00	0.00	0	0			25.00
26.00	0.00	0	0			26.00
27.00	0.00	0	0			27.00
28.00	0.00	0	0			28.00
29.00	0.00	0	0			29.00
30.00	0.00	0	0			30.00
31.00	0.00	0	0			31.00
32.00	0.00	0	0			32.00
0		0	38,457,378			
H - IMPLANT						
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	16,224,113		1.00
0			0	16,224,113		
I - INCENTIVE						
1.00	ADMINISTRATIVE & GENERAL	5.00	106,448	0		1.00
2.00	MAINTENANCE & REPAIRS	6.00	21,075	0		2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	55	0		3.00
4.00	HOUSEKEEPING	9.00	25,525	0		4.00
5.00	DIETARY	10.00	24,038	0		5.00
6.00	NURSING ADMINISTRATION	13.00	24,147	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	7,099	0		7.00
8.00	PHARMACY	15.00	44,205	0		8.00
9.00	PARAMED EDUCATION EMS	23.00	2,468	0		9.00
10.00	ADULTS & PEDIATRICS	30.00	301,644	0		10.00
11.00	INTENSIVE CARE UNIT	31.00	53,478	0		11.00
12.00	NURSERY	43.00	10,413	0		12.00
13.00	OPERATING ROOM	50.00	74,876	0		13.00
14.00	RECOVERY ROOM	51.00	10,782	0		14.00
15.00	ANESTHESIOLOGY	53.00	965	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	33,025	0		16.00
17.00	RADIOISOTOPE	56.00	9,132	0		17.00
18.00	ULTRASOUND	56.01	12,236	0		18.00
19.00	CT SCAN	57.00	9,857	0		19.00
20.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	6,149	0		20.00
21.00	CARDIAC CATHETERIZATION	59.00	17,766	0		21.00
22.00	RESPIRATORY THERAPY	65.00	20,730	0		22.00
23.00	STRESS TEST	65.01	6,163	0		23.00
24.00	PHYSICAL THERAPY	66.00	40,879	0		24.00
25.00	ELECTROCARDIOLOGY	69.00	3,150	0		25.00
26.00	ELECTROENCEPHALOGRAPHY	70.00	368	0		26.00
27.00	CARDIAC REHABILITATION	76.97	5,262	0		27.00
28.00	CLINIC	90.00	16,404	0		28.00
29.00	EMERGENCY	91.00	78,537	0		29.00
30.00	ACUTE CARE CENTER	91.20	21,700	0		30.00
31.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	3,261	0		31.00
	TOTALS		991,837	0		
500.00	Grand Total: Increases		3,273,522	87,442,326		500.00

RECLASSIFICATIONS

Provider CCN: 14-0202

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

Worksheet A-6
Date/Time Prepared:
5/30/2019 11:24 am

Decreases						
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.	
6.00	7.00	8.00	9.00	10.00		
A - CLINICAL PASTORAL EDUCATION						
1.00	ADMINISTRATIVE & GENERAL	5.00	229,709	25,816	0	1.00
	O		229,709	25,816		
B - EMS RECLASS						
1.00	PARAMED EDUCATION EMS	23.00	78,529	35,930	0	1.00
	O		78,529	35,930		
C - DEPRECIATION						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	6,641	9	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	10,689,684	9	2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	69,527	0	3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	518	0	4.00
5.00	HOUSEKEEPING	9.00	0	8,511	0	5.00
6.00	DIETARY	10.00	0	56,348	0	6.00
7.00	NURSING ADMINISTRATION	13.00	0	261,254	0	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	77,657	0	8.00
9.00	PHARMACY	15.00	0	252,188	0	9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	6,496	0	10.00
11.00	PARAMED EDUCATION EMS	23.00	0	28,803	0	11.00
12.00	ADULTS & PEDIATRICS	30.00	0	425,672	0	12.00
13.00	INTENSIVE CARE UNIT	31.00	0	90,183	0	13.00
14.00	NURSERY	43.00	0	53,201	0	14.00
15.00	OPERATING ROOM	50.00	0	1,019,826	0	15.00
16.00	RECOVERY ROOM	51.00	0	4,823	0	16.00
17.00	ANESTHESIOLOGY	53.00	0	7,609	0	17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	895,688	0	18.00
19.00	RADIOISOTOPE	56.00	0	1,158,321	0	19.00
20.00	ULTRASOUND	56.01	0	224,412	0	20.00
21.00	CT SCAN	57.00	0	233,667	0	21.00
22.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	844,968	0	22.00
23.00	CARDIAC CATHETERIZATION	59.00	0	783,668	0	23.00
24.00	RESPIRATORY THERAPY	65.00	0	82,437	0	24.00
25.00	STRESS TEST	65.01	0	93,268	0	25.00
26.00	PHYSICAL THERAPY	66.00	0	12,841	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0	3,257	0	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0	10,599	0	28.00
29.00	CARDIAC REHABILITATION	76.97	0	20,476	0	29.00
30.00	CLINIC	90.00	0	27,871	0	30.00
31.00	EMERGENCY	91.00	0	124,486	0	31.00
32.00	ACUTE CARE CENTER	91.20	0	19,568	0	32.00
33.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	8,910	0	33.00
	O		0	17,603,378		
D - DRUG RECLASS						
1.00	PHARMACY	15.00	0	14,055,991	0	1.00
	O		0	14,055,991		
E - NURSERY AND LABOR/DELIVERY						
1.00	ADULTS & PEDIATRICS	30.00	1,409,786	703,429	0	1.00
2.00		0.00	0	0	0	2.00
	O		1,409,786	703,429		
F - CAFE/DIETARY						
1.00	DIETARY	10.00	563,661	336,291	0	1.00
	O		563,661	336,291		
G - SUPPLIES						
1.00	MAINTENANCE & REPAIRS	6.00	0	1,526	0	1.00
2.00	LAUNDRY & LINEN SERVICE	8.00	0	16,479	0	2.00
3.00	HOUSEKEEPING	9.00	0	1,128	0	3.00
4.00	DIETARY	10.00	0	6,344	0	4.00
5.00	NURSING ADMINISTRATION	13.00	0	5,718	0	5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	245,803	0	6.00
7.00	PHARMACY	15.00	0	224,951	0	7.00
8.00	PARAMED EDUCATION EMS	23.00	0	138,062	0	8.00
9.00	ADULTS & PEDIATRICS	30.00	0	3,032,708	0	9.00
10.00	INTENSIVE CARE UNIT	31.00	0	796,903	0	10.00
11.00	NURSERY	43.00	0	33,503	0	11.00
12.00	OPERATING ROOM	50.00	0	21,820,120	0	12.00
13.00	RECOVERY ROOM	51.00	0	36,002	0	13.00
14.00	ANESTHESIOLOGY	53.00	0	474,316	0	14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,043,850	0	15.00
16.00	RADIOISOTOPE	56.00	0	674,507	0	16.00
17.00	ULTRASOUND	56.01	0	180,878	0	17.00
18.00	CT SCAN	57.00	0	447,052	0	18.00
19.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	177,128	0	19.00

RECLASSIFICATIONS

Provider CCN: 14-0202

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

Worksheet A-6

Date/Time Prepared:
5/30/2019 11:24 am

Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
20.00	CARDIAC CATHETERIZATION	59.00	0	5,980,917	0	20.00	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	1,031,314	0	21.00	
22.00	RESPIRATORY THERAPY	65.00	0	413,306	0	22.00	
23.00	STRESS TEST	65.01	0	26,599	0	23.00	
24.00	PHYSICAL THERAPY	66.00	0	37,378	0	24.00	
25.00	ELECTROCARDIOLOGY	69.00	0	8,724	0	25.00	
26.00	ELECTROENCEPHALOGRAPHY	70.00	0	737	0	26.00	
27.00	RENAL DIALYSIS	74.00	0	5,541	0	27.00	
28.00	CARDIAC REHABILITATION	76.97	0	7,952	0	28.00	
29.00	CLINIC	90.00	0	486,228	0	29.00	
30.00	EMERGENCY	91.00	0	966,126	0	30.00	
31.00	ACUTE CARE CENTER	91.20	0	135,299	0	31.00	
32.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	279	0	32.00	
			0	38,457,378			
H - IMPLANT							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	16,224,113	0	1.00	
			0	16,224,113			
I - INCENTIVE							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	991,837	0	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00		0.00	0	0	0	4.00	
5.00		0.00	0	0	0	5.00	
6.00		0.00	0	0	0	6.00	
7.00		0.00	0	0	0	7.00	
8.00		0.00	0	0	0	8.00	
9.00		0.00	0	0	0	9.00	
10.00		0.00	0	0	0	10.00	
11.00		0.00	0	0	0	11.00	
12.00		0.00	0	0	0	12.00	
13.00		0.00	0	0	0	13.00	
14.00		0.00	0	0	0	14.00	
15.00		0.00	0	0	0	15.00	
16.00		0.00	0	0	0	16.00	
17.00		0.00	0	0	0	17.00	
18.00		0.00	0	0	0	18.00	
19.00		0.00	0	0	0	19.00	
20.00		0.00	0	0	0	20.00	
21.00		0.00	0	0	0	21.00	
22.00		0.00	0	0	0	22.00	
23.00		0.00	0	0	0	23.00	
24.00		0.00	0	0	0	24.00	
25.00		0.00	0	0	0	25.00	
26.00		0.00	0	0	0	26.00	
27.00		0.00	0	0	0	27.00	
28.00		0.00	0	0	0	28.00	
29.00		0.00	0	0	0	29.00	
30.00		0.00	0	0	0	30.00	
31.00		0.00	0	0	0	31.00	
	TOTALS		991,837	0	0		
500.00	Grand Total : Decreases		3,273,522	87,442,326		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0202

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

Worksheet A-7
Part I
Date/Time Prepared:
5/30/2019 11:24 am

	Beginning Balances	Acquisitions			Disposals and Retirements		
		Purchases	Donation	Total			
	1.00	2.00	3.00	4.00	5.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	49,114,080	-2,000,000	0	-2,000,000	0	1.00
2.00	Land Improvements	6,013,214	21,800	0	21,800	0	2.00
3.00	Buildings and Fixtures	229,125,983	7,468,010	0	7,468,010	0	3.00
4.00	Building Improvements	871,211	134,682	0	134,682	41,052	4.00
5.00	Fixed Equipment	81,960,495	12,377,510	0	12,377,510	2,209,210	5.00
6.00	Movable Equipment	80,004	0	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	367,164,987	18,002,002	0	18,002,002	2,250,262	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	367,164,987	18,002,002	0	18,002,002	2,250,262	10.00
	Ending Balance		Fully Depreciated Assets				
	6.00		7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	47,114,080	0				1.00
2.00	Land Improvements	6,035,014	3,735,675				2.00
3.00	Buildings and Fixtures	236,593,993	29,207,347				3.00
4.00	Building Improvements	964,841	258,098				4.00
5.00	Fixed Equipment	92,128,795	72,662,453				5.00
6.00	Movable Equipment	80,004	65,385				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	382,916,727	105,928,958				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	382,916,727	105,928,958				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0202

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

Worksheet A-7
Part II
Date/Time Prepared:
5/30/2019 11:24 am

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0202

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

Worksheet A-7
Part III
Date/Time Prepared:
5/30/2019 11:24 am

Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1	0	1	1.000000	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	1	0	1	1.000000	0	3.00
Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease		
	6.00	7.00	8.00	9.00	10.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	13,196,308	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	9,862,073	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	23,058,381	0	3.00
Cost Center Description	SUMMARY OF CAPITAL						
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	-53,677	0	0	0	13,142,631	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	9,862,073	2.00
3.00	Total (sum of lines 1-2)	-53,677	0	0	0	23,004,704	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0202

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

Worksheet A-8

Date/Time Prepared:
5/30/2019 11:24 am

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.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00	0	7.00
8.00 Television and radio service (chapter 21)			0		0.00	0	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-4,554,854	0			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	-3,341,448	0			0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-480,441	0	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts			0		0.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines			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 - NEW CAP REL COSTS-BLDG & FIXT	A	3,125,269	0	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP	A	36,077	0	CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00 Non-physician Anesthetist			0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0202

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

Worksheet A-8

Date/Time Prepared:
5/30/2019 11:24 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	
33.00	MI SC INCOME	B	-759,250	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.00
33.01	MI SC INCOME	B	-1,031,159	ADMINISTRATIVE & GENERAL	5.00	0 33.01
33.02	MI SC INCOME	B	-610,880	MAINTENANCE & REPAIRS	6.00	0 33.02
34.00	MI SC INCOME	B	-17,804	HOUSEKEEPING	9.00	0 34.00
35.00	MI SC INCOME	B	0		0.00	0 35.00
36.00	MI SC INCOME	B	140	NURSING ADMINISTRATION	13.00	0 36.00
37.00	MI SC INCOME	B	-5,200	PHARMACY	15.00	0 37.00
37.01	MI SC INCOME	B	-106,573	PARAMED EDUCATION EMS	23.00	0 37.01
37.02	MI SC INCOME	B	-15,735	ADULTS & PEDIATRICS	30.00	0 37.02
37.03	MI SC INCOME	B	-3,182	OPERATING ROOM	50.00	0 37.03
37.04	MI SC INCOME	B	-2,100	RADIOLOGY-DIAGNOSTIC	54.00	0 37.04
37.05	MI SC INCOME	B	-5,000	CARDIAC CATHETERIZATION	59.00	0 37.05
37.06	MI SC INCOME	B	-309,155	LABORATORY	60.00	0 37.06
37.07	MI SC INCOME	B	-208	BLOOD STORING, PROCESSING & TRANS.	63.00	0 37.07
37.08	MI SC INCOME	B	-740	PHYSICAL THERAPY	66.00	0 37.08
37.09	MI SC INCOME	B	-226,540	EMERGENCY	91.00	0 37.09
37.10	MI SC INCOME	B	-16,806	ACUTE CARE CENTER	91.20	0 37.10
38.00	INTERCOMPANY INTEREST	A	-379,685	ADMINISTRATIVE & GENERAL	5.00	0 38.00
39.00	REMOVE ILLINOIS PROVIDER TAX	A	-1,308,118	ADMINISTRATIVE & GENERAL	5.00	0 39.00
40.00	TELEPHONE	A	-20,079	MAINTENANCE & REPAIRS	6.00	0 40.00
41.00	TV	A	-8,124	LAUNDRY & LINEN SERVICE	8.00	0 41.00
41.01	PHYSICIAN COST	A	-55,279	ADMINISTRATIVE & GENERAL	5.00	0 41.01
41.02	REAL ESTATE TAX	B	-4,300	ADMINISTRATIVE & GENERAL	5.00	0 41.02
42.00	ADJ USEFUL LIFE 1986 SURGERY AD	A	-53,677	NEW CAP REL COSTS-BLDG & FIXT	1.00	11 42.00
43.00	NONALLOWABLE CENTERS1099/90/92/91120	A	-85,773	ADMINISTRATIVE & GENERAL	5.00	0 43.00
44.00	NON ALLOWABLE	A	-921	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 44.00
45.00	NON ALLOWABLE	A	-347,940	ADMINISTRATIVE & GENERAL	5.00	0 45.00
45.01	NON ALLOWABLE	A	-18,888	MAINTENANCE & REPAIRS	6.00	0 45.01
45.02	NON ALLOWABLE	A	-196	HOUSEKEEPING	9.00	0 45.02
45.03	NON ALLOWABLE	A	-7,285	DIETARY	10.00	0 45.03
45.04	NON ALLOWABLE	A	-11,769	NURSING ADMINISTRATION	13.00	0 45.04
45.05	NON ALLOWABLE	A	-1,263	CENTRAL SERVICES & SUPPLY	14.00	0 45.05
45.06	NON ALLOWABLE	A	-568	PHARMACY	15.00	0 45.06
45.07	NON ALLOWABLE	A	-21,566	PARAMED EDUCATION EMS	23.00	0 45.07
45.08	NON ALLOWABLE	A	-12,361	ADULTS & PEDIATRICS	30.00	0 45.08
45.09	NON ALLOWABLE	A	-258	INTENSIVE CARE UNIT	31.00	0 45.09
45.10	NON ALLOWABLE	A	-138	NURSERY	43.00	0 45.10
45.11	NON ALLOWABLE	A	-28,608	OPERATING ROOM	50.00	0 45.11
45.12	NON ALLOWABLE	A	-1,920	RECOVERY ROOM	51.00	0 45.12
45.13	NON ALLOWABLE	A	-1,805	RADIOLOGY-DIAGNOSTIC	54.00	0 45.13
45.14	NON ALLOWABLE	A	-788	RADIOISOTOPE	56.00	0 45.14
45.15	NON ALLOWABLE	A	-434	CT SCAN	57.00	0 45.15
45.16	NON ALLOWABLE	A	-2,394	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0 45.16
45.17	NON ALLOWABLE	A	-3,195	CARDIAC CATHETERIZATION	59.00	0 45.17
45.18	NON ALLOWABLE	A	-6,701	RESPIRATORY THERAPY	65.00	0 45.18
45.19	NON ALLOWABLE	A	-2,163	STRESS TEST	65.01	0 45.19
45.20	NON ALLOWABLE	A	-8,094	PHYSICAL THERAPY	66.00	0 45.20
45.21	NON ALLOWABLE	A	-70	ELECTROCARDIOLOGY	69.00	0 45.21
45.22	NON ALLOWABLE	A	-1,582	CARDIAC REHABILITATION	76.97	0 45.22
45.23	NON ALLOWABLE	A	-4,176	CLINIC	90.00	0 45.23
45.24	NON ALLOWABLE	A	-16,492	EMERGENCY	91.00	0 45.24
45.25	NON ALLOWABLE	A	-1,611	ACUTE CARE CENTER	91.20	0 45.25
45.26	NON ALLOWABLE	A	-2,445	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0 45.26
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-10,746,255			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: 14-0202

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

Worksheet A-8-1

Date/Time Prepared:
5/30/2019 11:24 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	BENEFITS	3,927,286	0
2.00	0.00			0	0
3.00	0.00			0	0
4.00	1.00	NEW CAP REL COSTS-BLDG & FIX	NEW CAPITAL BUILDING	577,884	0
4.01	2.00	CAP REL COSTS-MVBLE EQUIP	NEW CAPITAL EQUIPMENT	1,715,773	0
4.02	5.00	ADMINISTRATIVE & GENERAL	NON CAPITAL	15,238,025	24,800,416
5.00	0			21,458,968	24,800,416

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

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

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

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

6.00	B	0.00	ADVOCATE HEALTH CARE	100.00	6.00
7.00	B	0.00	ADVOCATE HEALTH CARE	100.00	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: 14-0202

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

Worksheet A-8-1

Date/Time Prepared:
5/30/2019 11:24 am

	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	3,927,286	0		1.00
2.00	0	0		2.00
3.00	0	0		3.00
4.00	577,884	9		4.00
4.01	1,715,773	9		4.01
4.02	-9,562,391	0		4.02
5.00	-3,341,448			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	HEALTH CARE		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: 14-0202

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

Worksheet A-8-2

Date/Time Prepared:
5/30/2019 11:24 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	30.00	ADULTS & PEDIATRICS	857,580	857,580	0	0	0	1.00
2.00	31.00	INTENSIVE CARE UNIT	1,238,927	1,238,927	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	43,200	0	43,200	154,100	296	3.00
4.00	43.00	NURSERY	361,824	361,824	0	0	0	4.00
5.00	50.00	OPERATING ROOM	18,600	18,600	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	141,320	141,320	0	0	0	6.00
7.00	56.00	RADIOISOTOPE	59,750	59,750	0	0	0	7.00
8.00	59.00	CARDIAC CATHETERIZATION	107,050	107,050	0	0	0	8.00
9.00	91.00	EMERGENCY	1,449,003	0	1,449,003	171,400	8,759	9.00
10.00	91.00	EMERGENCY	225,600	0	225,600	171,400	1,746	10.00
11.00	91.00	EMERGENCY	850,215	850,215	0	0	0	11.00
12.00	91.20	ACUTE CARE CENTER	89,367	89,367	0	0	0	12.00
200.00			5,442,436	3,724,633	1,717,803		10,801	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	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	21,930	1,097	0	0	0	3.00
4.00	43.00	NURSERY	0	0	0	0	0	4.00
5.00	50.00	OPERATING ROOM	0	0	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	6.00
7.00	56.00	RADIOISOTOPE	0	0	0	0	0	7.00
8.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	8.00
9.00	91.00	EMERGENCY	721,775	36,089	0	0	0	9.00
10.00	91.00	EMERGENCY	143,877	7,194	0	0	0	10.00
11.00	91.00	EMERGENCY	0	0	0	0	0	11.00
12.00	91.20	ACUTE CARE CENTER	0	0	0	0	0	12.00
200.00			887,582	44,380	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	30.00	ADULTS & PEDIATRICS	0	0	0	857,580	1.00
2.00	31.00	INTENSIVE CARE UNIT	0	0	0	1,238,927	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	21,930	21,270	21,270	3.00
4.00	43.00	NURSERY	0	0	0	361,824	4.00
5.00	50.00	OPERATING ROOM	0	0	0	18,600	5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	141,320	6.00
7.00	56.00	RADIOISOTOPE	0	0	0	59,750	7.00
8.00	59.00	CARDIAC CATHETERIZATION	0	0	0	107,050	8.00
9.00	91.00	EMERGENCY	0	721,775	727,228	727,228	9.00
10.00	91.00	EMERGENCY	0	143,877	81,723	81,723	10.00
11.00	91.00	EMERGENCY	0	0	0	850,215	11.00
12.00	91.20	ACUTE CARE CENTER	0	0	0	89,367	12.00
200.00			0	887,582	830,221	4,554,854	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0202

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		NEW BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	13,142,631	13,142,631				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP	9,862,073		9,862,073			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	23,318,766	47,317	35,506	23,401,589		4.00
5.00 00500 ADMINISTRATIVE & GENERAL	66,780,862	1,934,607	1,451,706	2,478,030	72,645,205	5.00
6.00 00600 MAINTENANCE & REPAIRS	10,399,809	4,129,687	3,098,866	497,245	18,125,607	6.00
8.00 00800 LAUNDRY & LINEN SERVICE	982,147	27,575	20,692	1,287	1,031,701	8.00
9.00 00900 HOUSEKEEPING	3,503,695	162,595	122,009	602,251	4,390,550	9.00
10.00 01000 DIETARY	3,162,076	124,901	93,725	442,175	3,822,877	10.00
11.00 01100 CAFETERIA	419,511	79,162	59,402	124,992	683,067	11.00
13.00 01300 NURSING ADMINISTRATION	3,174,093	114,995	86,291	569,731	3,945,110	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	869,667	122,367	91,823	167,498	1,251,355	14.00
15.00 01500 PHARMACY	9,520,945	92,436	69,363	1,042,977	10,725,721	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	23,761	0	0	0	23,761	16.00
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 APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02302 PARAMED EDUCATION EMS	125,033	40,565	30,439	40,806	236,843	23.00
23.01 02301 CLINICAL PASTORAL EDUCATION	255,525	26,068	19,561	50,938	352,092	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	33,549,335	2,598,368	1,949,784	6,804,419	44,901,906	30.00
31.00 03100 INTENSIVE CARE UNIT	6,763,142	223,309	167,569	1,261,761	8,415,781	31.00
41.00 04100 SUBPROVIDER - I&R	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	2,233,884	98,018	73,551	394,217	2,799,670	43.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
45.01 04510 ICF/MR	0	0	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	11,247,755	629,132	472,093	1,766,637	14,115,617	50.00
51.00 05100 RECOVERY ROOM	1,247,064	61,068	45,825	254,390	1,608,347	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,109,269	148,577	111,491	164,101	1,533,438	52.00
53.00 05300 ANESTHESIOLOGY	242,570	10,615	7,966	22,763	283,914	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	4,032,200	414,294	310,881	779,202	5,536,577	54.00
56.00 05600 RADIOISOTOPE	1,878,471	44,924	33,711	215,463	2,172,569	56.00
56.01 05603 ULTRASOUND	1,413,729	35,408	26,569	288,709	1,764,415	56.01
57.00 05700 CT SCAN	1,354,426	40,954	30,732	232,559	1,658,671	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	723,445	55,929	41,969	145,092	966,435	58.00
59.00 05900 CARDIAC CATHETERIZATION	2,177,046	200,112	150,161	419,168	2,946,487	59.00
60.00 06000 LABORATORY	8,421,114	148,347	111,318	0	8,680,779	60.00
60.01 06001 LABORATORY	0	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	-208	24,030	18,032	0	41,854	63.00
65.00 06500 RESPIRATORY THERAPY	2,553,874	72,641	54,509	489,110	3,170,134	65.00
65.01 06501 STRESS TEST	743,924	4,342	3,258	145,404	896,928	65.01
66.00 06600 PHYSICAL THERAPY	5,058,110	204,613	153,539	964,510	6,380,772	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	377,689	5,405	4,056	74,315	461,465	69.00
69.01 06901 ECHOCARDIOGRAM	0	0	0	0	0	69.01
69.02 06902 CARDIOLOGY	0	0	0	0	0	69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	45,392	26,760	20,080	8,686	100,918	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	22,233,265	0	0	0	22,233,265	71.00
71.30 07101 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	16,224,113	0	0	0	16,224,113	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	14,055,991	0	0	0	14,055,991	73.00
74.00 07400 RENAL DIALYSIS	1,071,415	56,142	42,128	0	1,169,685	74.00
75.02 07501 OUTPATIENT SURGERY	0	0	0	0	0	75.02
76.00 03290 ELECTROMYOGRAPHY	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	617,709	212,783	159,669	124,147	1,114,308	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	2,004,313	108,987	81,783	387,033	2,582,116	90.00
90.01 09001 ADDICTION RECOVERY CLINIC	0	0	0	0	0	90.01
90.03 09002 LI THOTRI PSY	0	0	0	0	0	90.03
91.00 09100 EMERGENCY	10,333,004	762,097	571,869	1,853,028	13,519,998	91.00
91.20 09101 ACUTE CARE CENTER	3,337,330	0	0	512,002	3,849,332	91.20
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0202

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		NEW BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
99.20 09920 OPT	0	0	0	0	0	99.20
99.30 09930 OOT	0	0	0	0	0	99.30
99.40 09940 OSP	0	0	0	0	0	99.40
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	300,589,965	13,089,130	9,821,926	23,324,646	300,419,374	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	888,505	53,501	40,147	76,943	1,059,096	190.00
194.00 07950 FUNDRAISING	0	0	0	0	0	194.00
194.01 07951 MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01
194.02 07952 PHYSICIAN SUPPORT SERVICES	0	0	0	0	0	194.02
194.03 07953 HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04 07954 HOME PHARMACY	0	0	0	0	0	194.04
194.05 07955 HOSPICE	0	0	0	0	0	194.05
194.06 07956 NEIL MRI	0	0	0	0	0	194.06
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	301,478,470	13,142,631	9,862,073	23,401,589	301,478,470	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0202	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part I Date/Time Prepared: 5/30/2019 11:24 am		
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			5.00	6.00	8.00	9.00	10.00
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW 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	72,645,205				5.00
6.00	00600	MAINTENANCE & REPAIRS	5,754,137	23,879,744			6.00
8.00	00800	LAUNDRY & LINEN SERVICE	327,523	93,653	1,452,877		8.00
9.00	00900	HOUSEKEEPING	1,393,820	552,228	0	6,336,598	9.00
10.00	01000	DIETARY	1,213,607	424,208	0	115,695	5,576,387
11.00	01100	CAFETERIA	216,846	268,862	0	73,327	0
13.00	01300	NURSING ADMINISTRATION	1,252,411	390,562	0	106,519	0
14.00	01400	CENTRAL SERVICES & SUPPLY	397,254	415,601	0	113,347	0
15.00	01500	PHARMACY	3,404,977	313,943	0	85,622	0
16.00	01600	MEDICAL RECORDS & LIBRARY	7,543	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 APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02302	PARAMED EDUCATION EMS	75,188	137,771	0	37,575	0
23.01	02301	CLINICAL PASTORAL EDUCATION	111,775	88,537	0	24,147	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	14,254,539	8,824,944	1,304,437	2,406,832	5,006,651
31.00	03100	INTENSIVE CARE UNIT	2,671,665	758,434	107,348	206,849	412,020
41.00	04100	SUBPROVIDER - I&R	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	888,780	332,902	41,092	90,793	157,716
45.00	04500	NURSING FACILITY	0	0	0	0	0
45.01	04510	ICF/MR	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,481,130	2,136,748	0	582,758	0
51.00	05100	RECOVERY ROOM	510,584	207,409	0	56,567	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	486,804	504,619	0	137,625	0
53.00	05300	ANESTHESIOLOGY	90,131	36,053	0	9,833	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,757,636	1,407,084	0	383,756	0
56.00	05600	RADIOISOTOPE	689,702	152,578	0	41,613	0
56.01	05603	ULTRASOUND	560,129	120,256	0	32,798	0
57.00	05700	CT SCAN	526,560	139,095	0	37,936	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	306,803	189,955	0	51,807	0
59.00	05900	CARDIAC CATHETERIZATION	935,389	679,647	0	185,361	0
60.00	06000	LABORATORY	2,755,791	503,837	0	137,412	0
60.01	06001	LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	13,287	81,615	0	22,259	0
65.00	06500	RESPIRATORY THERAPY	1,006,388	246,712	0	67,286	0
65.01	06501	STRESS TEST	284,738	14,746	0	4,022	0
66.00	06600	PHYSICAL THERAPY	2,025,633	694,935	0	189,530	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	146,496	18,357	0	5,007	0
69.01	06901	ECHOCARDIOGRAM	0	0	0	0	0
69.02	06902	CARDIOLOGY	0	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	32,037	90,884	0	24,787	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,058,150	0	0	0	0
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	5,150,491	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	4,462,201	0	0	0	0
74.00	07400	RENAL DIALYSIS	371,327	190,677	0	52,004	0
75.02	07501	OUTPATIENT SURGERY	0	0	0	0	0
76.00	03290	ELECTROMYOGRAPHY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	353,747	722,682	0	197,098	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	819,716	370,159	0	100,954	0
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	0	0	0
90.03	09002	LITHOTRIPSY	0	0	0	0	0
91.00	09100	EMERGENCY	4,292,045	2,588,342	0	705,921	0
91.20	09101	ACUTE CARE CENTER	1,222,005	0	0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
99.20	09920	OPT	0	0	0	0	0
99.30	09930	OOT	0	0	0	0	0
99.40	09940	OSP	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	6.00	8.00	9.00	10.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0 111.00
116.00	11600	HOSPICE	0	0	0	0	0 116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	72,308,985	23,698,035	1,452,877	6,287,040	5,576,387 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	336,220	181,709	0	49,558	0 190.00
194.00	07950	FUNDRAISING	0	0	0	0	0 194.00
194.01	07951	MANAGED CARE ADMINISTRATION	0	0	0	0	0 194.01
194.02	07952	PHYSICIAN SUPPORT SERVICES	0	0	0	0	0 194.02
194.03	07953	HOME MEDICAL EQUIPMENT	0	0	0	0	0 194.03
194.04	07954	HOME PHARMACY	0	0	0	0	0 194.04
194.05	07955	HOSPICE	0	0	0	0	0 194.05
194.06	07956	NEIL MRI	0	0	0	0	0 194.06
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)	72,645,205	23,879,744	1,452,877	6,336,598	5,576,387 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0202

Period:
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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW 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
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	1,242,102					11.00
13.00	01300	NURSING ADMINISTRATION	36,751	5,731,353				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	10,804	0	2,188,361			14.00
15.00	01500	PHARMACY	67,277	0	12,888	14,610,428		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	31,304	16.00
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 APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02302	PARAMED EDUCATION EMS	2,632	6,002	7,910	30,621	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	3,286	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	438,940	3,143,889	174,592	316,494	4,538	30.00
31.00	03100	INTENSIVE CARE UNIT	81,390	577,650	45,658	70,446	598	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	25,429	148,364	1,920	1,061	181	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	113,957	532,879	1,250,181	203,829	3,677	50.00
51.00	05100	RECOVERY ROOM	16,409	111,988	2,063	10,747	471	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,585	0	0	0	71	52.00
53.00	05300	ANESTHESIOLOGY	1,468	0	27,175	111,383	411	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	50,262	47,539	59,806	18,391	1,171	54.00
56.00	05600	RADIO SOTOPE	13,898	32	38,645	6,200	992	56.00
56.01	05603	ULTRASOUND	18,623	0	10,363	3,153	557	56.01
57.00	05700	CT SCAN	15,001	0	25,613	32,409	2,095	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	9,359	0	10,148	10,462	714	58.00
59.00	05900	CARDIAC CATHETERIZATION	27,038	103,082	342,671	30,392	1,153	59.00
60.00	06000	LABORATORY	0	0	0	0	2,459	60.00
60.01	06001	LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	59,088	0	251	63.00
65.00	06500	RESPIRATORY THERAPY	31,550	0	23,680	40,086	723	65.00
65.01	06501	STRESS TEST	9,379	17,924	1,524	8,493	507	65.01
66.00	06600	PHYSICAL THERAPY	62,216	0	2,142	19	660	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,794	0	500	0	183	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0	0	0	69.01
69.02	06902	CARDIOLOGY	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	560	0	42	0	12	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	1,066	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	1,602	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	13,212,342	3,563	73.00
74.00	07400	RENAL DIALYSIS	0	0	317	2,418	114	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0	0	0	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	8,008	23,389	456	15	70	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	24,966	94,386	27,858	61,535	400	90.00
90.01	09001	ADDITIONAL RECOVERY CLINIC	0	0	0	0	0	90.01
90.03	09002	LITHOTRIPSY	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	119,530	758,329	55,353	400,242	2,793	91.00
91.20	09101	ACUTE CARE CENTER	33,027	165,900	7,752	39,690	272	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40

COST ALLOCATION - GENERAL SERVICE COSTS

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From 01/01/2018
To 12/31/2018

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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,237,139	5,731,353	2,188,345	14,610,428	31,304	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,963	0	16	0	0	190.00
194.00	07950 FUNDRAISING	0	0	0	0	0	194.00
194.01	07951 MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01
194.02	07952 PHYSICIAN SUPPORT SERVICES	0	0	0	0	0	194.02
194.03	07953 HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04	07954 HOME PHARMACY	0	0	0	0	0	194.04
194.05	07955 HOSPICE	0	0	0	0	0	194.05
194.06	07956 NEIL MRI	0	0	0	0	0	194.06
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	1,242,102	5,731,353	2,188,361	14,610,428	31,304	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0202

Period:
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To 12/31/2018

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Cost Center Description	INTERNS & RESIDENTS					PARAMED EDUCATION EMS
	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS		
	19.00	20.00	21.00	22.00	23.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW 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
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0					19.00
20.00 02000 NURSING SCHOOL		0				20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD			0			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD				0		22.00
23.00 02302 PARAMED EDUCATION EMS					534,542	23.00
23.01 02301 CLINICAL PASTORAL EDUCATION						23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00 04100 SUBPROVIDER - I&R	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	0	0	43.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
45.01 04510 ICF/MR	0	0	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01 05603 ULTRASOUND	0	0	0	0	0	56.01
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
60.01 06001 LABORATORY	0	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01 06501 STRESS TEST	0	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01 06901 ECHOCARDIOGRAM	0	0	0	0	0	69.01
69.02 06902 RADIOLOGY	0	0	0	0	0	69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
71.30 07101 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.02 07501 OUTPATIENT SURGERY	0	0	0	0	0	75.02
76.00 03290 ELECTROMYOGRAPHY	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 ADDICTION RECOVERY CLINIC	0	0	0	0	0	90.01
90.03 09002 LI THOTRI PSY	0	0	0	0	0	90.03
91.00 09100 EMERGENCY	0	0	0	0	534,542	91.00
91.20 09101 ACUTE CARE CENTER	0	0	0	0	0	91.20
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
99.20 09920 OPT	0	0	0	0	0	99.20
99.30 09930 OOT	0	0	0	0	0	99.30

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED EDUCATION EMS	
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS		
			19.00	20.00		
99.40 09940 OSP	0	0	0	0	0	99.40
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	534,542	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00 07950 FUNDRAISING	0	0	0	0	0	194.00
194.01 07951 MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01
194.02 07952 PHYSICIAN SUPPORT SERVICES	0	0	0	0	0	194.02
194.03 07953 HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04 07954 HOME PHARMACY	0	0	0	0	0	194.04
194.05 07955 HOSPICE	0	0	0	0	0	194.05
194.06 07956 NEIL MRI	0	0	0	0	0	194.06
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	0	0	0	0	534,542	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0202		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part I Date/Time Prepared: 5/30/2019 11:24 am	
Cost Center Description			CLINICAL PASTORAL EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.01	24.00	25.00	26.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW 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
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02302	PARAMED EDUCATION EMS						23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	579,837					23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	521,853	81,299,615	0	81,299,615		30.00
31.00	03100	INTENSIVE CARE UNIT	40,589	13,388,428	0	13,388,428		31.00
41.00	04100	SUBPROVIDER - IIRF	0	0	0	0		41.00
42.00	04200	SUBPROVIDER	0	0	0	0		42.00
43.00	04300	NURSERY	17,395	4,505,303	0	4,505,303		43.00
45.00	04500	NURSING FACILITY	0	0	0	0		45.00
45.01	04510	ICF/MR	0	0	0	0		45.01
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	23,420,776	0	23,420,776		50.00
51.00	05100	RECOVERY ROOM	0	2,524,585	0	2,524,585		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,673,142	0	2,673,142		52.00
53.00	05300	ANESTHESIOLOGY	0	560,368	0	560,368		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	9,262,222	0	9,262,222		54.00
56.00	05600	RADIOISOTOPE	0	3,116,229	0	3,116,229		56.00
56.01	05603	ULTRASOUND	0	2,510,294	0	2,510,294		56.01
57.00	05700	CT SCAN	0	2,437,380	0	2,437,380		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,545,683	0	1,545,683		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	5,251,220	0	5,251,220		59.00
60.00	06000	LABORATORY	0	12,080,278	0	12,080,278		60.00
60.01	06001	LABORATORY	0	0	0	0		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	218,354	0	218,354		63.00
65.00	06500	RESPIRATORY THERAPY	0	4,586,559	0	4,586,559		65.00
65.01	06501	STRESS TEST	0	1,238,261	0	1,238,261		65.01
66.00	06600	PHYSICAL THERAPY	0	9,355,907	0	9,355,907		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	636,802	0	636,802		69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0	0		69.01
69.02	06902	CARDIOLOGY	0	0	0	0		69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	249,240	0	249,240		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	29,292,481	0	29,292,481		71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0		71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	21,376,206	0	21,376,206		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	31,734,097	0	31,734,097		73.00
74.00	07400	RENAL DIALYSIS	0	1,786,542	0	1,786,542		74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0	0		75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	2,419,773	0	2,419,773		76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		89.00
90.00	09000	CLINIC	0	4,082,090	0	4,082,090		90.00
90.01	09001	ADDITION RECOVERY CLINIC	0	0	0	0		90.01
90.03	09002	LITHOTRIPSY	0	0	0	0		90.03
91.00	09100	EMERGENCY	0	22,977,095	0	22,977,095		91.00
91.20	09101	ACUTE CARE CENTER	0	5,317,978	0	5,317,978		91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0		99.10
99.20	09920	OPT	0	0	0	0		99.20

COST ALLOCATION - GENERAL SERVICE COSTS

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To 12/31/2018

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Cost Center Description			CLINICAL PASTORAL EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.01	24.00	25.00	26.00		
99.30	09930	OOT	0	0	0	0		99.30
99.40	09940	OSP	0	0	0	0		99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0		111.00
116.00	11600	HOSPICE	0	0	0	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	579,837	299,846,908	0	299,846,908		118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,631,562	0	1,631,562		190.00
194.00	07950	FUNDRAISING	0	0	0	0		194.00
194.01	07951	MANAGED CARE ADMINISTRATION	0	0	0	0		194.01
194.02	07952	PHYSICIAN SUPPORT SERVICES	0	0	0	0		194.02
194.03	07953	HOME MEDICAL EQUIPMENT	0	0	0	0		194.03
194.04	07954	HOME PHARMACY	0	0	0	0		194.04
194.05	07955	HOSPICE	0	0	0	0		194.05
194.06	07956	NEIL MRI	0	0	0	0		194.06
200.00		Cross Foot Adjustments	0	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	579,837	301,478,470	0	301,478,470		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0202

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	47,317	35,506	82,823	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	133,658	1,934,607	1,451,706	3,519,971	5.00
6.00 00600	MAINTENANCE & REPAIRS	7,164	4,129,687	3,098,866	7,235,717	6.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	27,575	20,692	48,267	8.00
9.00 00900	HOUSEKEEPING	2,627	162,595	122,009	287,231	9.00
10.00 01000	DIETARY	38,332	124,901	93,725	256,958	10.00
11.00 01100	CAFETERIA	0	79,162	59,402	138,564	11.00
13.00 01300	NURSING ADMINISTRATION	3,067	114,995	86,291	204,353	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	122,367	91,823	214,190	14.00
15.00 01500	PHARMACY	0	92,436	69,363	161,799	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	23,761	0	0	23,761	16.00
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 APPRVD	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00 02302	PARAMED EDUCATION EMS	0	40,565	30,439	71,004	23.00
23.01 02301	CLINICAL PASTORAL EDUCATION	0	26,068	19,561	45,629	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	126,314	2,598,368	1,949,784	4,674,466	30.00
31.00 03100	INTENSIVE CARE UNIT	25,429	223,309	167,569	416,307	31.00
41.00 04100	SUBPROVIDER - I&R	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	0	98,018	73,551	171,569	43.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
45.01 04510	ICF/MR	0	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	23,250	629,132	472,093	1,124,475	50.00
51.00 05100	RECOVERY ROOM	0	61,068	45,825	106,893	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	148,577	111,491	260,068	52.00
53.00 05300	ANESTHESIOLOGY	0	10,615	7,966	18,581	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	414,294	310,881	725,175	54.00
56.00 05600	RADIOISOTOPE	34,013	44,924	33,711	112,648	56.00
56.01 05603	ULTRASOUND	0	35,408	26,569	61,977	56.01
57.00 05700	CT SCAN	0	40,954	30,732	71,686	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	55,929	41,969	97,898	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	200,112	150,161	350,273	59.00
60.00 06000	LABORATORY	0	148,347	111,318	259,665	60.00
60.01 06001	LABORATORY	0	0	0	0	60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	24,030	18,032	42,062	63.00
65.00 06500	RESPIRATORY THERAPY	24,535	72,641	54,509	151,685	65.00
65.01 06501	STRESS TEST	0	4,342	3,258	7,600	65.01
66.00 06600	PHYSICAL THERAPY	335,211	204,613	153,539	693,363	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	5,405	4,056	9,461	69.00
69.01 06901	ECHOCARDIOGRAM	0	0	0	0	69.01
69.02 06902	CARDIOLOGY	0	0	0	0	69.02
70.00 07000	ELECTROENCEPHALOGRAPHY	0	26,760	20,080	46,840	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
71.30 07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	71.30
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	56,142	42,128	98,270	74.00
75.02 07501	OUTPATIENT SURGERY	0	0	0	0	75.02
76.00 03290	ELECTROMYOGRAPHY	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	0	212,783	159,669	372,452	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	0	108,987	81,783	190,770	90.00
90.01 09001	ADDICTION RECOVERY CLINIC	0	0	0	0	90.01
90.03 09002	LITHOTRIPSY	0	0	0	0	90.03
91.00 09100	EMERGENCY	0	762,097	571,869	1,333,966	91.00
91.20 09101	ACUTE CARE CENTER	420,411	0	0	420,411	91.20
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	99.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0202

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
99.20 09920 OPT	0	0	0	0	0	99.20
99.30 09930 OOT	0	0	0	0	0	99.30
99.40 09940 OSP	0	0	0	0	0	99.40
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	1,197,772	13,089,130	9,821,926	24,108,828	82,551	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	53,501	40,147	93,648	272	190.00
194.00 07950 FUNDRAISING	0	0	0	0	0	194.00
194.01 07951 MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01
194.02 07952 PHYSICIAN SUPPORT SERVICES	0	0	0	0	0	194.02
194.03 07953 HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04 07954 HOME PHARMACY	0	0	0	0	0	194.04
194.05 07955 HOSPICE	0	0	0	0	0	194.05
194.06 07956 NEIL MRI	0	0	0	0	0	194.06
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0		201.00
202.00 TOTAL (sum lines 118 through 201)	1,197,772	13,142,631	9,862,073	24,202,476	82,823	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0202	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/30/2019 11:24 am		
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			5.00	6.00	8.00	9.00	10.00
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW 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	3,528,743				5.00
6.00	00600	MAINTENANCE & REPAIRS	279,515	7,516,992			6.00
8.00	00800	LAUNDRY & LINEN SERVICE	15,910	29,481	93,663		8.00
9.00	00900	HOUSEKEEPING	67,707	173,833	0	530,903	9.00
10.00	01000	DIETARY	58,953	133,534	0	9,693	460,703
11.00	01100	CAFETERIA	10,534	84,634	0	6,144	0
13.00	01300	NURSING ADMINISTRATION	60,838	122,943	0	8,925	0
14.00	01400	CENTRAL SERVICES & SUPPLY	19,297	130,825	0	9,497	0
15.00	01500	PHARMACY	165,401	98,825	0	7,174	0
16.00	01600	MEDICAL RECORDS & LIBRARY	366	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 APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02302	PARAMED EDUCATION EMS	3,652	43,368	0	3,148	0
23.01	02301	CLINICAL PASTORAL EDUCATION	5,430	27,870	0	2,023	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	692,337	2,777,964	84,094	201,652	413,633
31.00	03100	INTENSIVE CARE UNIT	129,780	238,744	6,920	17,331	34,040
41.00	04100	SUBPROVIDER - I&R	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	43,174	104,793	2,649	7,607	13,030
45.00	04500	NURSING FACILITY	0	0	0	0	0
45.01	04510	ICF/MR	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	217,677	672,617	0	48,826	0
51.00	05100	RECOVERY ROOM	24,802	65,289	0	4,739	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,647	158,847	0	11,531	0
53.00	05300	ANESTHESIOLOGY	4,378	11,349	0	824	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	85,380	442,929	0	32,152	0
56.00	05600	RADIOISOTOPE	33,503	48,029	0	3,486	0
56.01	05603	ULTRASOUND	27,209	37,855	0	2,748	0
57.00	05700	CT SCAN	25,578	43,785	0	3,178	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	14,903	59,795	0	4,341	0
59.00	05900	CARDIAC CATHETERIZATION	45,438	213,943	0	15,530	0
60.00	06000	LABORATORY	133,866	158,600	0	11,513	0
60.01	06001	LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	645	25,691	0	1,865	0
65.00	06500	RESPIRATORY THERAPY	48,887	77,661	0	5,637	0
65.01	06501	STRESS TEST	13,832	4,642	0	337	0
66.00	06600	PHYSICAL THERAPY	98,398	218,755	0	15,880	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	7,116	5,779	0	419	0
69.01	06901	ECHOCARDIOGRAM	0	0	0	0	0
69.02	06902	CARDIOLOGY	0	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	1,556	28,609	0	2,077	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	342,859	0	0	0	0
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	250,192	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	216,757	0	0	0	0
74.00	07400	RENAL DIALYSIS	18,038	60,022	0	4,357	0
75.02	07501	OUTPATIENT SURGERY	0	0	0	0	0
76.00	03290	ELECTROMYOGRAPHY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	17,184	227,490	0	16,514	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	39,819	116,520	0	8,458	0
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	0	0	0
90.03	09002	LITHOTRIPSY	0	0	0	0	0
91.00	09100	EMERGENCY	208,492	814,772	0	59,145	0
91.20	09101	ACUTE CARE CENTER	59,361	0	0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
99.20	09920	OPT	0	0	0	0	0
99.30	09930	OOT	0	0	0	0	0
99.40	09940	OSP	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0202

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

Worksheet B
Part II
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Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	6.00	8.00	9.00	10.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0 111.00
116.00	11600	HOSPICE	0	0	0	0	0 116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,512,411	7,459,793	93,663	526,751	460,703 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	16,332	57,199	0	4,152	0 190.00
194.00	07950	FUNDRAISING	0	0	0	0	0 194.00
194.01	07951	MANAGED CARE ADMINISTRATION	0	0	0	0	0 194.01
194.02	07952	PHYSICIAN SUPPORT SERVICES	0	0	0	0	0 194.02
194.03	07953	HOME MEDICAL EQUIPMENT	0	0	0	0	0 194.03
194.04	07954	HOME PHARMACY	0	0	0	0	0 194.04
194.05	07955	HOSPICE	0	0	0	0	0 194.05
194.06	07956	NEIL MRI	0	0	0	0	0 194.06
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)	3,528,743	7,516,992	93,663	530,903	460,703 202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0202		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/30/2019 11:24 am	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW 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
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	240,318					11.00
13.00	01300	NURSING ADMINISTRATION	7,112	406,188				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,091	0	376,493			14.00
15.00	01500	PHARMACY	13,019	0	2,217	452,127		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	24,127	16.00
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 APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02302	PARAMED EDUCATION EMS	509	425	1,361	948	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	636	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	84,897	222,810	30,037	9,794	3,732	30.00
31.00	03100	INTENSIVE CARE UNIT	15,750	40,939	7,855	2,180	456	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	4,921	10,515	330	33	138	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	22,052	37,766	215,086	6,308	2,802	50.00
51.00	05100	RECOVERY ROOM	3,175	7,937	355	333	359	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,048	0	0	0	54	52.00
53.00	05300	ANESTHESIOLOGY	284	0	4,675	3,447	313	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,726	3,369	10,289	569	892	54.00
56.00	05600	RADIO SOTOPE	2,690	2	6,649	192	756	56.00
56.01	05603	ULTRASOUND	3,604	0	1,783	98	424	56.01
57.00	05700	CT SCAN	2,903	0	4,407	1,003	1,597	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,811	0	1,746	324	544	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,232	7,306	58,954	940	878	59.00
60.00	06000	LABORATORY	0	0	0	0	1,874	60.00
60.01	06001	LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	10,166	0	192	63.00
65.00	06500	RESPIRATORY THERAPY	6,105	0	4,074	1,240	551	65.00
65.01	06501	STRESS TEST	1,815	1,270	262	263	386	65.01
66.00	06600	PHYSICAL THERAPY	12,040	0	368	1	503	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	928	0	86	0	139	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0	0	0	69.01
69.02	06902	CARDIOLOGY	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	108	0	7	0	9	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	812	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	1,221	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	408,861	2,715	73.00
74.00	07400	RENAL DIALYSIS	0	0	55	75	87	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0	0	0	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,550	1,658	78	0	53	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	4,831	6,689	4,793	1,904	305	90.00
90.01	09001	ADDITION RECOVERY CLINIC	0	0	0	0	0	90.01
90.03	09002	LITHOTRIPSY	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	23,130	53,744	9,523	12,386	2,128	91.00
91.20	09101	ACUTE CARE CENTER	6,391	11,758	1,334	1,228	207	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0202

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2019 11:24 am

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	239,358	406,188	376,490	452,127	24,127	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	960	0	3	0	0	190.00
194.00	07950 FUNDRAISING	0	0	0	0	0	194.00
194.01	07951 MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01
194.02	07952 PHYSICIAN SUPPORT SERVICES	0	0	0	0	0	194.02
194.03	07953 HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04	07954 HOME PHARMACY	0	0	0	0	0	194.04
194.05	07955 HOSPICE	0	0	0	0	0	194.05
194.06	07956 NEIL MRI	0	0	0	0	0	194.06
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)	240,318	406,188	376,493	452,127	24,127	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0202	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/30/2019 11:24 am
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Cost Center Description	INTERNS & RESIDENTS				PARAMED EDUCATION EMS	
	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS		
	19.00	20.00	21.00	22.00		
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW 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
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0				19.00
20.00 02000	NURSING SCHOOL		0			20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD			0		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				0	22.00
23.00 02302	PARAMED EDUCATION EMS					23.00
23.01 02301	CLINICAL PASTORAL EDUCATION				124,559	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS					30.00
31.00 03100	INTENSIVE CARE UNIT					31.00
41.00 04100	SUBPROVIDER - IRF					41.00
42.00 04200	SUBPROVIDER					42.00
43.00 04300	NURSERY					43.00
45.00 04500	NURSING FACILITY					45.00
45.01 04510	ICF/MR					45.01
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM					50.00
51.00 05100	RECOVERY ROOM					51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM					52.00
53.00 05300	ANESTHESIOLOGY					53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC					54.00
56.00 05600	RADIOISOTOPE					56.00
56.01 05603	ULTRASOUND					56.01
57.00 05700	CT SCAN					57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)					58.00
59.00 05900	CARDIAC CATHETERIZATION					59.00
60.00 06000	LABORATORY					60.00
60.01 06001	LABORATORY					60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.					63.00
65.00 06500	RESPIRATORY THERAPY					65.00
65.01 06501	STRESS TEST					65.01
66.00 06600	PHYSICAL THERAPY					66.00
67.00 06700	OCCUPATIONAL THERAPY					67.00
68.00 06800	SPEECH PATHOLOGY					68.00
69.00 06900	ELECTROCARDIOLOGY					69.00
69.01 06901	ECHOCARDIOGRAM					69.01
69.02 06902	CARDIOLOGY					69.02
70.00 07000	ELECTROENCEPHALOGRAPHY					70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS					71.00
71.30 07101	IMPL. DEV. CHARGED TO PATIENT					71.30
72.00 07200	IMPL. DEV. CHARGED TO PATIENT					72.00
73.00 07300	DRUGS CHARGED TO PATIENTS					73.00
74.00 07400	RENAL DIALYSIS					74.00
75.02 07501	OUTPATIENT SURGERY					75.02
76.00 03290	ELECTROMYOGRAPHY					76.00
76.97 07697	CARDIAC REHABILITATION					76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC					88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER					89.00
90.00 09000	CLINIC					90.00
90.01 09001	ADDICTION RECOVERY CLINIC					90.01
90.03 09002	LITHOTRIPSY					90.03
91.00 09100	EMERGENCY					91.00
91.20 09101	ACUTE CARE CENTER					91.20
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF					99.10
99.20 09920	OPT					99.20
99.30 09930	OOT					99.30

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0202

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2019 11:24 am

Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED EDUCATION EMS	
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS		
			19.00	20.00		
99.40 09940 OSP						99.40
101.00 10100 HOME HEALTH AGENCY						101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION						109.00
110.00 11000 INTESTINAL ACQUISITION						110.00
111.00 11100 ISLET ACQUISITION						111.00
116.00 11600 HOSPICE						116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
194.00 07950 FUNDRAISING						194.00
194.01 07951 MANAGED CARE ADMINISTRATION						194.01
194.02 07952 PHYSICIAN SUPPORT SERVICES						194.02
194.03 07953 HOME MEDICAL EQUIPMENT						194.03
194.04 07954 HOME PHARMACY						194.04
194.05 07955 HOSPICE						194.05
194.06 07956 NEIL MRI						194.06
200.00 Cross Foot Adjustments	0	0	0	0	124,559	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	0	0	0	0	124,559	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0202	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/30/2019 11:24 am	
Cost Center	Description	CLINICAL PASTORAL EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.01	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW 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
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00	02302	PARAMED EDUCATION EMS				23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	81,768			23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	9,219,486	0	9,219,486	30.00
31.00	03100	INTENSIVE CARE UNIT	914,769	0	914,769	31.00
41.00	04100	SUBPROVIDER - IIRF	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	42.00
43.00	04300	NURSERY	360,155	0	360,155	43.00
45.00	04500	NURSING FACILITY	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,353,863	0	2,353,863	50.00
51.00	05100	RECOVERY ROOM	214,783	0	214,783	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	456,776	0	456,776	52.00
53.00	05300	ANESTHESIOLOGY	43,932	0	43,932	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,313,239	0	1,313,239	54.00
56.00	05600	RADIOISOTOPE	208,718	0	208,718	56.00
56.01	05603	ULTRASOUND	136,720	0	136,720	56.01
57.00	05700	CT SCAN	154,960	0	154,960	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	181,876	0	181,876	58.00
59.00	05900	CARDIAC CATHETERIZATION	699,978	0	699,978	59.00
60.00	06000	LABORATORY	565,518	0	565,518	60.00
60.01	06001	LABORATORY	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	80,621	0	80,621	63.00
65.00	06500	RESPIRATORY THERAPY	297,571	0	297,571	65.00
65.01	06501	STRESS TEST	30,922	0	30,922	65.01
66.00	06600	PHYSICAL THERAPY	1,042,722	0	1,042,722	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	24,191	0	24,191	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0	69.01
69.02	06902	CARDIOLOGY	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	79,237	0	79,237	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	343,671	0	343,671	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	251,413	0	251,413	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	628,333	0	628,333	73.00
74.00	07400	RENAL DIALYSIS	180,904	0	180,904	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	637,418	0	637,418	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	375,459	0	375,459	90.00
90.01	09001	ADDITION RECOVERY CLINIC	0	0	0	90.01
90.03	09002	LITHOTRIpsy	0	0	0	90.03
91.00	09100	EMERGENCY	2,523,846	0	2,523,846	91.00
91.20	09101	ACUTE CARE CENTER	502,502	0	502,502	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	99.10
99.20	09920	OPT	0	0	0	99.20

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0202		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/30/2019 11:24 am	
Cost Center Description			CLINICAL PASTORAL EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.01	24.00	25.00	26.00		
99.30	09930	OOT		0	0	0		99.30
99.40	09940	OSP		0	0	0		99.40
101.00	10100	HOME HEALTH AGENCY		0	0	0		101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION		0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION		0	0	0		110.00
111.00	11100	ISLET ACQUISITION		0	0	0		111.00
116.00	11600	HOSPICE		0	0	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	23,823,583	0	23,823,583		118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		172,566	0	172,566		190.00
194.00	07950	FUNDRAISING		0	0	0		194.00
194.01	07951	MANAGED CARE ADMINISTRATION		0	0	0		194.01
194.02	07952	PHYSICIAN SUPPORT SERVICES		0	0	0		194.02
194.03	07953	HOME MEDICAL EQUIPMENT		0	0	0		194.03
194.04	07954	HOME PHARMACY		0	0	0		194.04
194.05	07955	HOSPICE		0	0	0		194.05
194.06	07956	NEIL MRI		0	0	0		194.06
200.00		Cross Foot Adjustments	81,768	206,327	0	206,327		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	81,768	24,202,476	0	24,202,476		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0202

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

Worksheet B-1
Date/Time Prepared:
5/30/2019 11:24 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	741,619				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		741,619			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	2,670	2,670	105,531,466		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	109,167	109,167	11,174,882	-72,645,205	5.00
6.00 00600	MAINTENANCE & REPAIRS	233,032	233,032	2,242,367	0	6.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,556	1,556	5,804	0	8.00
9.00 00900	HOUSEKEEPING	9,175	9,175	2,715,902	0	9.00
10.00 01000	DIETARY	7,048	7,048	1,994,026	0	10.00
11.00 01100	CAFETERIA	4,467	4,467	563,661	0	11.00
13.00 01300	NURSING ADMINISTRATION	6,489	6,489	2,569,247	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	6,905	6,905	755,347	0	14.00
15.00 01500	PHARMACY	5,216	5,216	4,703,392	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
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 APPRVD	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00 02302	PARAMED EDUCATION EMS	2,289	2,289	184,016	0	23.00
23.01 02301	CLINICAL PASTORAL EDUCATION	1,471	1,471	229,709	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	146,622	146,622	30,685,159	0	30.00
31.00 03100	INTENSIVE CARE UNIT	12,601	12,601	5,690,014	0	31.00
41.00 04100	SUBPROVIDER - I&R	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	5,531	5,531	1,777,752	0	43.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
45.01 04510	ICF/MR	0	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	35,501	35,501	7,966,797	0	50.00
51.00 05100	RECOVERY ROOM	3,446	3,446	1,147,193	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	8,384	8,384	740,025	0	52.00
53.00 05300	ANESTHESIOLOGY	599	599	102,651	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	23,378	23,378	3,513,875	0	54.00
56.00 05600	RADIOISOTOPE	2,535	2,535	971,647	0	56.00
56.01 05603	ULTRASOUND	1,998	1,998	1,301,956	0	56.01
57.00 05700	CT SCAN	2,311	2,311	1,048,744	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	3,156	3,156	654,306	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	11,292	11,292	1,890,272	0	59.00
60.00 06000	LABORATORY	8,371	8,371	0	0	60.00
60.01 06001	LABORATORY	0	0	0	0	60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	1,356	1,356	0	0	63.00
65.00 06500	RESPIRATORY THERAPY	4,099	4,099	2,205,682	0	65.00
65.01 06501	STRESS TEST	245	245	655,711	0	65.01
66.00 06600	PHYSICAL THERAPY	11,546	11,546	4,349,539	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	305	305	335,129	0	69.00
69.01 06901	ECHOCARDIOGRAM	0	0	0	0	69.01
69.02 06902	CARDIOLOGY	0	0	0	0	69.02
70.00 07000	ELECTROENCEPHALOGRAPHY	1,510	1,510	39,171	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
71.30 07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	71.30
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	3,168	3,168	0	0	74.00
75.02 07501	OUTPATIENT SURGERY	0	0	0	0	75.02
76.00 03290	ELECTROMYOGRAPHY	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	12,007	12,007	559,852	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	6,150	6,150	1,745,357	0	90.00
90.01 09001	ADDICTION RECOVERY CLINIC	0	0	0	0	90.01
90.03 09002	LITHOTRIPSY	0	0	0	0	90.03
91.00 09100	EMERGENCY	43,004	43,004	8,356,385	0	91.00
91.20 09101	ACUTE CARE CENTER	0	0	2,308,917	0	91.20
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0202

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

Worksheet B-1

Date/Time Prepared:
5/30/2019 11:24 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			NEW BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5A	5.00	
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		738,600	738,600	105,184,487	-72,645,205	227,774,169	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,019	3,019	346,979	0	1,059,096	190.00
194.00	07950	FUNDRAISING	0	0	0	0	0	194.00
194.01	07951	MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN SUPPORT SERVICES	0	0	0	0	0	194.02
194.03	07953	HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04	07954	HOME PHARMACY	0	0	0	0	0	194.04
194.05	07955	HOSPICE	0	0	0	0	0	194.05
194.06	07956	NEIL MRI	0	0	0	0	0	194.06
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)		13,142,631	9,862,073	23,401,589		72,645,205	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)		17.721540	13.298032	0.221750		0.317459	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)				82,823		3,528,743	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)				0.000785		0.015421	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: 14-0202

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

Worksheet B-1

Date/Time Prepared:
5/30/2019 11:24 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (GROSS SALARIES)	
		6.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW 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	396,750				6.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,556	69,512			8.00
9.00	00900	HOUSEKEEPING	9,175	0	386,019		9.00
10.00	01000	DIETARY	7,048	0	7,048	69,512	10.00
11.00	01100	CAFETERIA	4,467	0	4,467	0	86,834,824
13.00	01300	NURSING ADMINISTRATION	6,489	0	6,489	0	2,569,247
14.00	01400	CENTRAL SERVICES & SUPPLY	6,905	0	6,905	0	755,347
15.00	01500	PHARMACY	5,216	0	5,216	0	4,703,392
16.00	01600	MEDICAL RECORDS & LIBRARY	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 APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02302	PARAMED EDUCATION EMS	2,289	0	2,289	0	184,016
23.01	02301	CLINICAL PASTORAL EDUCATION	1,471	0	1,471	0	229,709
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	146,622	62,410	146,622	62,410	30,685,159
31.00	03100	INTENSIVE CARE UNIT	12,601	5,136	12,601	5,136	5,690,014
41.00	04100	SUBPROVIDER - I&R	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	5,531	1,966	5,531	1,966	1,777,752
45.00	04500	NURSING FACILITY	0	0	0	0	0
45.01	04510	ICF/MR	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	35,501	0	35,501	0	7,966,797
51.00	05100	RECOVERY ROOM	3,446	0	3,446	0	1,147,193
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,384	0	8,384	0	740,025
53.00	05300	ANESTHESIOLOGY	599	0	599	0	102,651
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,378	0	23,378	0	3,513,875
56.00	05600	RADIOISOTOPE	2,535	0	2,535	0	971,647
56.01	05603	ULTRASOUND	1,998	0	1,998	0	1,301,956
57.00	05700	CT SCAN	2,311	0	2,311	0	1,048,744
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,156	0	3,156	0	654,306
59.00	05900	CARDIAC CATHETERIZATION	11,292	0	11,292	0	1,890,272
60.00	06000	LABORATORY	8,371	0	8,371	0	0
60.01	06001	LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,356	0	1,356	0	0
65.00	06500	RESPIRATORY THERAPY	4,099	0	4,099	0	2,205,682
65.01	06501	STRESS TEST	245	0	245	0	655,711
66.00	06600	PHYSICAL THERAPY	11,546	0	11,546	0	4,349,539
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	305	0	305	0	335,129
69.01	06901	ECHOCARDIOGRAM	0	0	0	0	0
69.02	06902	CARDIOLOGY	0	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	1,510	0	1,510	0	39,171
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	3,168	0	3,168	0	0
75.02	07501	OUTPATIENT SURGERY	0	0	0	0	0
76.00	03290	ELECTROMYOGRAPHY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	12,007	0	12,007	0	559,852
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	6,150	0	6,150	0	1,745,357
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	0	0	0
90.03	09002	LITHOTRIPSY	0	0	0	0	0
91.00	09100	EMERGENCY	43,004	0	43,004	0	8,356,385
91.20	09101	ACUTE CARE CENTER	0	0	0	0	2,308,917
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
99.20	09920	OPT	0	0	0	0	0
99.30	09930	OOT	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0202

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

Worksheet B-1

Date/Time Prepared:
5/30/2019 11:24 am

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (GROSS SALARIES)	
			6.00	8.00	9.00	10.00	11.00	
99.40	09940	OSP	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	393,731	69,512	383,000	69,512	86,487,845	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,019	0	3,019	0	346,979	190.00
194.00	07950	FUNDRAISING	0	0	0	0	0	194.00
194.01	07951	MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN SUPPORT SERVICES	0	0	0	0	0	194.02
194.03	07953	HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04	07954	HOME PHARMACY	0	0	0	0	0	194.04
194.05	07955	HOSPICE	0	0	0	0	0	194.05
194.06	07956	NEILMRI	0	0	0	0	0	194.06
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)	23,879,744	1,452,877	6,336,598	5,576,387	1,242,102	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	60.188391	20.901096	16.415249	80.221933	0.014304	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	7,516,992	93,663	530,903	460,703	240,318	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	18.946420	1.347436	1.375329	6.627676	0.002768	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: 14-0202

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

Worksheet B-1

Date/Time Prepared:
5/30/2019 11:24 am

Cost Center Description			NURSING ADMINISTRATION (DIRECT NURSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
			13.00	14.00	15.00	16.00	19.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW 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
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	1,995,640					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	38,194,978				14.00
15.00	01500	PHARMACY	0	224,951	17,150,873			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	1,514,500,836		16.00
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 APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02302	PARAMED EDUCATION EMS	2,090	138,062	35,945	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,094,692	3,047,306	371,526	239,788,233	0	30.00
31.00	03100	INTENSIVE CARE UNIT	201,136	796,903	82,695	28,484,724	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	51,660	33,503	1,246	8,618,011	0	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	185,547	21,820,120	239,270	175,118,855	0	50.00
51.00	05100	RECOVERY ROOM	38,994	36,002	12,616	22,440,640	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,391,630	0	52.00
53.00	05300	ANESTHESIOLOGY	0	474,316	130,750	19,569,738	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,553	1,043,850	21,589	55,753,509	0	54.00
56.00	05600	RADIOISOTOPE	11	674,507	7,278	47,233,419	0	56.00
56.01	05603	ULTRASOUND	0	180,878	3,701	26,519,082	0	56.01
57.00	05700	CT SCAN	0	447,052	38,044	99,783,600	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	177,128	12,281	34,022,653	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	35,893	5,980,917	35,676	54,897,793	0	59.00
60.00	06000	LABORATORY	0	0	0	117,107,887	0	60.00
60.01	06001	LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,031,314	0	11,971,397	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	413,306	47,056	34,431,661	0	65.00
65.01	06501	STRESS TEST	6,241	26,599	9,970	24,147,184	0	65.01
66.00	06600	PHYSICAL THERAPY	0	37,378	22	31,438,088	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	8,724	0	8,695,105	0	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0	0	0	69.01
69.02	06902	CARDIOLOGY	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	737	0	582,555	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	50,761,448	0	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	76,290,689	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	15,509,690	169,687,573	0	73.00
74.00	07400	RENAL DIALYSIS	0	5,541	2,839	5,430,540	0	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0	0	0	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	8,144	7,952	18	3,341,059	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	32,865	486,228	72,235	19,048,239	0	90.00
90.01	09001	ADDITION RECOVERY CLINIC	0	0	0	0	0	90.01
90.03	09002	LITHOTRIpsy	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	264,048	966,126	469,835	132,995,975	0	91.00
91.20	09101	ACUTE CARE CENTER	57,766	135,299	46,591	12,949,549	0	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0202

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

Worksheet B-1

Date/Time Prepared:
5/30/2019 11:24 am

Cost Center Description			NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
			13.00	14.00	15.00	16.00	19.00	
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,995,640	38,194,699	17,150,873	1,514,500,836	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	279	0	0	0	190.00
194.00	07950	FUNDRAISING	0	0	0	0	0	194.00
194.01	07951	MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN SUPPORT SERVICES	0	0	0	0	0	194.02
194.03	07953	HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04	07954	HOME PHARMACY	0	0	0	0	0	194.04
194.05	07955	HOSPICE	0	0	0	0	0	194.05
194.06	07956	NEIL MRI	0	0	0	0	0	194.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,731,353	2,188,361	14,610,428	31,304	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	2.871937	0.057294	0.851877	0.000021	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	406,188	376,493	452,127	24,127	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.203538	0.009857	0.026362	0.000016	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0202

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

Worksheet B-1

Date/Time Prepared:
5/30/2019 11:24 am

Cost Center Description	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED EDUCATION EMS (ASSIGNED TIME)	CLINICAL PASTORAL EDUCATION (ASSIGNED TIME)	
		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
		20.00	21.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW 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
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL	0				20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD		0			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD			0		22.00
23.00 02302	PARAMED EDUCATION EMS				100	23.00
23.01 02301	CLINICAL PASTORAL EDUCATION					100 23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	0	0	0	90 30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	7 31.00
41.00 04100	SUBPROVIDER - I&R	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	0	0	0	0	3 43.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
45.01 04510	ICF/MR	0	0	0	0	0 45.01
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	0	0	0	0 50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0 54.00
56.00 05600	RADIOISOTOPE	0	0	0	0	0 56.00
56.01 05603	ULTRASOUND	0	0	0	0	0 56.01
57.00 05700	CT SCAN	0	0	0	0	0 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	0	0	0	0	0 60.00
60.01 06001	LABORATORY	0	0	0	0	0 60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	0 65.00
65.01 06501	STRESS TEST	0	0	0	0	0 65.01
66.00 06600	PHYSICAL THERAPY	0	0	0	0	0 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
69.01 06901	ECHOCARDIOGRAM	0	0	0	0	0 69.01
69.02 06902	CARDIOLOGY	0	0	0	0	0 69.02
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
71.30 07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 71.30
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	0 74.00
75.02 07501	OUTPATIENT SURGERY	0	0	0	0	0 75.02
76.00 03290	ELECTROMYOGRAPHY	0	0	0	0	0 76.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	0	0	0	0	0 90.00
90.01 09001	ADDICTION RECOVERY CLINIC	0	0	0	0	0 90.01
90.03 09002	LITHOTRIPSY	0	0	0	0	0 90.03
91.00 09100	EMERGENCY	0	0	0	100	0 91.00
91.20 09101	ACUTE CARE CENTER	0	0	0	0	0 91.20
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0202

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

Worksheet B-1

Date/Time Prepared:
5/30/2019 11:24 am

Cost Center Description	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED EDUCATION EMS (ASSIGNED TIME)	CLINICAL PASTORAL EDUCATION (ASSIGNED TIME)	
		SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
		20.00	21.00			
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	99.10
99.20 09920	OPT	0	0	0	0	99.20
99.30 09930	OOT	0	0	0	0	99.30
99.40 09940	OSP	0	0	0	0	99.40
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	111.00
116.00 11600	HOSPICE	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	100	100 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00 07950	FUNDRAISING	0	0	0	0	194.00
194.01 07951	MANAGED CARE ADMINISTRATION	0	0	0	0	194.01
194.02 07952	PHYSICIAN SUPPORT SERVICES	0	0	0	0	194.02
194.03 07953	HOME MEDICAL EQUIPMENT	0	0	0	0	194.03
194.04 07954	HOME PHARMACY	0	0	0	0	194.04
194.05 07955	HOSPICE	0	0	0	0	194.05
194.06 07956	NEIL MRI	0	0	0	0	194.06
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	0	0	534,542	579,837 202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	5,345.420000	5,798.370000 203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	0	0	124,559	81,768 204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	1,245.590000	817.680000 205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)	0			0	0 206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000			0.000000	0.000000 207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0202

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2019 11:24 am

		Title XVIII		Hospital		PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	81,299,615	81,299,615	0	81,299,615	30.00
31.00	03100 INTENSIVE CARE UNIT	13,388,428	13,388,428	21,270	13,409,698	31.00
41.00	04100 SUBPROVIDER - I RF	0	0	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	42.00
43.00	04300 NURSERY	4,505,303	4,505,303	0	4,505,303	43.00
45.00	04500 NURSING FACILITY	0	0	0	0	45.00
45.01	04510 ICF/MR	0	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	23,420,776	23,420,776	0	23,420,776	50.00
51.00	05100 RECOVERY ROOM	2,524,585	2,524,585	0	2,524,585	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,673,142	2,673,142	0	2,673,142	52.00
53.00	05300 ANESTHESIOLOGY	560,368	560,368	0	560,368	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	9,262,222	9,262,222	0	9,262,222	54.00
56.00	05600 RADIOISOTOPE	3,116,229	3,116,229	0	3,116,229	56.00
56.01	05603 ULTRASOUND	2,510,294	2,510,294	0	2,510,294	56.01
57.00	05700 CT SCAN	2,437,380	2,437,380	0	2,437,380	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,545,683	1,545,683	0	1,545,683	58.00
59.00	05900 CARDIAC CATHETERIZATION	5,251,220	5,251,220	0	5,251,220	59.00
60.00	06000 LABORATORY	12,080,278	12,080,278	0	12,080,278	60.00
60.01	06001 LABORATORY	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	218,354	218,354	0	218,354	63.00
65.00	06500 RESPIRATORY THERAPY	4,586,559	4,586,559	0	4,586,559	65.00
65.01	06501 STRESS TEST	1,238,261	1,238,261	0	1,238,261	65.01
66.00	06600 PHYSICAL THERAPY	9,355,907	9,355,907	0	9,355,907	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	636,802	636,802	0	636,802	69.00
69.01	06901 ECHOCARDIOGRAM	0	0	0	0	69.01
69.02	06902 RADIOLOGY	0	0	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	249,240	249,240	0	249,240	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	29,292,481	29,292,481	0	29,292,481	71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	71.30
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	21,376,206	21,376,206	0	21,376,206	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	31,734,097	31,734,097	0	31,734,097	73.00
74.00	07400 RENAL DIALYSIS	1,786,542	1,786,542	0	1,786,542	74.00
75.02	07501 OUTPATIENT SURGERY	0	0	0	0	75.02
76.00	03290 ELECTROMYOGRAPHY	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	2,419,773	2,419,773	0	2,419,773	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000 CLINIC	4,082,090	4,082,090	0	4,082,090	90.00
90.01	09001 ADDICTION RECOVERY CLINIC	0	0	0	0	90.01
90.03	09002 LI THOTRI PSY	0	0	0	0	90.03
91.00	09100 EMERGENCY	22,977,095	22,977,095	808,951	23,786,046	91.00
91.20	09101 ACUTE CARE CENTER	5,317,978	5,317,978	0	5,317,978	91.20
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	6,665,724	6,665,724	0	6,665,724	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910 CORF	0	0	0	0	99.10
99.20	09920 OPT	0	0	0	0	99.20
99.30	09930 OOT	0	0	0	0	99.30
99.40	09940 OSP	0	0	0	0	99.40
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	111.00
116.00	11600 HOSPICE	0	0	0	0	116.00
200.00	Subtotal (see instructions)	306,512,632	306,512,632	830,221	307,342,853	200.00
201.00	Less Observation Beds	6,665,724	6,665,724	0	6,665,724	201.00
202.00	Total (see instructions)	299,846,908	299,846,908	830,221	300,677,129	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0202		Period: From 01/01/2018 To 12/31/2018		Worksheet C Part I Date/Time Prepared: 5/30/2019 11:24 am		
			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	211,732,298		211,732,298				30.00
31.00	03100	INTENSIVE CARE UNIT	28,484,724		28,484,724				31.00
41.00	04100	SUBPROVIDER - IRF	0		0				41.00
42.00	04200	SUBPROVIDER	0		0				42.00
43.00	04300	NURSERY	8,618,011		8,618,011				43.00
45.00	04500	NURSING FACILITY	0		0				45.00
45.01	04510	ICF/MR	0		0				45.01
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	78,211,443	96,907,412	175,118,855	0.133742	0.000000		50.00
51.00	05100	RECOVERY ROOM	9,101,818	13,338,822	22,440,640	0.112501	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,391,630	0	3,391,630	0.788158	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	8,840,014	10,729,724	19,569,738	0.028634	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,450,631	38,302,878	55,753,509	0.166128	0.000000		54.00
56.00	05600	RADIO SOTOPE	5,908,604	41,324,815	47,233,419	0.065975	0.000000		56.00
56.01	05603	ULTRASOUND	5,793,822	20,725,260	26,519,082	0.094660	0.000000		56.01
57.00	05700	CT SCAN	34,682,480	65,101,120	99,783,600	0.024427	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	9,639,671	24,382,982	34,022,653	0.045431	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	29,169,407	25,728,386	54,897,793	0.095654	0.000000		59.00
60.00	06000	LABORATORY	65,367,713	51,740,174	117,107,887	0.103155	0.000000		60.00
60.01	06001	LABORATORY	0	0	0	0.000000	0.000000		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,250,200	3,721,197	11,971,397	0.018240	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	31,835,130	2,596,531	34,431,661	0.133208	0.000000		65.00
65.01	06501	STRESS TEST	12,108,339	12,038,845	24,147,184	0.051280	0.000000		65.01
66.00	06600	PHYSICAL THERAPY	10,704,145	20,733,943	31,438,088	0.297598	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	4,055,265	4,639,840	8,695,105	0.073237	0.000000		69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0	0.000000	0.000000		69.01
69.02	06902	CARDIOLOGY	0	0	0	0.000000	0.000000		69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	286,330	296,225	582,555	0.427839	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	29,068,730	21,692,718	50,761,448	0.577062	0.000000		71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0.000000	0.000000		71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	50,311,416	25,979,273	76,290,689	0.280194	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	97,954,644	71,732,929	169,687,573	0.187015	0.000000		73.00
74.00	07400	RENAL DIALYSIS	5,430,540	0	5,430,540	0.328981	0.000000		74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0	0.000000	0.000000		75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	0	0.000000	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	118,350	3,222,709	3,341,059	0.724253	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0				89.00
90.00	09000	CLINIC	98,755	18,949,484	19,048,239	0.214303	0.000000		90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	0	0.000000	0.000000		90.01
90.03	09002	LITHOTRIPSY	0	0	0	0.000000	0.000000		90.03
91.00	09100	EMERGENCY	39,221,550	93,774,425	132,995,975	0.172765	0.000000		91.00
91.20	09101	ACUTE CARE CENTER	43,108	12,906,441	12,949,549	0.410669	0.000000		91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	9,133,605	18,922,330	28,055,935	0.237587	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
99.10	09910	CORF	0	0	0				99.10
99.20	09920	OPT	0	0	0				99.20
99.30	09930	OOT	0	0	0				99.30
99.40	09940	OSP	0	0	0				99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0				101.00
SPECIAL PURPOSE COST CENTERS									
109.00	10900	PANCREAS ACQUISITION	0	0	0				109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0				110.00
111.00	11100	ISLET ACQUISITION	0	0	0				111.00
116.00	11600	HOSPICE	0	0	0				116.00
200.00		Subtotal (see instructions)	815,012,373	699,488,463	1,514,500,836				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	815,012,373	699,488,463	1,514,500,836				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0202	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/30/2019 11:24 am
Cost Center Description			PPS Inpatient Ratio 11.00	Title XVIII	Hospital
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
45.00	04500	NURSING FACILITY			45.00
45.01	04510	ICF/MR			45.01
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.133742		50.00
51.00	05100	RECOVERY ROOM	0.112501		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.788158		52.00
53.00	05300	ANESTHESIOLOGY	0.028634		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.166128		54.00
56.00	05600	RADIOISOTOPE	0.065975		56.00
56.01	05603	ULTRASOUND	0.094660		56.01
57.00	05700	CT SCAN	0.024427		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.045431		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.095654		59.00
60.00	06000	LABORATORY	0.103155		60.00
60.01	06001	LABORATORY	0.000000		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.018240		63.00
65.00	06500	RESPIRATORY THERAPY	0.133208		65.00
65.01	06501	STRESS TEST	0.051280		65.01
66.00	06600	PHYSICAL THERAPY	0.297598		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.073237		69.00
69.01	06901	ECHOCARDIOGRAM	0.000000		69.01
69.02	06902	CARDIOLOGY	0.000000		69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.427839		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.577062		71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0.000000		71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.280194		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.187015		73.00
74.00	07400	RENAL DIALYSIS	0.328981		74.00
75.02	07501	OUTPATIENT SURGERY	0.000000		75.02
76.00	03290	ELECTROMYOGRAPHY	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.724253		76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0.214303		90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0.000000		90.01
90.03	09002	LITHOTRIPSY	0.000000		90.03
91.00	09100	EMERGENCY	0.178848		91.00
91.20	09101	ACUTE CARE CENTER	0.410669		91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.237587		92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF			99.10
99.20	09920	OPT			99.20
99.30	09930	OOT			99.30
99.40	09940	OSP			99.40
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0202

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

Worksheet C
Part I
Date/Time Prepared:
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		Title XIX		Hospital		Cost
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	81,299,615	81,299,615	0	81,299,615	30.00
31.00	03100 INTENSIVE CARE UNIT	13,388,428	13,388,428	21,270	13,409,698	31.00
41.00	04100 SUBPROVIDER - I RF	0	0	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	42.00
43.00	04300 NURSERY	4,505,303	4,505,303	0	4,505,303	43.00
45.00	04500 NURSING FACILITY	0	0	0	0	45.00
45.01	04510 ICF/MR	0	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	23,420,776	23,420,776	0	23,420,776	50.00
51.00	05100 RECOVERY ROOM	2,524,585	2,524,585	0	2,524,585	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,673,142	2,673,142	0	2,673,142	52.00
53.00	05300 ANESTHESIOLOGY	560,368	560,368	0	560,368	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	9,262,222	9,262,222	0	9,262,222	54.00
56.00	05600 RADIOISOTOPE	3,116,229	3,116,229	0	3,116,229	56.00
56.01	05603 ULTRASOUND	2,510,294	2,510,294	0	2,510,294	56.01
57.00	05700 CT SCAN	2,437,380	2,437,380	0	2,437,380	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,545,683	1,545,683	0	1,545,683	58.00
59.00	05900 CARDIAC CATHETERIZATION	5,251,220	5,251,220	0	5,251,220	59.00
60.00	06000 LABORATORY	12,080,278	12,080,278	0	12,080,278	60.00
60.01	06001 LABORATORY	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	218,354	218,354	0	218,354	63.00
65.00	06500 RESPIRATORY THERAPY	4,586,559	4,586,559	0	4,586,559	65.00
65.01	06501 STRESS TEST	1,238,261	1,238,261	0	1,238,261	65.01
66.00	06600 PHYSICAL THERAPY	9,355,907	9,355,907	0	9,355,907	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	636,802	636,802	0	636,802	69.00
69.01	06901 ECHOCARDIOGRAM	0	0	0	0	69.01
69.02	06902 RADIOLOGY	0	0	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	249,240	249,240	0	249,240	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	29,292,481	29,292,481	0	29,292,481	71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	71.30
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	21,376,206	21,376,206	0	21,376,206	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	31,734,097	31,734,097	0	31,734,097	73.00
74.00	07400 RENAL DIALYSIS	1,786,542	1,786,542	0	1,786,542	74.00
75.02	07501 OUTPATIENT SURGERY	0	0	0	0	75.02
76.00	03290 ELECTROMYOGRAPHY	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	2,419,773	2,419,773	0	2,419,773	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000 CLINIC	4,082,090	4,082,090	0	4,082,090	90.00
90.01	09001 ADDICTION RECOVERY CLINIC	0	0	0	0	90.01
90.03	09002 LI THOTRI PSY	0	0	0	0	90.03
91.00	09100 EMERGENCY	22,977,095	22,977,095	808,951	23,786,046	91.00
91.20	09101 ACUTE CARE CENTER	5,317,978	5,317,978	0	5,317,978	91.20
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	6,665,724	6,665,724	0	6,665,724	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910 CORF	0	0	0	0	99.10
99.20	09920 OPT	0	0	0	0	99.20
99.30	09930 OOT	0	0	0	0	99.30
99.40	09940 OSP	0	0	0	0	99.40
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	111.00
116.00	11600 HOSPICE	0	0	0	0	116.00
200.00	Subtotal (see instructions)	306,512,632	306,512,632	830,221	307,342,853	200.00
201.00	Less Observation Beds	6,665,724	6,665,724	0	6,665,724	201.00
202.00	Total (see instructions)	299,846,908	299,846,908	830,221	300,677,129	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0202

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2019 11:24 am

		Title XIX			Hospital	Cost	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	211,732,298		211,732,298		30.00
31.00	03100	INTENSIVE CARE UNIT	28,484,724		28,484,724		31.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	8,618,011		8,618,011		43.00
45.00	04500	NURSING FACILITY	0		0		45.00
45.01	04510	ICF/MR	0		0		45.01
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	78,211,443	96,907,412	175,118,855	0.133742	50.00
51.00	05100	RECOVERY ROOM	9,101,818	13,338,822	22,440,640	0.112501	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,391,630	0	3,391,630	0.788158	52.00
53.00	05300	ANESTHESIOLOGY	8,840,014	10,729,724	19,569,738	0.028634	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,450,631	38,302,878	55,753,509	0.166128	54.00
56.00	05600	RADIO SOTOPE	5,908,604	41,324,815	47,233,419	0.065975	56.00
56.01	05603	ULTRASOUND	5,793,822	20,725,260	26,519,082	0.094660	56.01
57.00	05700	CT SCAN	34,682,480	65,101,120	99,783,600	0.024427	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	9,639,671	24,382,982	34,022,653	0.045431	58.00
59.00	05900	CARDIAC CATHETERIZATION	29,169,407	25,728,386	54,897,793	0.095654	59.00
60.00	06000	LABORATORY	65,367,713	51,740,174	117,107,887	0.103155	60.00
60.01	06001	LABORATORY	0	0	0	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,250,200	3,721,197	11,971,397	0.018240	63.00
65.00	06500	RESPIRATORY THERAPY	31,835,130	2,596,531	34,431,661	0.133208	65.00
65.01	06501	STRESS TEST	12,108,339	12,038,845	24,147,184	0.051280	65.01
66.00	06600	PHYSICAL THERAPY	10,704,145	20,733,943	31,438,088	0.297598	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	4,055,265	4,639,840	8,695,105	0.073237	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0	0.000000	69.01
69.02	06902	CARDIOLOGY	0	0	0	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	286,330	296,225	582,555	0.427839	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	29,068,730	21,692,718	50,761,448	0.577062	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0.000000	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	50,311,416	25,979,273	76,290,689	0.280194	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	97,954,644	71,732,929	169,687,573	0.187015	73.00
74.00	07400	RENAL DIALYSIS	5,430,540	0	5,430,540	0.328981	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0	0.000000	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	118,350	3,222,709	3,341,059	0.724253	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	98,755	18,949,484	19,048,239	0.214303	90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	0	0.000000	90.01
90.03	09002	LITHOTRIPSY	0	0	0	0.000000	90.03
91.00	09100	EMERGENCY	39,221,550	93,774,425	132,995,975	0.172765	91.00
91.20	09101	ACUTE CARE CENTER	43,108	12,906,441	12,949,549	0.410669	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	9,133,605	18,922,330	28,055,935	0.237587	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
99.20	09920	OPT	0	0	0		99.20
99.30	09930	OOT	0	0	0		99.30
99.40	09940	OSP	0	0	0		99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
116.00	11600	HOSPICE	0	0	0		116.00
200.00		Subtotal (see instructions)	815,012,373	699,488,463	1,514,500,836		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	815,012,373	699,488,463	1,514,500,836		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0202	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/30/2019 11:24 am	
Cost Center Description			PPS Inpatient Ratio 11.00	Title XIX	Hospital	Cost
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
41.00	04100	SUBPROVIDER - IRF				41.00
42.00	04200	SUBPROVIDER				42.00
43.00	04300	NURSERY				43.00
45.00	04500	NURSING FACILITY				45.00
45.01	04510	ICF/MR				45.01
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
56.01	05603	ULTRASOUND	0.000000			56.01
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
60.01	06001	LABORATORY	0.000000			60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
65.01	06501	STRESS TEST	0.000000			65.01
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
69.01	06901	ECHOCARDIOGRAM	0.000000			69.01
69.02	06902	CARDIOLOGY	0.000000			69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0.000000			71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
75.02	07501	OUTPATIENT SURGERY	0.000000			75.02
76.00	03290	ELECTROMYOGRAPHY	0.000000			76.00
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0.000000			90.01
90.03	09002	LITHOTRIPSY	0.000000			90.03
91.00	09100	EMERGENCY	0.000000			91.00
91.20	09101	ACUTE CARE CENTER	0.000000			91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
99.20	09920	OPT				99.20
99.30	09930	OOT				99.30
99.40	09940	OSP				99.40
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0202

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2019 11:24 am

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	81,299,615		81,299,615	0	81,299,615	30.00
31.00	03100 INTENSIVE CARE UNIT	13,388,428		13,388,428	21,270	13,409,698	31.00
41.00	04100 SUBPROVIDER - I RF	0		0	0	0	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	4,505,303		4,505,303	0	4,505,303	43.00
45.00	04500 NURSING FACILITY	0		0	0	0	45.00
45.01	04510 ICF/MR	0		0	0	0	45.01
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	23,420,776		23,420,776	0	23,420,776	50.00
51.00	05100 RECOVERY ROOM	2,524,585		2,524,585	0	2,524,585	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,673,142		2,673,142	0	2,673,142	52.00
53.00	05300 ANESTHESIOLOGY	560,368		560,368	0	560,368	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	9,262,222		9,262,222	0	9,262,222	54.00
56.00	05600 RADIOISOTOPE	3,116,229		3,116,229	0	3,116,229	56.00
56.01	05603 ULTRASOUND	2,510,294		2,510,294	0	2,510,294	56.01
57.00	05700 CT SCAN	2,437,380		2,437,380	0	2,437,380	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,545,683		1,545,683	0	1,545,683	58.00
59.00	05900 CARDIAC CATHETERIZATION	5,251,220		5,251,220	0	5,251,220	59.00
60.00	06000 LABORATORY	12,080,278		12,080,278	0	12,080,278	60.00
60.01	06001 LABORATORY	0		0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	218,354		218,354	0	218,354	63.00
65.00	06500 RESPIRATORY THERAPY	4,586,559	0	4,586,559	0	4,586,559	65.00
65.01	06501 STRESS TEST	1,238,261	0	1,238,261	0	1,238,261	65.01
66.00	06600 PHYSICAL THERAPY	9,355,907	0	9,355,907	0	9,355,907	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	636,802		636,802	0	636,802	69.00
69.01	06901 ECHOCARDIOGRAM	0		0	0	0	69.01
69.02	06902 RADIOLOGY	0		0	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	249,240		249,240	0	249,240	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	29,292,481		29,292,481	0	29,292,481	71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0		0	0	0	71.30
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	21,376,206		21,376,206	0	21,376,206	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	31,734,097		31,734,097	0	31,734,097	73.00
74.00	07400 RENAL DIALYSIS	1,786,542		1,786,542	0	1,786,542	74.00
75.02	07501 OUTPATIENT SURGERY	0		0	0	0	75.02
76.00	03290 ELECTROMYOGRAPHY	0		0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	2,419,773		2,419,773	0	2,419,773	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINIC	4,082,090		4,082,090	0	4,082,090	90.00
90.01	09001 ADDICTION RECOVERY CLINIC	0		0	0	0	90.01
90.03	09002 LI THOTRI PSY	0		0	0	0	90.03
91.00	09100 EMERGENCY	22,977,095		22,977,095	808,951	23,786,046	91.00
91.20	09101 ACUTE CARE CENTER	5,317,978		5,317,978	0	5,317,978	91.20
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	6,665,724		6,665,724	0	6,665,724	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0		0	0	0	99.10
99.20	09920 OPT	0		0	0	0	99.20
99.30	09930 OOT	0		0	0	0	99.30
99.40	09940 OSP	0		0	0	0	99.40
101.00	10100 HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0		0	0	0	111.00
116.00	11600 HOSPICE	0		0	0	0	116.00
200.00	Subtotal (see instructions)	306,512,632	0	306,512,632	830,221	307,342,853	200.00
201.00	Less Observation Beds	6,665,724		6,665,724	0	6,665,724	201.00
202.00	Total (see instructions)	299,846,908	0	299,846,908	830,221	300,677,129	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0202

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2019 11:24 am

		Title V			Hospital	Cost	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	211,732,298		211,732,298		30.00
31.00	03100	INTENSIVE CARE UNIT	28,484,724		28,484,724		31.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	8,618,011		8,618,011		43.00
45.00	04500	NURSING FACILITY	0		0		45.00
45.01	04510	ICF/MR	0		0		45.01
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	78,211,443	96,907,412	175,118,855	0.133742	50.00
51.00	05100	RECOVERY ROOM	9,101,818	13,338,822	22,440,640	0.112501	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,391,630	0	3,391,630	0.788158	52.00
53.00	05300	ANESTHESIOLOGY	8,840,014	10,729,724	19,569,738	0.028634	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,450,631	38,302,878	55,753,509	0.166128	54.00
56.00	05600	RADIO SOTOPE	5,908,604	41,324,815	47,233,419	0.065975	56.00
56.01	05603	ULTRASOUND	5,793,822	20,725,260	26,519,082	0.094660	56.01
57.00	05700	CT SCAN	34,682,480	65,101,120	99,783,600	0.024427	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	9,639,671	24,382,982	34,022,653	0.045431	58.00
59.00	05900	CARDIAC CATHETERIZATION	29,169,407	25,728,386	54,897,793	0.095654	59.00
60.00	06000	LABORATORY	65,367,713	51,740,174	117,107,887	0.103155	60.00
60.01	06001	LABORATORY	0	0	0	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,250,200	3,721,197	11,971,397	0.018240	63.00
65.00	06500	RESPIRATORY THERAPY	31,835,130	2,596,531	34,431,661	0.133208	65.00
65.01	06501	STRESS TEST	12,108,339	12,038,845	24,147,184	0.051280	65.01
66.00	06600	PHYSICAL THERAPY	10,704,145	20,733,943	31,438,088	0.297598	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	4,055,265	4,639,840	8,695,105	0.073237	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0	0.000000	69.01
69.02	06902	CARDIOLOGY	0	0	0	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	286,330	296,225	582,555	0.427839	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	29,068,730	21,692,718	50,761,448	0.577062	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0.000000	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	50,311,416	25,979,273	76,290,689	0.280194	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	97,954,644	71,732,929	169,687,573	0.187015	73.00
74.00	07400	RENAL DIALYSIS	5,430,540	0	5,430,540	0.328981	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0	0.000000	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	118,350	3,222,709	3,341,059	0.724253	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	98,755	18,949,484	19,048,239	0.214303	90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	0	0.000000	90.01
90.03	09002	LITHOTRIPSY	0	0	0	0.000000	90.03
91.00	09100	EMERGENCY	39,221,550	93,774,425	132,995,975	0.172765	91.00
91.20	09101	ACUTE CARE CENTER	43,108	12,906,441	12,949,549	0.410669	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	9,133,605	18,922,330	28,055,935	0.237587	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
99.20	09920	OPT	0	0	0		99.20
99.30	09930	OOT	0	0	0		99.30
99.40	09940	OSP	0	0	0		99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
116.00	11600	HOSPICE	0	0	0		116.00
200.00		Subtotal (see instructions)	815,012,373	699,488,463	1,514,500,836		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	815,012,373	699,488,463	1,514,500,836		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0202	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/30/2019 11:24 am	
Cost Center Description			PPS Inpatient Ratio 11.00	Title V	Hospital	Cost
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
41.00	04100	SUBPROVIDER - IRF				41.00
42.00	04200	SUBPROVIDER				42.00
43.00	04300	NURSERY				43.00
45.00	04500	NURSING FACILITY				45.00
45.01	04510	ICF/MR				45.01
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
56.01	05603	ULTRASOUND	0.000000			56.01
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
60.01	06001	LABORATORY	0.000000			60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
65.01	06501	STRESS TEST	0.000000			65.01
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
69.01	06901	ECHOCARDIOGRAM	0.000000			69.01
69.02	06902	CARDIOLOGY	0.000000			69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0.000000			71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
75.02	07501	OUTPATIENT SURGERY	0.000000			75.02
76.00	03290	ELECTROMYOGRAPHY	0.000000			76.00
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0.000000			90.01
90.03	09002	LITHOTRIPSY	0.000000			90.03
91.00	09100	EMERGENCY	0.000000			91.00
91.20	09101	ACUTE CARE CENTER	0.000000			91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
99.20	09920	OPT				99.20
99.30	09930	OOT				99.30
99.40	09940	OSP				99.40
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0202

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

Worksheet D
Part I
Date/Time Prepared:
5/30/2019 11:24 am

Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	9,219,486	0	9,219,486	67,984	135.61	30.00
31.00	INTENSIVE CARE UNIT	914,769		914,769	5,136	178.11	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	360,155		360,155	1,966	183.19	43.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
45.01	ICF/MR	0		0	0	0.00	45.01
200.00	Total (lines 30 through 199)	10,494,410		10,494,410	75,086		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	30,192	4,094,337				
31.00	INTENSIVE CARE UNIT	2,170	386,499				
41.00	SUBPROVIDER - IRF	0	0				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
45.00	NURSING FACILITY	0	0				
45.01	ICF/MR	0	0				
200.00	Total (lines 30 through 199)	32,362	4,480,836				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0202	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part II Date/Time Prepared: 5/30/2019 11:24 am
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Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,353,863	175,118,855	0.013442	29,594,888	397,814	50.00
51.00	05100	RECOVERY ROOM	214,783	22,440,640	0.009571	3,533,872	33,823	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	456,776	3,391,630	0.134677	0	0	52.00
53.00	05300	ANESTHESIOLOGY	43,932	19,569,738	0.002245	3,329,135	7,474	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,313,239	55,753,509	0.023554	8,858,232	208,647	54.00
56.00	05600	RADIOISOTOPE	208,718	47,233,419	0.004419	2,718,097	12,011	56.00
56.01	05603	ULTRASOUND	136,720	26,519,082	0.005156	2,713,172	13,989	56.01
57.00	05700	CT SCAN	154,960	99,783,600	0.001553	14,871,932	23,096	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	181,876	34,022,653	0.005346	4,186,196	22,379	58.00
59.00	05900	CARDIAC CATHETERIZATION	699,978	54,897,793	0.012751	12,551,826	160,048	59.00
60.00	06000	LABORATORY	565,518	117,107,887	0.004829	31,563,007	152,418	60.00
60.01	06001	LABORATORY	0	0	0.000000	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	80,621	11,971,397	0.006734	2,257,137	15,200	63.00
65.00	06500	RESPIRATORY THERAPY	297,571	34,431,661	0.008642	16,422,909	141,927	65.00
65.01	06501	STRESS TEST	30,922	24,147,184	0.001281	6,283,574	8,049	65.01
66.00	06600	PHYSICAL THERAPY	1,042,722	31,438,088	0.033167	5,772,588	191,459	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	24,191	8,695,105	0.002782	2,124,500	5,910	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0.000000	0	0	69.01
69.02	06902	CARDIOLOGY	0	0	0.000000	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	79,237	582,555	0.136016	137,885	18,755	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	343,671	50,761,448	0.006770	13,525,903	91,570	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0.000000	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	251,413	76,290,689	0.003295	22,794,379	75,107	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	628,333	169,687,573	0.003703	44,698,275	165,518	73.00
74.00	07400	RENAL DIALYSIS	180,904	5,430,540	0.033312	3,246,845	108,159	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0.000000	0	0	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	637,418	3,341,059	0.190783	49,980	9,535	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	375,459	19,048,239	0.019711	63,268	1,247	90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	0.000000	0	0	90.01
90.03	09002	LITHOTRIPSY	0	0	0.000000	0	0	90.03
91.00	09100	EMERGENCY	2,523,846	132,995,975	0.018977	17,797,926	337,751	91.00
91.20	09101	ACUTE CARE CENTER	502,502	12,949,549	0.038805	19,525	758	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	755,900	28,055,935	0.026943	4,651,805	125,334	92.00
200.00		Total (lines 50 through 199)	14,085,073	1,265,665,803		253,766,856	2,327,978	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0202	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part III Date/Time Prepared: 5/30/2019 11:24 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	521,853	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	40,589	0	31.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00	
43.00	04300	NURSERY	0	0	0	17,395	0	43.00	
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00	
45.01	04510	ICF/MR	0	0	0	0	0	45.01	
200.00		Total (lines 30 through 199)	0	0	0	579,837	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	521,853	67,984	7.68	30,192	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	40,589	5,136	7.90	2,170	31.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00	
43.00	04300	NURSERY	0	17,395	1,966	8.85	0	43.00	
45.00	04500	NURSING FACILITY	0	0	0	0.00	0	45.00	
45.01	04510	ICF/MR	0	0	0	0.00	0	45.01	
200.00		Total (lines 30 through 199)	0	579,837	75,086		32,362	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	231,875						30.00
31.00	03100	INTENSIVE CARE UNIT	17,143						31.00
41.00	04100	SUBPROVIDER - IRF	0						41.00
42.00	04200	SUBPROVIDER	0						42.00
43.00	04300	NURSERY	0						43.00
45.00	04500	NURSING FACILITY	0						45.00
45.01	04510	ICF/MR	0						45.01
200.00		Total (lines 30 through 199)	249,018						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0202	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/30/2019 11:24 am
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Cost Center Description	Title XVIII				Hospital	PPS	
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	0	56.00
56.01 05603 ULTRASOUND	0	0	0	0	0	0	56.01
57.00 05700 CT SCAN	0	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00
60.01 06001 LABORATORY	0	0	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
65.01 06501 STRESS TEST	0	0	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
69.01 06901 ECHOCARDIOGRAM	0	0	0	0	0	0	69.01
69.02 06902 RADIOLOGY	0	0	0	0	0	0	69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
71.30 07101 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	71.30
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.02 07501 OUTPATIENT SURGERY	0	0	0	0	0	0	75.02
76.00 03290 ELECTROMYOGRAPHY	0	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
90.01 09001 ADDICTION RECOVERY CLINIC	0	0	0	0	0	0	90.01
90.03 09002 LI THOTRI PSY	0	0	0	0	0	0	90.03
91.00 09100 EMERGENCY	0	0	0	0	0	534,542	91.00
91.20 09101 ACUTE CARE CENTER	0	0	0	0	0	0	91.20
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	42,787	92.00
200.00 Total (lines 50 through 199)	0	0	0	0	0	577,329	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0202	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/30/2019 11:24 am
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Cost Center Description		Title XVIII				Hospital	PPS	
		All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 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	175,118,855	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	22,440,640	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,391,630	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	19,569,738	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	55,753,509	0.000000	54.00
56.00	05600	RADIOISOTOPE	0	0	0	47,233,419	0.000000	56.00
56.01	05603	ULTRASOUND	0	0	0	26,519,082	0.000000	56.01
57.00	05700	CT SCAN	0	0	0	99,783,600	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	34,022,653	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	54,897,793	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	117,107,887	0.000000	60.00
60.01	06001	LABORATORY	0	0	0	0	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	11,971,397	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	34,431,661	0.000000	65.00
65.01	06501	STRESS TEST	0	0	0	24,147,184	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	31,438,088	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	8,695,105	0.000000	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0	0	0.000000	69.01
69.02	06902	CARDIOLOGY	0	0	0	0	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	582,555	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	50,761,448	0.000000	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0.000000	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	76,290,689	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	169,687,573	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	5,430,540	0.000000	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0	0	0.000000	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	3,341,059	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	19,048,239	0.000000	90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	0	0	0.000000	90.01
90.03	09002	LITHOTRIPSY	0	0	0	0	0.000000	90.03
91.00	09100	EMERGENCY	0	534,542	534,542	132,995,975	0.004019	91.00
91.20	09101	ACUTE CARE CENTER	0	0	0	12,949,549	0.000000	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	42,787	42,787	28,055,935	0.001525	92.00
200.00		Total (lines 50 through 199)	0	577,329	577,329	1,265,665,803		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0202	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/30/2019 11:24 am
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Cost Center Description		Title XVIII			Hospital		PPS	
		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	29,594,888	0	27,850,788	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	3,533,872	0	2,846,662	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	3,329,135	0	2,693,061	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	8,858,232	0	10,332,242	0	54.00
56.00	05600	RADIOISOTOPE	0.000000	2,718,097	0	17,285,574	0	56.00
56.01	05603	ULTRASOUND	0.000000	2,713,172	0	3,920,579	0	56.01
57.00	05700	CT SCAN	0.000000	14,871,932	0	17,622,754	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	4,186,196	0	6,915,498	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	12,551,826	0	10,905,936	0	59.00
60.00	06000	LABORATORY	0.000000	31,563,007	0	10,397,804	0	60.00
60.01	06001	LABORATORY	0.000000	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	2,257,137	0	2,109,374	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	16,422,909	0	558,156	0	65.00
65.01	06501	STRESS TEST	0.000000	6,283,574	0	3,823,003	0	65.01
66.00	06600	PHYSICAL THERAPY	0.000000	5,772,588	0	238,540	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	2,124,500	0	1,357,830	0	69.00
69.01	06901	ECHOCARDIOGRAM	0.000000	0	0	0	0	69.01
69.02	06902	CARDIOLOGY	0.000000	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	137,885	0	68,620	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	13,525,903	0	7,257,498	0	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000	22,794,379	0	9,385,287	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	44,698,275	0	23,749,586	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	3,246,845	0	0	0	74.00
75.02	07501	OUTPATIENT SURGERY	0.000000	0	0	0	0	75.02
76.00	03290	ELECTROMYOGRAPHY	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	49,980	0	1,514,574	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	0.000000	63,268	0	9,484,596	0	90.00
90.01	09001	ADDITION RECOVERY CLINIC	0.000000	0	0	0	0	90.01
90.03	09002	LITHOTRIPSY	0.000000	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.004019	17,797,926	71,530	17,772,002	71,426	91.00
91.20	09101	ACUTE CARE CENTER	0.000000	19,525	0	782,624	0	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.001525	4,651,805	7,094	6,450,010	9,836	92.00
200.00		Total (lines 50 through 199)		253,766,856	78,624	195,322,598	81,262	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0202	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/30/2019 11:24 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	0.133742	27,850,788	0	0	3,724,820
51.00 05100 RECOVERY ROOM	0.112501	2,846,662	0	0	320,252
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.788158	0	0	0	0
53.00 05300 ANESTHESIOLOGY	0.028634	2,693,061	0	0	77,113
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.166128	10,332,242	0	0	1,716,475
56.00 05600 RADIOISOTOPE	0.065975	17,285,574	0	0	1,140,416
56.01 05603 ULTRASOUND	0.094660	3,920,579	0	0	371,122
57.00 05700 CT SCAN	0.024427	17,622,754	0	0	430,471
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.045431	6,915,498	0	0	314,178
59.00 05900 CARDIAC CATHETERIZATION	0.095654	10,905,936	0	0	1,043,196
60.00 06000 LABORATORY	0.103155	10,397,804	0	0	1,072,585
60.01 06001 LABORATORY	0.000000	0	0	0	0
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.018240	2,109,374	0	0	38,475
65.00 06500 RESPIRATORY THERAPY	0.133208	558,156	0	0	74,351
65.01 06501 STRESS TEST	0.051280	3,823,003	0	0	196,044
66.00 06600 PHYSICAL THERAPY	0.297598	238,540	0	0	70,989
67.00 06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0
68.00 06800 SPEECH PATHOLOGY	0.000000	0	0	0	0
69.00 06900 ELECTROCARDIOLOGY	0.073237	1,357,830	0	0	99,443
69.01 06901 ECHOCARDIOGRAM	0.000000	0	0	0	0
69.02 06902 RADIOLOGY	0.000000	0	0	0	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0.427839	68,620	0	0	29,358
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.577062	7,257,498	0	0	4,188,026
71.30 07101 IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.280194	9,385,287	0	0	2,629,701
73.00 07300 DRUGS CHARGED TO PATIENTS	0.187015	23,749,586	0	130,968	4,441,529
74.00 07400 RENAL DIALYSIS	0.328981	0	0	0	0
75.02 07501 OUTPATIENT SURGERY	0.000000	0	0	0	0
76.00 03290 ELECTROMYOGRAPHY	0.000000	0	0	0	0
76.97 07697 CARDIAC REHABILITATION	0.724253	1,514,574	0	0	1,096,935
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0
90.00 09000 CLINIC	0.214303	9,484,596	0	0	2,032,577
90.01 09001 ADDICTION RECOVERY CLINIC	0.000000	0	0	0	0
90.03 09002 LI THOTRI PSY	0.000000	0	0	0	0
91.00 09100 EMERGENCY	0.172765	17,772,002	0	248	3,070,380
91.20 09101 ACUTE CARE CENTER	0.410669	782,624	0	134	321,399
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.237587	6,450,010	0	0	1,532,439
200.00 Subtotal (see instructions)		195,322,598	0	131,350	30,032,274
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	
202.00 Net Charges (line 200 - line 201)		195,322,598	0	131,350	30,032,274

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0202	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/30/2019 11:24 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
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
56.00 05600 RADIOISOTOPE	0	0		56.00
56.01 05603 ULTRASOUND	0	0		56.01
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 LABORATORY	0	0		60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
65.01 06501 STRESS TEST	0	0		65.01
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
69.01 06901 ECHOCARDIOGRAM	0	0		69.01
69.02 06902 RADIOLOGY	0	0		69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
71.30 07101 IMPL. DEV. CHARGED TO PATIENT	0	0		71.30
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	24,493		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.02 07501 OUTPATIENT SURGERY	0	0		75.02
76.00 03290 ELECTROMYOGRAPHY	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 ADDICTION RECOVERY CLINIC	0	0		90.01
90.03 09002 LI THOTRI PSY	0	0		90.03
91.00 09100 EMERGENCY	0	43		91.00
91.20 09101 ACUTE CARE CENTER	0	55		91.20
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	0	24,591		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	0	24,591		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0202	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/30/2019 11:24 am
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		Title XIX		Hospital		Cost	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS 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	0.133742	0	0	1,478,977	0	50.00
51.00	05100 RECOVERY ROOM	0.112501	0	0	265,300	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.788158	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.028634	0	0	177,455	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.166128	0	0	646,196	0	54.00
56.00	05600 RADIOISOTOPE	0.065975	0	0	634,954	0	56.00
56.01	05603 ULTRASOUND	0.094660	0	0	723,591	0	56.01
57.00	05700 CT SCAN	0.024427	0	0	1,609,914	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.045431	0	0	278,945	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.095654	0	0	49,272	0	59.00
60.00	06000 LABORATORY	0.103155	0	0	2,351,558	0	60.00
60.01	06001 LABORATORY	0.000000	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.018240	0	0	166,790	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.133208	0	0	103,535	0	65.00
65.01	06501 STRESS TEST	0.051280	0	0	238,625	0	65.01
66.00	06600 PHYSICAL THERAPY	0.297598	0	0	993,246	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.073237	0	0	145,525	0	69.00
69.01	06901 ECHOCARDIOGRAM	0.000000	0	0	0	0	69.01
69.02	06902 RADIOLOGY	0.000000	0	0	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.427839	0	0	14,630	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.577062	0	0	287,067	0	71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	0	0	71.30
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.280194	0	0	179,899	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.187015	0	0	3,021,920	0	73.00
74.00	07400 RENAL DIALYSIS	0.328981	0	0	0	0	74.00
75.02	07501 OUTPATIENT SURGERY	0.000000	0	0	0	0	75.02
76.00	03290 ELECTROMYOGRAPHY	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.724253	0	0	22,950	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000 CLINIC	0.214303	0	0	393,325	0	90.00
90.01	09001 ADDICTION RECOVERY CLINIC	0.000000	0	0	0	0	90.01
90.03	09002 LI THOTRI PSY	0.000000	0	0	0	0	90.03
91.00	09100 EMERGENCY	0.172765	0	0	4,883,799	0	91.00
91.20	09101 ACUTE CARE CENTER	0.410669	0	0	312,787	0	91.20
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.237587	0	0	437,150	0	92.00
200.00	Subtotal (see instructions)		0	0	19,417,410	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges				0		201.00
202.00	Net Charges (line 200 - line 201)		0	0	19,417,410	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0202	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/30/2019 11:24 am
	Title XIX	Hospital	Cost

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	197,801		50.00
51.00 05100 RECOVERY ROOM	0	29,847		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	5,081		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	107,351		54.00
56.00 05600 RADIOISOTOPE	0	41,891		56.00
56.01 05603 ULTRASOUND	0	68,495		56.01
57.00 05700 CT SCAN	0	39,325		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	12,673		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	4,713		59.00
60.00 06000 LABORATORY	0	242,575		60.00
60.01 06001 LABORATORY	0	0		60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	3,042		63.00
65.00 06500 RESPIRATORY THERAPY	0	13,792		65.00
65.01 06501 STRESS TEST	0	12,237		65.01
66.00 06600 PHYSICAL THERAPY	0	295,588		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	10,658		69.00
69.01 06901 ECHOCARDIOGRAM	0	0		69.01
69.02 06902 RADIOLOGY	0	0		69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	0	6,259		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	165,655		71.00
71.30 07101 IMPL. DEV. CHARGED TO PATIENT	0	0		71.30
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	50,407		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	565,144		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.02 07501 OUTPATIENT SURGERY	0	0		75.02
76.00 03290 ELECTROMYOGRAPHY	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	16,622		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	84,291		90.00
90.01 09001 ADDICTION RECOVERY CLINIC	0	0		90.01
90.03 09002 LITHOTRIPSY	0	0		90.03
91.00 09100 EMERGENCY	0	843,750		91.00
91.20 09101 ACUTE CARE CENTER	0	128,452		91.20
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	103,861		92.00
200.00 Subtotal (see instructions)	0	3,049,510		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	0	3,049,510		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0202	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/30/2019 11:24 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		67,984	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		67,984	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)		62,410	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)		30,192	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)		81,299,615	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)		81,299,615	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)		81,299,615	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)		1,195.86	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		36,105,405	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)		36,105,405	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0202		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1	
Date/Time Prepared: 5/30/2019 11:24 am		Title XVIII		Hospital		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	13,409,698	5,136	2,610.92	2,170	5,665,696		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)					43,817,887		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					85,588,988		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					4,729,854		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,406,602		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					7,136,456		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					78,452,532		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)					5,574		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,195.86		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					6,665,724		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0202		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/30/2019 11:24 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	9,219,486	81,299,615	0.113401	6,665,724	755,900	90.00
91.00	Nursing School cost	0	81,299,615	0.000000	6,665,724	0	91.00
92.00	Allied health cost	521,853	81,299,615	0.006419	6,665,724	42,787	92.00
93.00	All other Medical Education	0	81,299,615	0.000000	6,665,724	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0202	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/30/2019 11:24 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		96,995,625	30.00
31.00	03100	INTENSIVE CARE UNIT		12,043,500	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.133742	29,594,888	3,958,080 50.00
51.00	05100	RECOVERY ROOM	0.112501	3,533,872	397,564 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.788158	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.028634	3,329,135	95,326 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.166128	8,858,232	1,471,600 54.00
56.00	05600	RADIOISOTOPE	0.065975	2,718,097	179,326 56.00
56.01	05603	ULTRASOUND	0.094660	2,713,172	256,829 56.01
57.00	05700	CT SCAN	0.024427	14,871,932	363,277 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.045431	4,186,196	190,183 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.095654	12,551,826	1,200,632 59.00
60.00	06000	LABORATORY	0.103155	31,563,007	3,255,882 60.00
60.01	06001	LABORATORY	0.000000	0	0 60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.018240	2,257,137	41,170 63.00
65.00	06500	RESPIRATORY THERAPY	0.133208	16,422,909	2,187,663 65.00
65.01	06501	STRESS TEST	0.051280	6,283,574	322,222 65.01
66.00	06600	PHYSICAL THERAPY	0.297598	5,772,588	1,717,911 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0.073237	2,124,500	155,592 69.00
69.01	06901	ECHOCARDIOGRAM	0.000000	0	0 69.01
69.02	06902	CARDIOLOGY	0.000000	0	0 69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.427839	137,885	58,993 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.577062	13,525,903	7,805,285 71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0 71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.280194	22,794,379	6,386,848 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.187015	44,698,275	8,359,248 73.00
74.00	07400	RENAL DIALYSIS	0.328981	3,246,845	1,068,150 74.00
75.02	07501	OUTPATIENT SURGERY	0.000000	0	0 75.02
76.00	03290	ELECTROMYOGRAPHY	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.724253	49,980	36,198 76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	0.214303	63,268	13,559 90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0.000000	0	0 90.01
90.03	09002	LITHOTRIPSY	0.000000	0	0 90.03
91.00	09100	EMERGENCY	0.178848	17,797,926	3,183,123 91.00
91.20	09101	ACUTE CARE CENTER	0.410669	19,525	8,018 91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.237587	4,651,805	1,105,208 92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		253,766,856	43,817,887 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		253,766,856	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0202	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/30/2019 11:24 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		8,267,839	30.00
31.00	03100	INTENSIVE CARE UNIT		1,488,310	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		1,067,272	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.133742	2,104,323	281,436 50.00
51.00	05100	RECOVERY ROOM	0.112501	272,348	30,639 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.788158	504,515	397,638 52.00
53.00	05300	ANESTHESIOLOGY	0.028634	271,304	7,769 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.166128	688,456	114,372 54.00
56.00	05600	RADIOISOTOPE	0.065975	200,924	13,256 56.00
56.01	05603	ULTRASOUND	0.094660	270,805	25,634 56.01
57.00	05700	CT SCAN	0.024427	1,580,961	38,618 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.045431	336,441	15,285 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.095654	746,023	71,360 59.00
60.00	06000	LABORATORY	0.103155	2,770,747	285,816 60.00
60.01	06001	LABORATORY	0.000000	0	0 60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.018240	362,748	6,617 63.00
65.00	06500	RESPIRATORY THERAPY	0.133208	1,126,254	150,026 65.00
65.01	06501	STRESS TEST	0.051280	347,645	17,827 65.01
66.00	06600	PHYSICAL THERAPY	0.297598	307,825	91,608 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0.073237	120,430	8,820 69.00
69.01	06901	ECHOCARDIOGRAM	0.000000	0	0 69.01
69.02	06902	CARDIOLOGY	0.000000	0	0 69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.427839	6,270	2,683 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.577062	812,521	468,875 71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0 71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.280194	551,316	154,475 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.187015	4,439,309	830,217 73.00
74.00	07400	RENAL DIALYSIS	0.328981	167,915	55,241 74.00
75.02	07501	OUTPATIENT SURGERY	0.000000	0	0 75.02
76.00	03290	ELECTROMYOGRAPHY	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.724253	4,590	3,324 76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	09000	CLINIC	0.214303	1,120	240 90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0.000000	0	0 90.01
90.03	09002	LITHOTRIPSY	0.000000	0	0 90.03
91.00	09100	EMERGENCY	0.172765	1,851,341	319,847 91.00
91.20	09101	ACUTE CARE CENTER	0.410669	841	345 91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.237587	194,495	46,209 92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		20,041,467	3,438,177 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		20,041,467	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0202	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/30/2019 11:24 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)		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		62,111,516	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)		615,728	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		257.73	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)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
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)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.39	30.00
31.00	Percentage of Medicaid patient days (see instructions)		12.97	31.00
32.00	Sum of lines 30 and 31		16.36	32.00
33.00	Allowable disproportionate share percentage (see instructions)		3.38	33.00
34.00	Disproportionate share adjustment (see instructions)		524,842	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0202	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/30/2019 11:24 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)	6,766,695,164	8,272,872,447	35.00
35.01	Factor 3 (see instructions)	0.000411175	0.000449412	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	2,782,298	3,717,928	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	2,081,006	937,122	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	3,018,128		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	46.00
47.00	Subtotal (see instructions)	66,270,214		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)		66,270,214	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		5,290,308	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		120,000	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).		249,018	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		78,624	58.00
59.00	Total (sum of amounts on lines 49 through 58)		72,008,164	59.00
60.00	Primary payer payments		41,090	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		71,967,074	61.00
62.00	Deductibles billed to program beneficiaries		6,223,936	62.00
63.00	Coinurance billed to program beneficiaries		110,430	63.00
64.00	Allowable bad debts (see instructions)		1,014,742	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		659,582	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		623,453	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		66,292,290	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)		-159,329	70.93
70.94	HRR adjustment amount (see instructions)		-175,134	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0202	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/30/2019 11:24 am
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		65,957,827	71.00
71.01	Sequestration adjustment (see instructions)		1,319,157	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		64,830,634	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)		-191,964	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,409,139	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0	0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0	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: 14-0202

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/30/2019 11:24 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	0	0	0	0	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	62,111,516	0	0	62,111,516	62,111,516	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	615,728	0	0	615,728	615,728	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000	0.000000	5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
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	0.000000	7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0338	0.0338	0.0338	0.0338	0.0338	10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	524,842	0	0	524,842	524,842	11.00
11.01	Uncompensated care payments	36.00	3,018,128	0	2,081,006	937,122	3,018,128	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	66,270,214	0	2,081,006	64,189,208	66,270,214	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	66,270,214	0	2,081,006	64,189,208	66,270,214	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	5,290,308	0	0	5,290,308	5,290,308	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0202

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/30/2019 11:24 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01 3.00	Period On/After 10/01 4.00	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	2,081,006	69,479,516	71,560,522	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	5,057,287	0	0	5,057,287	5,057,287	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	62,590	0	0	62,590	62,590	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0337	0.0337	0.0337	0.0337		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	170,431	0	0	170,431	170,431	25.00
26.00	Total prospective capital payments (see instructions)	12.00	5,290,308	0	0	5,290,308	5,290,308	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 14-0202		Period: From 01/01/2018 To 12/31/2018		Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/30/2019 11:24 am	
		Title XVIII		Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A	Period to 10/01	Period on after 10/01	Total (col. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0	0	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	62,111,516		62,111,516	62,111,516	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	615,728	0	615,728	615,728	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
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	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0338	0.0338	0.0338		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	524,842	0	524,842	524,842	11.00
11.01	Uncompensated care payments	36.00	3,018,128	2,081,006	937,122	3,018,128	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	66,270,214	2,081,006	64,189,208	66,270,214	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	66,270,214	2,081,006	64,189,208	66,270,214	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	5,290,308	0	5,290,308	5,290,308	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			2,081,006	69,479,516	71,560,522	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0202

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

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/30/2019 11:24 am

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	5,057,287	0	5,057,287	5,057,287	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	62,590	0	62,590	62,590	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0337	0.0337	0.0337		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	170,431	0	170,431	170,431	25.00
26.00	Total prospective capital payments (see instructions)	12.00	5,290,308	0	5,290,308	5,290,308	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	-159,329	1	-159,330	-159,329	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	-175,134	0	-175,134	-175,134	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0202	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part B Date/Time Prepared: 5/30/2019 11:24 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		24,591	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		29,951,012	2.00
3.00	OPPS payments		30,842,764	3.00
4.00	Outlier payment (see instructions)		22,257	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		81,262	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		24,591	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		131,350	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)		131,350	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)		131,350	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		106,759	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)		24,591	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)		30,946,283	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		5,728,362	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)		25,242,512	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)		25,242,512	30.00
31.00	Primary payer payments		4,267	31.00
32.00	Subtotal (line 30 minus line 31)		25,238,245	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)		920,108	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		598,070	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		623,097	36.00
37.00	Subtotal (see instructions)		25,836,315	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-20	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)		25,836,335	40.00
40.01	Sequestration adjustment (see instructions)		516,727	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		25,394,377	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-74,769	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: 14-0202

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

Worksheet E-1
Part I
Date/Time Prepared:
5/30/2019 11:24 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		65,054,632		25,402,710	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	12/04/2018	45,627		0	3.50	
3.51		07/12/2018	178,371	07/12/2018	8,333	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)		-223,998		-8,333	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)		64,830,634		25,394,377	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01	
6.02	SETTLEMENT TO PROGRAM		191,964		74,769	6.02	
7.00	Total Medicare program liability (see instructions)		64,638,670		25,319,608	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: 14-0202	Period: From 01/01/2018 To 12/31/2018	Worksheet E-1 Part II Date/Time Prepared: 5/30/2019 11:24 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

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

Provider CCN: 14-0202

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

Worksheet G

Date/Time Prepared:
5/30/2019 11:24 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	584,887,000	0	0	0	1.00
2.00	Temporary investments	106,244,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	1,504,053,000	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	531,425,000	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	2,726,609,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	473,862,000	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	7,409,153,000	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	2,956,722,000	0	0	0	23.00
24.00	Accumulated depreciation	-5,213,262,000	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	5,626,475,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	7,712,087,000	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	667,618,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	8,379,705,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	16,732,789,000	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	1,671,124,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	656,815,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	2,327,939,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	2,796,906,000	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	1,364,967,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	4,161,873,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	6,489,812,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	10,242,977,000				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	10,242,977,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	16,732,789,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0202

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

Worksheet G-1

Date/Time Prepared:
5/30/2019 11:24 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		5,014,483,000		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		45,002,988			2.00
3.00	Total (sum of line 1 and line 2)		5,059,485,988		0	3.00
4.00	OTHER SYSTEM AFFILIATES	5,183,491,012		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)		5,183,491,012		0	10.00
11.00	Subtotal (line 3 plus line 10)		10,242,977,000		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)		10,242,977,000		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	OTHER SYSTEM AFFILIATES		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: 14-0202

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/30/2019 11:24 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	220,350,309		220,350,309	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY	0		0	8.00
8.01	ICF/MR	0		0	8.01
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	220,350,309		220,350,309	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	28,484,724		28,484,724	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)	28,484,724		28,484,724	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	248,835,033		248,835,033	17.00
18.00	Ancillary services	560,406,474	667,659,692	1,228,066,166	18.00
19.00	Outpatient services	43,108	12,906,441	12,949,549	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		0	0	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
24.20	OPT	0	0	0	24.20
24.30	OOT	0	0	0	24.30
24.40	OSP	0	0	0	24.40
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	981,022	0	981,022	26.00
27.00	OBSERVATION	9,133,605	18,922,330	28,055,935	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	819,399,242	699,488,463	1,518,887,705	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		312,224,725		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		312,224,725		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0202

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

Worksheet G-3

Date/Time Prepared:
5/30/2019 11:24 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,518,887,705	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,163,843,622	2.00
3.00	Net patient revenues (line 1 minus line 2)	355,044,083	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	312,224,725	4.00
5.00	Net income from service to patients (line 3 minus line 4)	42,819,358	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	3,333	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	0	13.00
14.00	Revenue from meals sold to employees and guests	1,107,160	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	75,266	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	175,123	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	278,882	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	863,403	23.00
24.00	OTHER OPERATING REVENUE	1,201,741	24.00
25.00	Total other income (sum of lines 6-24)	3,704,908	25.00
26.00	Total (line 5 plus line 25)	46,524,266	26.00
27.00	NET NON-OPERATING EXPENSES	1,521,278	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	1,521,278	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	45,002,988	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0202	Period: From 01/01/2018 To 12/31/2018	Worksheet L Parts I-III Date/Time Prepared: 5/30/2019 11:24 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		5,057,287	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		62,590	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)		186.14	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.39	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		12.97	8.00
9.00	Sum of lines 7 and 8		16.36	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.37	10.00
11.00	Disproportionate share adjustment (see instructions)		170,431	11.00
12.00	Total prospective capital payments (see instructions)		5,290,308	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