

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: 14-0233	Period: From 10/01/2017 To 09/30/2018	Worksheet S Parts I-III Date/Time Prepared: 2/27/2019 9:36 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 2/27/2019	Time: 9:36 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by SAINT ANTHONY MEDICAL CENTER (14-0233) for the cost reporting period beginning 10/01/2017 and ending 09/30/2018 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

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

 Title

 Date

Cost Center Description	Title V	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	-387,165	205,189	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0	0	0		0	6.00
200.00 Total	0	-387,165	205,189	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0233		Period: From 10/01/2017 To 09/30/2018		Worksheet S-2 Part I Date/Time Prepared: 2/27/2019 9:36 pm						
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 5666 EAST STATE STREET			PO Box:						1.00		
2.00	City: ROCKFORD			State: IL		Zip Code: 61108-2472		County: WINNEBAGO		2.00		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
				1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
								V	XVIII	XIX		
Hospital and Hospital-Based Component Identification:												
3.00	Hospital			SAINT ANTHONY MEDICAL CENTER	140233	40420	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF											4.00
5.00	Subprovider - IRF											5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF											7.00
8.00	Swing Beds - NF											8.00
9.00	Hospital-Based SNF											9.00
10.00	Hospital-Based NF											10.00
11.00	Hospital-Based OLTC											11.00
12.00	Hospital-Based HHA											12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice											14.00
15.00	Hospital-Based Health Clinic - RHC											15.00
16.00	Hospital-Based Health Clinic - FQHC											16.00
17.00	Hospital-Based (CMHC) I											17.00
18.00	Renal Dialysis											18.00
19.00	Other											19.00
							From:	To:				
							1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)						10/01/2017	09/30/2018		20.00		
21.00	Type of Control (see instructions)						1			21.00		
							1.00	2.00	3.00			
Inpatient PPS Information												
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00			
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	N		22.01			
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02			
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		22.03			
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N		23.00			
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days			
				1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			1,944	2,191	0	0	3,110	79	24.00		

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		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
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	0	25.00	
						Urban/Rural	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 OPSS 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	Y	40.00	
						V	XVII	XIX	
						1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					Y			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criteria Code			
				1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)					Y			60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)						20.00	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
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)						23.02	1	60.03

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0233		Period: From 10/01/2017 To 09/30/2018		Worksheet S-2 Part I Date/Time Prepared: 2/27/2019 9:36 pm	
	Y/N	IME	Direct GME	IME	Direct GME		
	1.00	2.00	3.00	4.00	5.00		
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
						1.00	
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
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0233

Period:
From 10/01/2017
To 09/30/2018

Worksheet S-2
Part I
Date/Time Prepared:
2/27/2019 9:36 pm

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))	
				1.00	2.00	3.00	
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	4.36	0.000000	66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	INTERNAL MEDICINE	1400	0.00	0.17	0.000000	67.00
67.01				0.00	0.00	0.000000	67.01
67.02				0.00	0.00	0.000000	67.02
					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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0233		Period: From 10/01/2017 To 09/30/2018		Worksheet S-2 Part I Date/Time Prepared: 2/27/2019 9:36 pm		
		Physical	Occupational	Speech	Respiratory			
		1.00	2.00	3.00	4.00			
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.						109.00	
					1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N		110.00	
					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.				Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.				1			118.00
		Premiums		Losses		Insurance		
		1.00		2.00		3.00		
118.01	List amounts of malpractice premiums and paid losses:	0		4,949,108		1,812,720		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	149006		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0233	Period: From 10/01/2017 To 09/30/2018	Worksheet S-2 Part I Date/Time Prepared: 2/27/2019 9:36 pm	
1.00		2.00		3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name: OSF HEALTHCARE SYSTEM	Contractor's Name: WISCONSIN PHYSICIAN SERVICE		Contractor's Number: 06101	
142.00	Street: 800 N. E. GLEN OAK AVENUE	PO Box:			
143.00	City: PEORIA	State: IL		Zip Code: 61603	
144.00 Are provider based physicians' costs included in Worksheet A?					
				1.00	
				Y	
145.00 If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.					
146.00 Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.					
				1.00	
				N	
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.					
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.					
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.					
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC	N	N	N	N
165.00 Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					
166.00 If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					
167.00 Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.					
168.00 If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					
168.01 If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					
169.00 If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					
				1.00	
				Y	
				0	
				168.01	
				9.99	
170.00 Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)					
				1.00	
				2.00	
				10/01/2017	
				09/30/2018	
171.00 If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)					
				1.00	
				N	
				0	
				171.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0233		Period: From 10/01/2017 To 09/30/2018		Worksheet S-2 Part II Date/Time Prepared: 2/27/2019 9:36 pm	
				Y/N	Date		
				1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)			N			1.00
				Y/N	Date	V/I	
				1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.			N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)			N			3.00
				Y/N	Type	Date	
				1.00	2.00	3.00	
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.			Y	A	01/21/2019	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?			Y	Y		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.			Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.			N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.			Y			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.			N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.			N			11.00
				Y/N			
				1.00		2.00	
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				N		15.00
				Part A		Part B	
				Y/N	Date	Y/N	Date
				1.00	2.00	3.00	4.00
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)			N		N	
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)			Y	12/17/2018	Y	12/17/2018
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			N		N	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: 14-0233	Period: From 10/01/2017 To 09/30/2018	Worksheet S-2 Part II Date/Time Prepared: 2/27/2019 9:36 pm	
		Description	Y/N	Y/N	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	0	1.00	3.00	20.00
			N	N	
		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.	DEBRA		DI DI ER	41.00
42.00	Enter the employer/company name of the cost report preparer.	OSF HEALTHCARE SYSTEM			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	309-655-2855		DEBRA. J. DI DI ER@OSFHEALTHCARE.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0233	Period: From 10/01/2017 To 09/30/2018	Worksheet S-2 Part II Date/Time Prepared: 2/27/2019 9:36 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	GOVT REPORTING ANALYST		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: 14-0233

Period:
From 10/01/2017
To 09/30/2018

Worksheet S-3
Part I
Date/Time Prepared:
2/27/2019 9:36 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	199	72,635	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)		199	72,635	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	36	13,140	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)		235	85,775	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		235				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0233

Period:
From 10/01/2017
To 09/30/2018

Worksheet S-3
Part I
Date/Time Prepared:
2/27/2019 9:36 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	18,094	1,584	42,237			1.00
2.00 HMO and other (see instructions)	10,016	5,301				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	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	18,094	1,584	42,237			7.00
8.00 INTENSIVE CARE UNIT	4,271	321	8,317			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		39	1,002			13.00
14.00 Total (see instructions)	22,365	1,944	51,556	5.00	1,984.14	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)			0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				5.00	1,984.14	27.00
28.00 Observation Bed Days		0	3,852			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	79	164			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: 14-0233

Period:
From 10/01/2017
To 09/30/2018

Worksheet S-3
Part I
Date/Time Prepared:
2/27/2019 9:36 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	5,179	1,582	11,803	1.00
2.00 HMO and other (see instructions)				2,153	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		5,179	1,582	11,803	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF							17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days				0			33.00
33.01 LTCH site neutral days and discharges				0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0233

Period:
From 10/01/2017
To 09/30/2018

Worksheet S-3
Part II
Date/Time Prepared:
2/27/2019 9:36 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	109,145,824	-1,058,818	108,087,006	3,236,942.00	33.39
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		1,311,001	0	1,311,001	8,907.00	147.19
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		7,191,865	0	7,191,865	36,233.00	198.49
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)		7,861,886	-476,791	7,385,095	247,654.00	29.82
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		3,735,103	0	3,735,103	51,224.00	72.92
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		2,040,500	0	2,040,500	35,346.00	57.73
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		25,823,378	0	25,823,378	696,061.00	37.10
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		26,998,006	0	26,998,006		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		2,195,367	0	2,195,367		
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		150,540	0	150,540		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		712,071	0	712,071		
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)		8,093,575	0	8,093,575		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	0	0	0	0.00	0.00
27.00	Administrative & General	5.00	9,841,257	-55,604	9,785,653	238,118.00	41.10

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0233

Period:
From 10/01/2017
To 09/30/2018

Worksheet S-3
Part II
Date/Time Prepared:
2/27/2019 9:36 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)	2,144,205	0	2,144,205	16,076.00	133.38	28.00
29.00	Maintenance & Repairs	1,706,080	-8,788	1,697,292	61,144.00	27.76	29.00
30.00	Operation of Plant	1,113,470	-5,963	1,107,507	56,799.00	19.50	30.00
31.00	Laundry & Linen Service	146,371	-754	145,617	9,369.00	15.54	31.00
32.00	Housekeeping	1,903,619	-17,355	1,886,264	130,833.00	14.42	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	1,398,761	-1,037,586	361,175	22,920.00	15.76	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	289,291	1,026,063	1,315,354	84,983.00	15.48	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	2,259,976	-11,641	2,248,335	54,288.00	41.41	38.00
39.00	Central Services and Supply	1,064,199	-5,482	1,058,717	50,300.00	21.05	39.00
40.00	Pharmacy	2,625,560	107,143	2,732,703	71,493.00	38.22	40.00
41.00	Medical Records & Medical Records Library	1,656,093	-9,331	1,646,762	64,551.00	25.51	41.00
42.00	Social Service	0	0	0	0.00	0.00	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0233

Period:
From 10/01/2017
To 09/30/2018

Worksheet S-3
Part III
Date/Time Prepared:
2/27/2019 9:36 pm

	Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	104,098,164	-1,058,818	103,039,346	3,216,785.00	32.03	1.00
2.00	Excluded area salaries (see instructions)	7,861,886	-476,791	7,385,095	247,654.00	29.82	2.00
3.00	Subtotal salaries (line 1 minus line 2)	96,236,278	-582,027	95,654,251	2,969,131.00	32.22	3.00
4.00	Subtotal other wages & related costs (see inst.)	31,598,981	0	31,598,981	782,631.00	40.38	4.00
5.00	Subtotal wage-related costs (see inst.)	35,242,121	0	35,242,121	0.00	36.84	5.00
6.00	Total (sum of lines 3 thru 5)	163,077,380	-582,027	162,495,353	3,751,762.00	43.31	6.00
7.00	Total overhead cost (see instructions)	26,148,882	-19,298	26,129,584	860,874.00	30.35	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0233	Period: From 10/01/2017 To 09/30/2018	Worksheet S-3 Part IV Date/Time Prepared: 2/27/2019 9:36 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		4,838,170	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)		946,260	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		16,645,137	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		180,999	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		334,979	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		6,535,556	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		99,269	19.00
20.00	State or Federal Unemployment Taxes		12,207	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		12,703	22.00
23.00	Tuition Reimbursement		450,703	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		30,055,983	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: 14-0233	Period: From 10/01/2017 To 09/30/2018	Worksheet S-3 Part V Date/Time Prepared: 2/27/2019 9:36 pm
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	3,735,103	30,055,983	1.00
2.00	Hospital	3,735,103	30,055,983	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-0233	Period: From 10/01/2017 To 09/30/2018	Worksheet S-10 Date/Time Prepared: 2/27/2019 9:36 pm
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				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.211467	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			25,395,004	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			Y	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid			0	5.00
6.00	Medicaid charges			183,627,127	6.00
7.00	Medicaid cost (line 1 times line 6)			38,831,078	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)			13,436,074	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)			13,436,074	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)	21,217,825	3,358,760	24,576,585	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	4,486,870	3,358,760	7,845,630	21.00
22.00	Payments received from patients for amounts previously written off as charity care	177,634	0	177,634	22.00
23.00	Cost of charity care (line 21 minus line 22)	4,309,236	3,358,760	7,667,996	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)			13,407,828	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			1,358,816	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			2,090,485	27.01
28.00	Non-Medicare bad debt expense (see instructions)			11,317,343	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			3,124,914	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			10,792,910	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			24,228,984	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0233

Period:
From 10/01/2017
To 09/30/2018

Worksheet A
Date/Time Prepared:
2/27/2019 9:36 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		8,682,995	8,682,995	160,650	8,843,645	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		6,608,028	6,608,028	78,204	6,686,232	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	27,649,047	27,649,047	8,237,248	35,886,295	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	9,841,257	72,523,391	82,364,648	-10,086,436	72,278,212	5.00
6.00	00600	MAINTENANCE & REPAIRS	1,706,080	11,541,459	13,247,539	-3,244,232	10,003,307	6.00
7.00	00700	OPERATION OF PLANT	1,113,470	2,958,274	4,071,744	-5,734	4,066,010	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	146,371	864,526	1,010,897	-754	1,010,143	8.00
9.00	00900	HOUSEKEEPING	1,903,619	491,596	2,395,215	-9,766	2,385,449	9.00
10.00	01000	DIETARY	1,398,761	1,469,454	2,868,215	-2,124,132	744,083	10.00
11.00	01100	CAFETERIA	289,291	8,349	297,640	2,115,452	2,413,092	11.00
13.00	01300	NURSING ADMINISTRATION	2,259,976	319,332	2,579,308	-11,641	2,567,667	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,064,199	637,487	1,701,686	-12,982	1,688,704	14.00
15.00	01500	PHARMACY	2,625,560	1,668,937	4,294,497	531,864	4,826,361	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,656,093	100,036	1,756,129	-8,526	1,747,603	16.00
17.00	01700	SOCIAL SERVICE	0	2,214	2,214	2,607,589	2,609,803	17.00
20.00	02000	NURSING SCHOOL	3,255,140	1,918,617	5,173,757	-16,747	5,157,010	20.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	313,051	259,938	572,989	-1,612	571,377	22.00
23.00	02300	MEDTECH SCHOOL	0	0	0	0	0	23.00
23.01	02301	PARAMED TRAINING	648,368	514,283	1,162,651	-3,340	1,159,311	23.01
23.02	02302	PHARMACY RESIDENCY	121,292	8,742	130,034	-130,034	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	20,618,835	15,031,799	35,650,634	-3,419,520	32,231,114	30.00
31.00	03100	INTENSIVE CARE UNIT	6,490,953	3,274,144	9,765,097	-38,488	9,726,609	31.00
43.00	04300	NURSERY	0	0	0	526,564	526,564	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,411,855	28,429,052	34,840,907	-24,143,955	10,696,952	50.00
51.00	05100	RECOVERY ROOM	1,034,679	60,434	1,095,113	-5,347	1,089,766	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	72	72	1,347,775	1,347,847	52.00
53.00	05300	ANESTHESIOLOGY	0	1,594,003	1,594,003	0	1,594,003	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,323,836	2,047,472	5,371,308	1,811,421	7,182,729	54.00
54.01	05401	ULTRASOUND	1,299,167	166,457	1,465,624	182,292	1,647,916	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	8,424,758	1,051,450	9,476,208	-201,585	9,274,623	55.00
56.00	05600	RADIOISOTOPE	378,679	808,831	1,187,510	424,365	1,611,875	56.00
57.00	05700	CT SCAN	1,045,511	913,553	1,959,064	577,023	2,536,087	57.00
58.00	05800	MRI	624,163	580,867	1,205,030	293,777	1,498,807	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,828,089	11,193,147	14,021,236	-8,488,679	5,532,557	59.00
60.00	06000	LABORATORY	6,568,194	2,612,364	9,180,558	139,275	9,319,833	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,720,288	1,720,288	0	1,720,288	63.00
65.00	06500	RESPIRATORY THERAPY	1,993,740	352,420	2,346,160	-262,129	2,084,031	65.00
66.00	06600	PHYSICAL THERAPY	2,946,486	178,539	3,125,025	621,286	3,746,311	66.00
67.00	06700	OCCUPATIONAL THERAPY	399,972	18,371	418,343	37,530	455,873	67.00
68.00	06800	SPEECH PATHOLOGY	232,908	8,070	240,978	21,605	262,583	68.00
69.00	06900	ELECTROCARDIOLOGY	363,929	53,409	417,338	-1,875	415,463	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	585,647	277,500	863,147	-3,008	860,139	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	-420,979	-420,979	14,207,328	13,786,349	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	20,228,091	20,228,091	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	31,651,165	31,651,165	37,581	31,688,746	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	2,701,107	875,351	3,576,458	-355,723	3,220,735	75.01
76.00	03950	DIABETIC SERVICE	0	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	727,512	839,052	1,566,564	-584,545	982,019	76.01
76.97	07697	CARDIAC REHABILITATION	514,895	137,846	652,741	-3,781	648,960	76.97
76.99	07699	LITHOTRIPSY	0	35,400	35,400	0	35,400	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	685,182	1,035,923	1,721,105	-96,008	1,625,097	90.00
91.00	09100	EMERGENCY	6,766,113	6,173,120	12,939,233	-68,251	12,870,982	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	324,210	-329,716	-5,506	5,506	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	105,632,948	248,596,109	354,229,057	863,596	355,092,653	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	17,824	43,543	61,367	1,037	62,404	192.00
193.01	19301	CONVENT	0	576	576	0	576	193.01
193.02	19302	MED TRANS / WELLNESS / FDN	3,495,052	-2,276,429	1,218,623	-864,633	353,990	193.02
200.00		TOTAL (SUM OF LINES 118 through 199)	109,145,824	246,363,799	355,509,623	0	355,509,623	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0233

Period:
From 10/01/2017
To 09/30/2018

Worksheet A
Date/Time Prepared:
2/27/2019 9:36 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	3,381,525	12,225,170	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,474,213	8,160,445	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-1,830,782	34,055,513	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-22,642,036	49,636,176	5.00
6.00	00600	MAINTENANCE & REPAIRS	-29,192	9,974,115	6.00
7.00	00700	OPERATION OF PLANT	-4,380	4,061,630	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,010,143	8.00
9.00	00900	HOUSEKEEPING	0	2,385,449	9.00
10.00	01000	DIETARY	-75	744,008	10.00
11.00	01100	CAFETERIA	-803,010	1,610,082	11.00
13.00	01300	NURSING ADMINISTRATION	1,595,008	4,162,675	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,688,704	14.00
15.00	01500	PHARMACY	-308	4,826,053	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-1,409	1,746,194	16.00
17.00	01700	SOCIAL SERVICE	-645,271	1,964,532	17.00
20.00	02000	NURSING SCHOOL	-5,496,985	-339,975	20.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	34,012	605,389	22.00
23.00	02300	MEDTECH SCHOOL	0	0	23.00
23.01	02301	PARAMED TRAINING	-126,976	1,032,335	23.01
23.02	02302	PHARMACY RESIDENCY	-308	-308	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-8,021,383	24,209,731	30.00
31.00	03100	INTENSIVE CARE UNIT	-19,855	9,706,754	31.00
43.00	04300	NURSERY	-235	526,329	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-15,250	10,681,702	50.00
51.00	05100	RECOVERY ROOM	0	1,089,766	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-603	1,347,244	52.00
53.00	05300	ANESTHESIOLOGY	-767,048	826,955	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-54,653	7,128,076	54.00
54.01	05401	ULTRASOUND	0	1,647,916	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	-4,566,900	4,707,723	55.00
56.00	05600	RADIOISOTOPE	0	1,611,875	56.00
57.00	05700	CT SCAN	-960	2,535,127	57.00
58.00	05800	MRI	0	1,498,807	58.00
59.00	05900	CARDIAC CATHETERIZATION	-1,063,794	4,468,763	59.00
60.00	06000	LABORATORY	-1,140,980	8,178,853	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,720,288	63.00
65.00	06500	RESPIRATORY THERAPY	0	2,084,031	65.00
66.00	06600	PHYSICAL THERAPY	-162,088	3,584,223	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	455,873	67.00
68.00	06800	SPEECH PATHOLOGY	0	262,583	68.00
69.00	06900	ELECTROCARDIOLOGY	0	415,463	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	860,139	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	13,786,349	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	20,228,091	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	31,688,746	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	-66,727	3,154,008	75.01
76.00	03950	DIABETIC SERVICE	0	0	76.00
76.01	03340	GASTROINTESTINAL SERVICES	-9,914	972,105	76.01
76.97	07697	CARDIAC REHABILITATION	0	648,960	76.97
76.99	07699	LITHOTRIPSY	0	35,400	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-8,537	1,616,560	90.00
91.00	09100	EMERGENCY	-4,923,256	7,947,726	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-45,918,157	309,174,496	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	62,404	192.00
193.01	19301	CONVENT	0	576	193.01
193.02	19302	MED TRANS / WELLNESS / FDN	0	353,990	193.02
200.00		TOTAL (SUM OF LINES 118 through 199)	-45,918,157	309,591,466	200.00

RECLASSIFICATIONS

Provider CCN: 14-0233

Period:
From 10/01/2017
To 09/30/2018

Worksheet A-6
Date/Time Prepared:
2/27/2019 9:36 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - PROPERTY INSURANCE					
1.00	OTHER CAP REL COSTS	3.00	0	238,854	1.00
2.00		0.00	0	0	2.00
	0			238,854	
B - CAFETERIA RECLASS					
1.00	CAFETERIA	11.00	1,034,977	1,087,285	1.00
	0		1,034,977	1,087,285	
C - NURSERY RECLASS					
1.00	NURSERY	43.00	434,112	94,688	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,111,139	242,359	2.00
	0		1,545,251	337,047	
D - IMAGING RECLASS					
1.00	ULTRASOUND	54.01	69,421	57,376	1.00
2.00	RADIO SOTOPE	56.00	156,727	129,532	2.00
3.00	CT SCAN	57.00	214,867	177,585	3.00
4.00	MRI	58.00	109,379	90,400	4.00
	0		550,394	454,893	
F - EMPLOYEE BENEFIT RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,062,868	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	0			1,062,868	
I - DRUGS CHARGED TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	39,189	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
	0			39,189	
J - CARDIAC REHAB					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	894	239	1.00
	0		894	239	
L - RCA & CFH RENT EXPENSE RECLASS					
1.00		0.00	0	0	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	121,249	2.00
3.00	ULTRASOUND	54.01	0	62,544	3.00
4.00	RADIO SOTOPE	56.00	0	141,201	4.00
5.00	CT SCAN	57.00	0	193,582	5.00
6.00	MRI	58.00	0	98,544	6.00
8.00	PHYSICAL THERAPY	66.00	0	340,723	8.00
	0			957,843	
O - DISABILITY					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	4,939	1.00
2.00	OPERATION OF PLANT	7.00	0	229	2.00
3.00	HOUSEKEEPING	9.00	0	7,589	3.00
4.00	DIETARY	10.00	0	739	4.00
5.00	CAFETERIA	11.00	0	2,104	5.00
6.00	MEDICAL RECORDS & LIBRARY	16.00	0	805	6.00
7.00	NURSING SCHOOL	20.00	0	3,910	7.00
8.00	ADULTS & PEDIATRICS	30.00	0	80,876	8.00
9.00	INTENSIVE CARE UNIT	31.00	0	7,505	9.00
10.00	OPERATING ROOM	50.00	0	9,161	10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	9,811	11.00
12.00	RADIOLOGY-THERAPEUTIC	55.00	0	6,040	12.00
13.00	CT SCAN	57.00	0	2,366	13.00
14.00	CARDIAC CATHETERIZATION	59.00	0	2,734	14.00
15.00	LABORATORY	60.00	0	3,897	15.00
16.00	RESPIRATORY THERAPY	65.00	0	8,093	16.00
17.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,638	17.00
18.00	SURGERY/CARDIAC AMB DAY CARE	75.01	0	8,583	18.00
19.00	CLINIC	90.00	0	4,278	19.00
20.00	EMERGENCY	91.00	0	13,208	20.00
21.00	MED TRANS / WELLNESS / FDN	193.02	0	2,496	21.00
	0			181,001	

RECLASSIFICATIONS

Provider CCN: 14-0233

Period:
From 10/01/2017
To 09/30/2018

Worksheet A-6

Date/Time Prepared:
2/27/2019 9:36 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
P - IMPLANTABLE MEDICAL DEVICES RECLASS						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,608	1.00	
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	20,228,091	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
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	
0			0	20,229,699		
Q - MEDICAL/SURGICAL SUPPLIES RECLASS						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	14,207,361	1.00	
2.00		0.00	0	0	2.00	
4.00		0.00	0	0	4.00	
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	
0			0	14,207,361		
R - NON-ALLOWED MED TECH						
1.00		0.00	0	0	1.00	
2.00	PHARMACY	15.00	121,292	8,742	2.00	
0			121,292	8,742		
T - TO RECLASS AMB FROM OTHER TO SAL						
1.00	AMBULANCE SERVICES	95.00	0	316,555	1.00	
0			0	316,555		
U - RECLASS AMB ADMIN COSTS						
1.00	AMBULANCE SERVICES	95.00	0	7,176	1.00	
0			0	7,176		
V - RECLASS MINISTRY ALLOCATIONS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	5,555,841	1.00	
2.00	MAINTENANCE & REPAIRS	6.00	0	852,197	2.00	
3.00	PHARMACY	15.00	0	415,979	3.00	
4.00	PHYSICAL THERAPY	66.00	0	295,740	4.00	
5.00	OCCUPATIONAL THERAPY	67.00	0	39,590	5.00	
6.00	SPEECH PATHOLOGY	68.00	0	22,805	6.00	
7.00	SOCIAL SERVICE	17.00	0	2,607,589	7.00	
	TOTALS		0	9,789,741		
W - RECLASS MED TECH CLASSROOM TRAINING						
1.00	MED TRANS / WELLNESS / FDN	193.02	6,411	3	1.00	
	TOTALS		6,411	3		
X - RECLASS MAINT COSTS						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,739,331	1.00	
2.00	LABORATORY	60.00	0	390,467	2.00	
	TOTALS		0	3,129,798		
Y - RECLASS HOSPITALIST BENEFITS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,057,277	1.00	
	TOTALS		0	1,057,277		
Z - VACATION ACCRUAL						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	561,262	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	
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	
16.00		0.00	0	0	16.00	
18.00		0.00	0	0	18.00	
21.00		0.00	0	0	21.00	
23.00		0.00	0	0	23.00	

Provider CCN: 14-0233

Period:
From 10/01/2017
To 09/30/2018

Worksheet A-6

Date/Time Prepared:
2/27/2019 9:36 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
46.00		0.00	0	0		46.00
50.00		0.00	0	0		50.00
51.00		0.00	0	0		51.00
52.00		0.00	0	0		52.00
53.00		0.00	0	0		53.00
56.00		0.00	0	0		56.00
57.00		0.00	0	0		57.00
59.00		0.00	0	0		59.00
62.00		0.00	0	0		62.00
64.00		0.00	0	0		64.00
	0		0	561,262		
500.00	Grand Total: Increases		3,259,219	53,666,833		500.00

RECLASSIFICATIONS

Provider CCN: 14-0233

Period:
From 10/01/2017
To 09/30/2018

Worksheet A-6
Date/Time Prepared:
2/27/2019 9:36 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - PROPERTY INSURANCE							
1.00		0.00	0	0	9		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	238,854	0		2.00
	0		0	238,854			
B - CAFETERIA RECLASS							
1.00	DIETARY	10.00	1,034,977	1,087,285	0		1.00
	0		1,034,977	1,087,285			
C - NURSERY RECLASS							
1.00	ADULTS & PEDIATRICS	30.00	1,545,251	337,047	0		1.00
2.00	0	0.00	0	0	0		2.00
	0		1,545,251	337,047			
D - IMAGING RECLASS							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	550,394	454,893	0		1.00
2.00	0	0.00	0	0	0		2.00
3.00	0	0.00	0	0	0		3.00
4.00	0	0.00	0	0	0		4.00
	0		550,394	454,893			
F - EMPLOYEE BENEFIT RECLASS							
1.00	0	0.00	0	0	0		1.00
2.00	MED TRANS / WELLNESS / FDN	193.02	0	853,057	0		2.00
3.00	LABORATORY	60.00	0	209,811	0		3.00
	0		0	1,062,868			
I - DRUGS CHARGED TO PATIENTS							
1.00	ADULTS & PEDIATRICS	30.00	0	6,938	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	899	0		2.00
3.00	OPERATING ROOM	50.00	0	1,096	0		3.00
4.00	RECOVERY ROOM	51.00	0	18	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	17,194	0		5.00
6.00	RADIOLOGY-THERAPEUTIC	55.00	0	6,018	0		6.00
7.00	RADIOISOTOPE	56.00	0	337	0		7.00
8.00	CT SCAN	57.00	0	2,351	0		8.00
9.00	MRI	58.00	0	768	0		9.00
10.00	CARDIAC CATHETERIZATION	59.00	0	1,345	0		10.00
11.00	SURGERY/CARDIAC AMB DAY CARE	75.01	0	541	0		11.00
12.00	GASTROINTESTINAL SERVICES	76.01	0	408	0		12.00
13.00	EMERGENCY	91.00	0	1,276	0		13.00
	0		0	39,189			
J - CARDIAC REHAB							
1.00	CARDIAC REHABILITATION	76.97	894	239	0		1.00
	0		894	239			
L - RCA & CFH RENT EXPENSE RECLASS							
1.00	MAINTENANCE & REPAIRS	6.00	0	957,843	0		1.00
2.00	0	0.00	0	0	0		2.00
3.00	0	0.00	0	0	0		3.00
4.00	0	0.00	0	0	0		4.00
5.00	0	0.00	0	0	0		5.00
6.00	0	0.00	0	0	0		6.00
8.00	0	0.00	0	0	0		8.00
	0		0	957,843			
O - DISABILITY							
1.00	ADMINISTRATIVE & GENERAL	5.00	4,939	0	0		1.00
2.00	OPERATION OF PLANT	7.00	229	0	0		2.00
3.00	HOUSEKEEPING	9.00	7,589	0	0		3.00
4.00	DIETARY	10.00	739	0	0		4.00
5.00	CAFETERIA	11.00	2,104	0	0		5.00
6.00	MEDICAL RECORDS & LIBRARY	16.00	805	0	0		6.00
7.00	NURSING SCHOOL	20.00	3,910	0	0		7.00
8.00	ADULTS & PEDIATRICS	30.00	80,876	0	0		8.00
9.00	INTENSIVE CARE UNIT	31.00	7,505	0	0		9.00
10.00	OPERATING ROOM	50.00	9,161	0	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	9,811	0	0		11.00
12.00	RADIOLOGY-THERAPEUTIC	55.00	6,040	0	0		12.00
13.00	CT SCAN	57.00	2,366	0	0		13.00
14.00	CARDIAC CATHETERIZATION	59.00	2,734	0	0		14.00
15.00	LABORATORY	60.00	3,897	0	0		15.00
16.00	RESPIRATORY THERAPY	65.00	8,093	0	0		16.00
17.00	ELECTROENCEPHALOGRAPHY	70.00	1,638	0	0		17.00
18.00	SURGERY/CARDIAC AMB DAY CARE	75.01	8,583	0	0		18.00
19.00	CLINIC	90.00	4,278	0	0		19.00
20.00	EMERGENCY	91.00	13,208	0	0		20.00
21.00	MED TRANS / WELLNESS / FDN	193.02	2,496	0	0		21.00
	0		181,001	0	0		

RECLASSIFICATIONS

Provider CCN: 14-0233

Period:
From 10/01/2017
To 09/30/2018

Worksheet A-6
Date/Time Prepared:
2/27/2019 9:36 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
P - IMPLANTABLE MEDICAL DEVICES RECLASS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	7,500	0		1.00
2.00		0.00	0	0	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	4,194	0		3.00
4.00	OPERATING ROOM	50.00	0	15,582,590	0		4.00
6.00	CARDIAC CATHETERIZATION	59.00	0	4,464,574	0		6.00
7.00	LABORATORY	60.00	0	1,155	0		7.00
8.00	RESPIRATORY THERAPY	65.00	0	836	0		8.00
9.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	33	0		9.00
10.00	SURGERY/CARDIAC AMB DAY CARE	75.01	0	19,995	0		10.00
11.00	GASTRO INTESTINAL SERVICES	76.01	0	54,583	0		11.00
12.00	CLINIC	90.00	0	92,501	0		12.00
13.00	EMERGENCY	91.00	0	130	0		13.00
14.00	DRUGS CHARGED TO PATIENTS	73.00	0	1,608	0		14.00
	0		0	20,229,699			
Q - MEDICAL/SURGICAL SUPPLIES RECLASS							
1.00	ADULTS & PEDIATRICS	30.00	0	375,178	0		1.00
2.00	OPERATING ROOM	50.00	0	8,527,290	0		2.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	14,051	0		4.00
6.00	RADIOLOGY-THERAPEUTIC	55.00	0	152,203	0		6.00
7.00	CT SCAN	57.00	0	180	0		7.00
8.00	CARDIAC CATHETERIZATION	59.00	0	4,008,207	0		8.00
9.00	RESPIRATORY THERAPY	65.00	0	251,065	0		9.00
10.00	SURGERY/CARDIAC AMB DAY CARE	75.01	0	321,318	0		10.00
11.00	GASTRO INTESTINAL SERVICES	76.01	0	525,807	0		11.00
12.00	EMERGENCY	91.00	0	32,062	0		12.00
	0		0	14,207,361			
R - NON-ALLOWED MED TECH							
1.00		0.00	0	0	0		1.00
2.00	PHARMACY RESIDENCY	23.02	121,292	8,742	0		2.00
	0		121,292	8,742			
T - TO RECLASS AMB FROM OTHER TO SAL							
1.00	AMBULANCE SERVICES	95.00	316,555	0	0		1.00
	0		316,555	0			
U - RECLASS AMB ADMIN COSTS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	7,176	0		1.00
	0		0	7,176			
V - RECLASS MINISTRY ALLOCATIONS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	9,789,741	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
	TOTALS		0	9,789,741			
W - RECLASS MED TECH CLASSROOM TRAINING							
1.00	LABORATORY	60.00	6,411	3	0		1.00
	TOTALS		6,411	3			
X - RECLASS MAINT COSTS							
1.00	MAINTENANCE & REPAIRS	6.00	0	3,129,798	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		0	3,129,798			
Y - RECLASS HOSPITALIST BENEFITS							
1.00	ADULTS & PEDIATRICS	30.00	0	1,057,277	0		1.00
	TOTALS		0	1,057,277			
Z - VACATION ACCRUAL							
1.00	ADMINISTRATIVE & GENERAL	5.00	50,665	0	0		1.00
2.00	MAINTENANCE & REPAIRS	6.00	8,788	0	0		2.00
3.00	OPERATION OF PLANT	7.00	5,734	0	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	754	0	0		4.00
5.00	HOUSEKEEPING	9.00	9,766	0	0		5.00
6.00	DIETARY	10.00	1,870	0	0		6.00
7.00	CAFETERIA	11.00	6,810	0	0		7.00
9.00	NURSING ADMINISTRATION	13.00	11,641	0	0		9.00
10.00	CENTRAL SERVICES & SUPPLY	14.00	5,482	0	0		10.00
11.00	PHARMACY	15.00	14,149	0	0		11.00
12.00	MEDICAL RECORDS & LIBRARY	16.00	8,526	0	0		12.00
16.00	NURSING SCHOOL	20.00	16,747	0	0		16.00
18.00	PARAMED TRAINING	23.01	3,340	0	0		18.00
21.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00	1,612	0	0		21.00
23.00	ADULTS & PEDIATRICS	30.00	97,829	0	0		23.00

RECLASSIFICATIONS

Provider CCN: 14-0233

Period:
From 10/01/2017
To 09/30/2018

Worksheet A-6

Date/Time Prepared:
2/27/2019 9:36 pm

		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
24.00	INTENSIVE CARE UNIT	31.00	33,395	0	0	0		24.00
25.00	NURSERY	43.00	2,236	0	0	0		25.00
26.00	OPERATING ROOM	50.00	32,979	0	0	0		26.00
27.00	RECOVERY ROOM	51.00	5,329	0	0	0		27.00
28.00	DELIVERY ROOM & LABOR ROOM	52.00	5,723	0	0	0		28.00
30.00	RADIOLOGY-DIAGNOSTIC	54.00	14,235	0	0	0		30.00
31.00	ULTRASOUND	54.01	7,049	0	0	0		31.00
32.00	RADIOLOGY-THERAPEUTIC	55.00	43,364	0	0	0		32.00
33.00	RADIOISOTOPE	56.00	2,758	0	0	0		33.00
34.00	CT SCAN	57.00	6,480	0	0	0		34.00
35.00	MRI	58.00	3,778	0	0	0		35.00
36.00	CARDIAC CATHETERIZATION	59.00	14,553	0	0	0		36.00
37.00	LABORATORY	60.00	33,812	0	0	0		37.00
41.00	RESPIRATORY THERAPY	65.00	10,228	0	0	0		41.00
42.00	PHYSICAL THERAPY	66.00	15,177	0	0	0		42.00
43.00	OCCUPATIONAL THERAPY	67.00	2,060	0	0	0		43.00
44.00	SPEECH PATHOLOGY	68.00	1,200	0	0	0		44.00
45.00	ELECTROCARDIOLOGY	69.00	1,875	0	0	0		45.00
46.00	ELECTROENCEPHALOGRAPHY	70.00	3,008	0	0	0		46.00
50.00	SURGERY/CARDIAC AMB DAY CARE	75.01	13,869	0	0	0		50.00
51.00	CLINIC	90.00	466	0	0	0		51.00
52.00	GASTROINTESTINAL SERVICES	76.01	3,747	0	0	0		52.00
53.00	CARDIAC REHABILITATION	76.97	2,648	0	0	0		53.00
56.00	CLINIC	90.00	3,041	0	0	0		56.00
57.00	EMERGENCY	91.00	34,783	0	0	0		57.00
59.00	AMBULANCE SERVICES	95.00	1,670	0	0	0		59.00
62.00	PHYSICIANS' PRIVATE OFFICES	192.00	96	0	0	0		62.00
64.00	MED TRANS / WELLNESS / FDN	193.02	17,990	0	0	0		64.00
	0		561,262	0	0	0		
500.00	Grand Total: Decreases		4,318,037	52,608,015				500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0233

Period:
From 10/01/2017
To 09/30/2018

Worksheet A-7
Part I
Date/Time Prepared:
2/27/2019 9:36 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	4,152,456	0	0	0	0	1.00
2.00	Land Improvements	2,181,751	33,858	0	33,858	0	2.00
3.00	Buildings and Fixtures	139,858,740	83,140,179	0	83,140,179	692,550	3.00
4.00	Building Improvements	254,040	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	97,666,480	12,732,407	0	12,732,407	2,057,356	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	244,113,467	95,906,444	0	95,906,444	2,749,906	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	244,113,467	95,906,444	0	95,906,444	2,749,906	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	4,152,456	0				1.00
2.00	Land Improvements	2,215,609	0				2.00
3.00	Buildings and Fixtures	222,306,369	0				3.00
4.00	Building Improvements	254,040	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	108,341,531	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	337,270,005	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	337,270,005	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0233

Period:
From 10/01/2017
To 09/30/2018

Worksheet A-7
Part II
Date/Time Prepared:
2/27/2019 9:36 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	8,682,995	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	6,608,028	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	15,291,023	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	8,682,995				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	6,608,028				2.00
3.00	Total (sum of lines 1-2)	0	15,291,023				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0233

Period:
From 10/01/2017
To 09/30/2018

Worksheet A-7
Part III
Date/Time Prepared:
2/27/2019 9:36 pm

Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	222,560,409	0	222,560,409	0.672587	160,650	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	108,341,531	0	108,341,531	0.327413	78,204	2.00
3.00	Total (sum of lines 1-2)	330,901,940	0	330,901,940	1.000000	238,854	3.00
Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease		
	6.00	7.00	8.00	9.00	10.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	160,650	9,877,093	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	78,204	7,348,132	0	2.00
3.00	Total (sum of lines 1-2)	0	0	238,854	17,225,225	0	3.00
Cost Center Description	SUMMARY OF CAPITAL						
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	2,187,427	160,650	0	0	12,225,170	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	734,109	78,204	0	0	8,160,445	2.00
3.00	Total (sum of lines 1-2)	2,921,536	238,854	0	0	20,385,615	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0233

Period:
From 10/01/2017
To 09/30/2018

Worksheet A-8

Date/Time Prepared:
2/27/2019 9:36 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
			Cost Center	Line #			
			1.00	2.00			3.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)	B	-852		ADMINISTRATIVE & GENERAL	5.00	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)	A	-112,751		ADMINISTRATIVE & GENERAL	5.00	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	-20,885,800				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	-4,971,015				0	12.00
13.00 Laundry and linen service		0			0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-803,010		CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employee and others		0			0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00	0	16.00
17.00 Sale of drugs to other than patients		0			0.00	0	17.00
18.00 Sale of medical records and abstracts	B	-1,409		MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)	B	-5,459,853		NURSING SCHOOL	20.00	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)	B	-915,873		ADMINISTRATIVE & GENERAL	5.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0		RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0		PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0		*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0		OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0		SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00 OTHER REVENUE - HEALTH ED	B		0	MEDICAL RECORDS & LIBRARY	16.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0233

Period:
From 10/01/2017
To 09/30/2018

Worksheet A-8

Date/Time Prepared:
2/27/2019 9:36 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.01 OTHER REVENUE OFFSETS - ADMIN	B	-45,433	ADMINISTRATIVE & GENERAL		5.00	0 33.01
33.04 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 33.04
33.05 OTHER REVENUE OFFSETS - OPER OF PLAN	B	-4,380	OPERATION OF PLANT		7.00	0 33.05
33.06 OTHER REVENUE OFFSETS - CLINIC	B	-7,945	CLINIC		90.00	0 33.06
33.07 OTHER REVENUE OFFSETS - DIETARY	B	-75	DIETARY		10.00	0 33.07
33.08 OTHER REVENUE OFFSETS - NURSING ADMIN	B	-1,920	NURSING ADMINISTRATION		13.00	0 33.08
33.09 OTHER REVENUE OFFSETS - HEALTH ED RE	B	-126,976	PARAMED TRAINING		23.01	0 33.09
33.10 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 33.10
33.11 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 33.11
33.13 OTHER REVENUE OFFSETS - SURGERY	B	-15,250	OPERATING ROOM		50.00	0 33.13
33.17 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 33.17
33.19 OTHER REVENUE OFFSETS - RESIDENT EDU	B	-300	I&R SERVICES-OTHER PRGM. COSTS APPRVD		22.00	0 33.19
33.21 OTHER REVENUE OFFSETS - RADIOLOGY	B	-60,581	RADIOLOGY-THERAPEUTIC		55.00	0 33.21
33.23 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 33.23
33.24 OTHER REVENUE OFFSETS - PT	B	-103,940	PHYSICAL THERAPY		66.00	0 33.24
33.25 OTHER REVENUE OFFSETS - SURGERY / AM	B	-10,460	SURGERY/CARDIAC AMB DAY CARE		75.01	0 33.25
33.26 MEDICAID PROVIDER TAX EXPENSE	A	-10,345,312	ADMINISTRATIVE & GENERAL		5.00	0 33.26
33.28 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 33.28
33.32 MARKETING AND ADVERTISING	A	-844	ADMINISTRATIVE & GENERAL		5.00	0 33.32
33.36 MARKETING AND ADVERTISING	A	-130	NURSING ADMINISTRATION		13.00	0 33.36
33.37 MARKETING AND ADVERTISING	A	-308	PHARMACY		15.00	0 33.37
33.38 MARKETING AND ADVERTISING	A	-37,132	NURSING SCHOOL		20.00	0 33.38
33.39 MARKETING AND ADVERTISING	A	-308	PHARMACY RESIDENCY		23.02	0 33.39
33.40 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 33.40
33.41 MARKETING AND ADVERTISING	A	-210	RADIOLOGY-DIAGNOSTIC		54.00	0 33.41
33.42 MARKETING AND ADVERTISING	A	-585	RADIOLOGY-THERAPEUTIC		55.00	0 33.42
33.43 MARKETING AND ADVERTISING	A	-210	CT SCAN		57.00	0 33.43
33.44 MARKETING AND ADVERTISING	A	-4,978	SURGERY/CARDIAC AMB DAY CARE		75.01	0 33.44
33.45 MARKETING AND ADVERTISING	A	-592	CLINIC		90.00	0 33.45
33.46 LOBBYING EXPENSES	A	-50,833	ADMINISTRATIVE & GENERAL		5.00	0 33.46
33.47 RESIDENT COSTS	A	34,312	I&R SERVICES-OTHER PRGM. COSTS APPRVD		22.00	0 33.47
33.48 OCCUP MED PORTION OF EE HEALTH SERVI	A	-122,994	ADMINISTRATIVE & GENERAL		5.00	0 33.48
33.49 UNEMPLOYMENT COMPENSATION	A	99,269	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.49
33.50 NON-PATIENT RELATED PROPERTY TAXES	A	-29,428	MAINTENANCE & REPAIRS		6.00	0 33.50
37.01 HOSPITALIST & PALLIATIVE PHY BENEFITS	A	-1,058,602	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 37.01
37.02 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 37.02
37.03 PHYSICIAN EMPLOYEE BENEFIT OFFSET	A	-871,449	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 37.03
37.07 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 37.07
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-45,918,157				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: 14-0233

Period: From 10/01/2017 To 09/30/2018

Worksheet A-8-1

Date/Time Prepared: 2/27/2019 9:36 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	CORP OFFICE CHARGES	1,194,098	0
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	CORP OFFICE CHARGES**	5,232,629	4,492,525
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	CORP OFFICE CHARGES	5,555,841	5,555,841
3.01	5.00	ADMINISTRATIVE & GENERAL	CORP OFFICE CHARGES	29,087,142	39,776,827
3.02	6.00	MAINTENANCE & REPAIRS	CORP OFFICE CHARGES	852,197	852,197
3.03	13.00	NURSING ADMINISTRATION	CORP OFFICE CHARGES	1,620,558	0
3.04	15.00	PHARMACY	CORP OFFICE CHARGES	1,754,248	1,754,248
3.05	66.00	PHYSICAL THERAPY	CORP OFFICE CHARGES	295,740	295,740
3.06	67.00	OCCUPATIONAL THERAPY	CORP OFFICE CHARGES	39,590	39,590
3.07	68.00	SPEECH PATHOLOGY	CORP OFFICE CHARGES	22,805	22,805
3.08	17.00	SOCIAL SERVICE	CORP OFFICE CHARGES	1,962,318	2,607,589
3.09	1.00	CAP REL COSTS-BLDG & FIXT	CORP OFFICE - INTEREST	2,187,427	0
3.10	2.00	CAP REL COSTS-MVBLE EQUIP	CORP OFFICE - INTEREST	734,109	0
3.11	31.00	INTENSIVE CARE UNIT	CORP OFFICE CHARGES-SFI -EICU	956,375	956,375
3.12	6.00	MAINTENANCE & REPAIRS	SFI PURCH MAINTENANCE-BIOMED	8,980	8,744
3.13	54.00	RADIOLOGY-DIAGNOSTIC	SFI PURCH MAINTENANCE-IMAGIN	1,109,590	1,164,033
3.14	66.00	PHYSICAL THERAPY	SFI EQUIP RENT	80,901	139,049
3.15	60.00	LABORATORY	SFI PURCHASE SERVICES-LAB	724,565	724,565
4.00	0.00			0	0
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			53,419,113	58,390,128

* 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	OSF HEALTHCARE	100.00	OSF HEALTHCARE	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:	B				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: 14-0233

Period:
From 10/01/2017
To 09/30/2018

Worksheet A-8-1

Date/Time Prepared:
2/27/2019 9:36 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	1,194,098	9	1.00
2.00	740,104	9	2.00
3.00	0	0	3.00
3.01	-10,689,685	0	3.01
3.02	0	0	3.02
3.03	1,620,558	0	3.03
3.04	0	0	3.04
3.05	0	0	3.05
3.06	0	0	3.06
3.07	0	0	3.07
3.08	-645,271	0	3.08
3.09	2,187,427	11	3.09
3.10	734,109	11	3.10
3.11	0	0	3.11
3.12	236	0	3.12
3.13	-54,443	0	3.13
3.14	-58,148	0	3.14
3.15	0	0	3.15
4.00	0	0	4.00
5.00	-4,971,015		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	HEALTHCARE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0233

Period:
From 10/01/2017
To 09/30/2018

Worksheet A-8-2

Date/Time Prepared:
2/27/2019 9:36 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	439,213	308,923	130,290	197,500	861	1.00
2.00	13.00	NURSING ADMINISTRATION	23,500	23,500	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	8,021,383	8,021,383	0	197,500	0	3.00
4.00	31.00	INTENSIVE CARE UNIT	19,855	19,855	0	0	0	4.00
5.00	43.00	NURSERY	235	235	0	179,000	0	5.00
6.00	50.00	OPERATING ROOM	0	0	0	246,400	0	6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	603	603	0	237,100	0	7.00
8.00	53.00	ANESTHESIOLOGY	767,048	767,048	0	239,400	0	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	238,292	0	238,292	271,900	4,290	9.00
10.00	55.00	RADIOLOGY-THERAPEUTIC	4,642,076	4,320,113	321,963	271,900	1,043	10.00
11.00	57.00	CT SCAN	750	750	0	271,900	0	11.00
12.00	59.00	CARDIAC CATHETERIZATION	1,100,400	1,018,400	82,000	211,500	360	12.00
13.00	60.00	LABORATORY	1,140,980	1,140,980	0	260,300	0	13.00
14.00	75.01	SURGERY/CARDIAC AMB DAY CARE	229,295	51,289	178,006	271,900	3,473	14.00
15.00	90.00	CLINIC	0	0	0	211,500	0	15.00
16.00	76.01	GASTROINTESTINAL SERVICES	27,200	0	27,200	211,500	170	16.00
17.00	90.00	CLINIC	0	0	0	211,500	0	17.00
18.00	91.00	EMERGENCY	7,012,346	4,923,256	2,089,090	211,500	33,661	18.00
200.00			23,663,176	20,596,335	3,066,841		43,858	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	81,754	4,088	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	3.00
4.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	4.00
5.00	43.00	NURSERY	0	0	0	0	0	5.00
6.00	50.00	OPERATING ROOM	0	0	0	0	0	6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	7.00
8.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	560,794	28,040	0	0	0	9.00
10.00	55.00	RADIOLOGY-THERAPEUTIC	136,342	6,817	0	0	0	10.00
11.00	57.00	CT SCAN	0	0	0	0	0	11.00
12.00	59.00	CARDIAC CATHETERIZATION	36,606	1,830	0	0	0	12.00
13.00	60.00	LABORATORY	0	0	0	0	0	13.00
14.00	75.01	SURGERY/CARDIAC AMB DAY CARE	453,995	22,700	0	0	0	14.00
15.00	90.00	CLINIC	0	0	0	0	0	15.00
16.00	76.01	GASTROINTESTINAL SERVICES	17,286	864	0	0	0	16.00
17.00	90.00	CLINIC	0	0	0	0	0	17.00
18.00	91.00	EMERGENCY	3,422,741	171,137	0	0	0	18.00
200.00			4,709,518	235,476	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	81,754	48,536	357,459		1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	23,500		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	8,021,383		3.00
4.00	31.00	INTENSIVE CARE UNIT	0	0	0	19,855		4.00
5.00	43.00	NURSERY	0	0	0	235		5.00
6.00	50.00	OPERATING ROOM	0	0	0	0		6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	603		7.00
8.00	53.00	ANESTHESIOLOGY	0	0	0	767,048		8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	0	560,794	0	0		9.00
10.00	55.00	RADIOLOGY-THERAPEUTIC	0	136,342	185,621	4,505,734		10.00
11.00	57.00	CT SCAN	0	0	0	750		11.00
12.00	59.00	CARDIAC CATHETERIZATION	0	36,606	45,394	1,063,794		12.00
13.00	60.00	LABORATORY	0	0	0	1,140,980		13.00
14.00	75.01	SURGERY/CARDIAC AMB DAY CARE	0	453,995	0	51,289		14.00
15.00	90.00	CLINIC	0	0	0	0		15.00
16.00	76.01	GASTROINTESTINAL SERVICES	0	17,286	9,914	9,914		16.00
17.00	90.00	CLINIC	0	0	0	0		17.00
18.00	91.00	EMERGENCY	0	3,422,741	0	4,923,256		18.00
200.00			0	4,709,518	289,465	20,885,800		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0233

Period:
From 10/01/2017
To 09/30/2018

Worksheet B
Part I
Date/Time Prepared:
2/27/2019 9:36 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	12,225,170	12,225,170			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	8,160,445		8,160,445		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	34,055,513	0	0	34,055,513	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	49,636,176	1,332,841	1,777,493	3,235,403	5.00
6.00 00600	MAINTENANCE & REPAIRS	9,974,115	1,723,885	184,382	573,658	6.00
7.00 00700	OPERATION OF PLANT	4,061,630	224,944	188,182	374,320	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,010,143	2,746	0	49,216	8.00
9.00 00900	HOUSEKEEPING	2,385,449	162,224	13,505	637,527	9.00
10.00 01000	DIETARY	744,008	81,504	7,211	122,071	10.00
11.00 01100	CAFETERIA	1,610,082	245,804	28,492	444,569	11.00
13.00 01300	NURSING ADMINISTRATION	4,162,675	55,013	177,811	751,959	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	1,688,704	299,317	290,555	357,829	14.00
15.00 01500	PHARMACY	4,826,053	99,549	66,972	923,610	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,746,194	72,112	1,413	556,579	16.00
17.00 01700	SOCIAL SERVICE	1,964,532	22,361	0	0	17.00
20.00 02000	NURSING SCHOOL	-339,975	351,930	118,926	1,093,204	20.00
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	605,389	2,146	0	3,638	22.00
23.00 02300	MEDTECH SCHOOL	0	0	0	0	23.00
23.01 02301	PARAMED TRAINING	1,032,335	205,283	0	218,009	23.01
23.02 02302	PHARMACY RESIDENCY	-308	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	24,209,731	1,851,009	795,717	6,386,013	30.00
31.00 03100	INTENSIVE CARE UNIT	9,706,754	757,489	67,928	2,173,304	31.00
43.00 04300	NURSERY	526,329	59,767	11,920	145,888	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	10,681,702	753,105	585,191	2,152,862	50.00
51.00 05100	RECOVERY ROOM	1,089,766	206,252	38,596	347,904	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,347,244	152,393	30,508	373,409	52.00
53.00 05300	ANESTHESIOLOGY	826,955	3,761	184,994	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	7,128,076	457,157	437,906	929,252	54.00
54.01 05401	ULTRASOUND	1,647,916	70,543	273,418	460,178	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	4,707,723	559,267	197,788	1,370,607	55.00
56.00 05600	RADIOISOTOPE	1,611,875	29,053	113,482	180,027	56.00
57.00 05700	CT SCAN	2,535,127	32,329	82,970	422,998	57.00
58.00 05800	MRI	1,498,807	96,803	209,715	246,649	58.00
59.00 05900	CARDIAC CATHETERIZATION	4,468,763	180,500	1,168,049	950,006	59.00
60.00 06000	LABORATORY	8,178,853	273,888	246,353	1,819,400	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	1,720,288	0	13,490	0	63.00
65.00 06500	RESPIRATORY THERAPY	2,084,031	81,966	176,979	667,660	65.00
66.00 06600	PHYSICAL THERAPY	3,584,223	310,417	17,568	990,736	66.00
67.00 06700	OCCUPATIONAL THERAPY	455,873	33,345	0	134,488	67.00
68.00 06800	SPEECH PATHOLOGY	262,583	6,923	644	78,314	68.00
69.00 06900	ELECTROCARDIOLOGY	415,463	25,707	12,676	122,368	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	860,139	35,652	40,998	196,369	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,786,349	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	20,228,091	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	31,688,746	5,723	1,313	0	73.00
75.01 07501	SURGERY/CARDIAC AMB DAY CARE	3,154,008	108,503	48,197	905,343	75.01
76.00 03950	DIABETIC SERVICE	0	0	0	0	76.00
76.01 03340	GASTROINTESTINAL SERVICES	972,105	119,741	170,611	244,621	76.01
76.97 07697	CARDIAC REHABILITATION	648,960	8,077	12,003	172,829	76.97
76.99 07699	LITHOTRIpsy	35,400	12,161	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	1,616,560	17,376	2,654	228,949	90.00
91.00 09100	EMERGENCY	7,947,726	328,739	118,622	1,874,297	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	309,174,496	11,459,305	7,915,232	32,916,063	307,023,968
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	62,404	582,066	107,110	6,294	757,874
193.01 19301	CONVENT	576	8,307	0	0	8,883
193.02 19302	MED TRANS / WELLNESS / FDN	353,990	175,492	138,103	1,133,156	1,800,741
200.00	Cross Foot Adjustments					0
201.00	Negative Cost Centers		0	0	0	0
202.00	TOTAL (sum lines 118 through 201)	309,591,466	12,225,170	8,160,445	34,055,513	309,591,466

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0233	Period: From 10/01/2017 To 09/30/2018	Worksheet B Part I Date/Time Prepared: 2/27/2019 9:36 pm		
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
			5.00	6.00	7.00	8.00	9.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	55,981,913				5.00
6.00	00600	MAINTENANCE & REPAIRS	2,749,546	15,205,586			6.00
7.00	00700	OPERATION OF PLANT	1,070,385	373,062	6,292,523		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	234,449	4,554	1,932	1,303,040	8.00
9.00	00900	HOUSEKEEPING	706,082	269,043	114,138	0	4,287,968
10.00	01000	DIETARY	210,761	135,172	57,345	0	41,474
11.00	01100	CAFETERIA	514,092	407,659	172,945	0	125,080
13.00	01300	NURSING ADMINISTRATION	1,136,250	91,237	38,706	0	27,994
14.00	01400	CENTRAL SERVICES & SUPPLY	581,960	496,409	210,596	28,201	152,311
15.00	01500	PHARMACY	1,305,938	165,100	70,042	0	50,657
16.00	01600	MEDICAL RECORDS & LIBRARY	524,544	119,596	50,737	0	36,695
17.00	01700	SOCIAL SERVICE	438,587	37,084	15,733	0	11,378
20.00	02000	NURSING SCHOOL	270,205	583,666	247,613	0	0
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	134,910	3,559	1,510	0	1,092
23.00	02300	MEDTECH SCHOOL	0	0	0	0	0
23.01	02301	PARAMED TRAINING	321,315	340,456	144,434	0	104,461
23.02	02302	PHARMACY RESIDENCY	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	7,338,013	3,069,846	1,302,344	420,449	941,906
31.00	03100	INTENSIVE CARE UNIT	2,804,607	1,256,273	532,959	94,230	385,457
43.00	04300	NURSERY	164,209	99,121	42,051	9,369	30,413
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,128,517	1,249,001	529,874	157,374	383,226
51.00	05100	RECOVERY ROOM	371,399	342,063	145,116	29,190	104,954
52.00	05200	DELIVERY ROOM & LABOR ROOM	420,191	252,739	107,222	23,979	77,547
53.00	05300	ANESTHESIOLOGY	224,208	6,238	2,646	0	1,914
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,976,151	758,180	321,649	19,932	232,629
54.01	05401	ULTRASOUND	541,267	116,993	49,633	11,509	35,897
55.00	05500	RADIOLOGY-THERAPEUTIC	1,508,843	927,528	393,493	59,441	284,589
56.00	05600	RADIOISOTOPE	427,008	48,183	20,441	2,740	14,784
57.00	05700	CT SCAN	678,428	53,617	22,746	17,974	16,451
58.00	05800	MRI	452,953	160,545	68,110	9,349	49,259
59.00	05900	CARDIAC CATHETERIZATION	1,493,818	299,353	126,997	50,379	91,849
60.00	06000	LABORATORY	2,321,852	454,235	192,704	34	139,371
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	382,714	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	664,568	135,937	57,670	0	41,709
66.00	06600	PHYSICAL THERAPY	1,082,276	514,817	218,405	0	157,959
67.00	06700	OCCUPATIONAL THERAPY	137,677	55,301	23,461	0	16,968
68.00	06800	SPEECH PATHOLOGY	76,920	11,481	4,871	0	3,523
69.00	06900	ELECTROCARDIOLOGY	127,193	42,634	18,087	4,896	13,081
70.00	07000	ELECTROENCEPHALOGRAPHY	250,133	59,128	25,084	0	18,142
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,043,199	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,465,149	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	6,996,527	9,491	4,026	0	2,912
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	930,651	179,949	76,341	100,795	55,213
76.00	03950	DIABETIC SERVICE	0	0	0	0	0
76.01	03340	GASTRO INTESTINAL SERVICES	332,672	198,586	84,248	18,591	60,931
76.97	07697	CARDIAC REHABILITATION	185,834	13,395	5,683	0	4,110
76.99	07699	LI THOTRI PSY	10,499	20,169	8,556	0	6,188
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	411,799	28,818	12,226	0	8,842
91.00	09100	EMERGENCY	2,266,864	545,204	231,296	243,855	167,283
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	55,415,163	13,935,422	5,753,670	1,302,287	3,898,249
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	167,293	965,339	409,534	0	296,191
193.01	19301	CONVENT	1,961	13,777	5,845	753	4,227
193.02	19302	MED TRANS / WELLNESS / FDN	397,496	291,048	123,474	0	89,301
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	55,981,913	15,205,586	6,292,523	1,303,040	4,287,968

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 14-0233	Period: From 10/01/2017 To 09/30/2018	Worksheet B Part I Date/Time Prepared: 2/27/2019 9:36 pm
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	1,399,546					10.00
11.00	01100	1,035,557	4,584,280				11.00
13.00	01300	0	94,902	6,536,547			13.00
14.00	01400	0	89,469	221,311	4,416,662		14.00
15.00	01500	0	134,747	333,706	2,602	7,978,976	15.00
16.00	01600	0	112,651	0	4	0	16.00
17.00	01700	0	0	0	0	0	17.00
20.00	02000	0	0	0	1,224	297	20.00
22.00	02200	0	21,733	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	29,340	0	1,570	0	23.01
23.02	02302	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	299,176	1,190,260	2,951,259	166,218	1,737	30.00
31.00	03100	34,138	380,695	943,416	159,843	225	31.00
43.00	04300	2,173	23,544	58,347	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	158	330,709	818,870	0	274	50.00
51.00	05100	0	43,829	108,361	9,517	5	51.00
52.00	05200	5,564	60,129	149,346	0	46	52.00
53.00	05300	0	0	0	103,671	25,035	53.00
54.00	05400	0	147,062	0	61,323	4,304	54.00
54.01	05401	0	59,042	0	17,685	70	54.01
55.00	05500	7,854	192,702	476,900	21,856	1,506	55.00
56.00	05600	0	23,907	0	2,244	84	56.00
57.00	05700	0	64,475	0	46,845	588	57.00
58.00	05800	0	30,789	0	19,182	192	58.00
59.00	05900	3,137	135,109	0	125,553	337	59.00
60.00	06000	0	351,717	0	32,451	0	60.00
63.00	06300	0	0	0	0	0	63.00
65.00	06500	0	107,942	0	0	378	65.00
66.00	06600	0	144,527	0	1,607	10	66.00
67.00	06700	0	17,387	0	1,668	0	67.00
68.00	06800	0	11,591	0	805	0	68.00
69.00	06900	0	28,253	0	6,118	78	69.00
70.00	07000	0	34,773	0	8,266	0	70.00
71.00	07100	0	0	0	3,364,894	12	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	8,460	7,943,103	73.00
75.01	07501	2,955	134,747	333,662	45,819	135	75.01
76.00	03950	0	0	0	0	0	76.00
76.01	03340	0	31,151	77,509	23,968	102	76.01
76.97	07697	0	26,442	0	1,373	137	76.97
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	30,789	63,860	34,293	2	90.00
91.00	09100	8,834	260,438	0	146,610	319	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00							
	SUBTOTALS (SUM OF LINES 1 through 117)	1,399,546	4,344,851	6,536,547	4,415,669	7,978,976	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	1,811	0	104	0	192.00
193.01	19301	0	0	0	0	0	193.01
193.02	19302	0	237,618	0	889	0	193.02
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	1,399,546	4,584,280	6,536,547	4,416,662	7,978,976	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0233

Period:
From 10/01/2017
To 09/30/2018

Worksheet B
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Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-OTHER PRGM. COSTS	MEDTECH SCHOOL	
		16.00	17.00	20.00	22.00	23.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
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	3,220,525				16.00
17.00	01700	SOCIAL SERVICE	0	2,489,675			17.00
20.00	02000	NURSING SCHOOL	0	0	2,327,090		20.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	773,977	22.00
23.00	02300	MEDTECH SCHOOL	0	0	0	0	23.00
23.01	02301	PARAMED TRAINING	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	263,715	2,041,081	1,316,174	87,195	0
31.00	03100	INTENSIVE CARE UNIT	131,090	400,360	530,034	0	0
43.00	04300	NURSERY	4,968	48,234	49,412	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	190,894	0	66,844	274,750	0
51.00	05100	RECOVERY ROOM	17,499	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,717	0	126,348	16,118	0
53.00	05300	ANESTHESIOLOGY	63,188	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	102,182	0	0	6,794	0
54.01	05401	ULTRASOUND	109,863	0	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	147,879	0	12,582	0	0
56.00	05600	RADIOISOTOPE	58,880	0	0	0	0
57.00	05700	CT SCAN	204,487	0	0	0	0
58.00	05800	MRI	54,138	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	137,354	0	27,524	0	0
60.00	06000	LABORATORY	445,322	0	0	6,794	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	23,064	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	56,861	0	0	0	0
66.00	06600	PHYSICAL THERAPY	37,601	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	6,513	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	3,855	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	24,559	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	21,953	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	224,763	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	252,126	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	376,901	0	0	0	0
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	24,321	0	66,844	0	0
76.00	03950	DIABETIC SERVICE	0	0	0	0	0
76.01	03340	GASTRO INTESTINAL SERVICES	19,762	0	36,174	0	0
76.97	07697	CARDIAC REHABILITATION	3,503	0	18,087	0	0
76.99	07699	LITHOTRIPSY	1,303	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	12,709	0	0	78,761	0
91.00	09100	EMERGENCY	186,555	0	77,067	64,002	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,220,525	2,489,675	2,327,090	534,414	0
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	239,563	0
193.01	19301	CONVENT	0	0	0	0	0
193.02	19302	MED TRANS / WELLNESS / FDN	0	0	0	0	0
200.00		Cross Foot Adjustments					0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	3,220,525	2,489,675	2,327,090	773,977	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0233

Period:
From 10/01/2017
To 09/30/2018

Worksheet B
Part I
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Cost Center Description			PARAMED TRAINING	PHARMACY RESIDENCY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.01	23.02	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
20.00	02000	NURSING SCHOOL						20.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD						22.00
23.00	02300	MEDTECH SCHOOL						23.00
23.01	02301	PARAMED TRAINING	2,397,203					23.01
23.02	02302	PHARMACY RESIDENCY		-308				23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	54,631,843	-87,195	54,544,648	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	20,358,802	0	20,358,802	31.00
43.00	04300	NURSERY	0	0	1,275,745	0	1,275,745	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	21,303,351	-274,750	21,028,601	50.00
51.00	05100	RECOVERY ROOM	0	0	2,854,451	0	2,854,451	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	3,155,500	-16,118	3,139,382	52.00
53.00	05300	ANESTHESIOLOGY	0	0	1,442,610	0	1,442,610	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	12,582,597	-6,794	12,575,803	54.00
54.01	05401	ULTRASOUND	0	0	3,394,014	0	3,394,014	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	10,870,558	0	10,870,558	55.00
56.00	05600	RADIOISOTOPE	0	0	2,532,708	0	2,532,708	56.00
57.00	05700	CT SCAN	0	0	4,179,035	0	4,179,035	57.00
58.00	05800	MRI	0	0	2,896,491	0	2,896,491	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	9,258,728	0	9,258,728	59.00
60.00	06000	LABORATORY	0	0	14,462,974	-6,794	14,456,180	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	2,139,556	0	2,139,556	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	4,075,701	0	4,075,701	65.00
66.00	06600	PHYSICAL THERAPY	0	0	7,060,146	0	7,060,146	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	882,681	0	882,681	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	461,510	0	461,510	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	841,113	0	841,113	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	1,550,637	0	1,550,637	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	20,419,217	0	20,419,217	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	24,945,366	0	24,945,366	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	47,037,202	0	47,037,202	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	0	0	6,167,483	0	6,167,483	75.01
76.00	03950	DIABETIC SERVICE	0	0	0	0	0	76.00
76.01	03340	GASTROINTESTINAL SERVICES	0	0	2,390,772	0	2,390,772	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	1,100,433	0	1,100,433	76.97
76.99	07699	LITHOTRIPSY	0	0	94,276	0	94,276	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	2,547,638	-78,761	2,468,877	90.00
91.00	09100	EMERGENCY	2,397,203	0	16,864,914	-64,002	16,800,912	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,397,203	0	303,778,052	-534,414	303,243,638	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	2,837,709	-239,563	2,598,146	192.00
193.01	19301	CONVENT	0	0	35,446	0	35,446	193.01
193.02	19302	MED TRANS / WELLNESS / FDN	0	0	2,940,567	0	2,940,567	193.02
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	-308	-308	0	-308	201.00
202.00		TOTAL (sum lines 118 through 201)	2,397,203	-308	309,591,466	-773,977	308,817,489	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0233	Period: From 10/01/2017 To 09/30/2018	Worksheet B Part II Date/Time Prepared: 2/27/2019 9:36 pm
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT
		BLDG & FIXT	MVBLE EQUIP		
		0	1.00		
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	566,808	1,332,841	1,777,493	5.00
6.00 00600	MAINTENANCE & REPAIRS	278,168	1,723,885	184,382	6.00
7.00 00700	OPERATION OF PLANT	132,001	224,944	188,182	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	2,746	0	8.00
9.00 00900	HOUSEKEEPING	0	162,224	13,505	9.00
10.00 01000	DIETARY	4,956	81,504	7,211	10.00
11.00 01100	CAFETERIA	0	245,804	28,492	11.00
13.00 01300	NURSING ADMINISTRATION	0	55,013	177,811	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	32,725	299,317	290,555	14.00
15.00 01500	PHARMACY	221,645	99,549	66,972	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	72,112	1,413	16.00
17.00 01700	SOCIAL SERVICE	0	22,361	0	17.00
20.00 02000	NURSING SCHOOL	1,351,651	351,930	118,926	20.00
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	2,146	0	22.00
23.00 02300	MEDTECH SCHOOL	0	0	0	23.00
23.01 02301	PARAMED TRAINING	47,448	205,283	0	23.01
23.02 02302	PHARMACY RESIDENCY	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	0	1,851,009	795,717	30.00
31.00 03100	INTENSIVE CARE UNIT	0	757,489	67,928	31.00
43.00 04300	NURSERY	0	59,767	11,920	43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	1,141,682	753,105	585,191	50.00
51.00 05100	RECOVERY ROOM	0	206,252	38,596	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	152,393	30,508	52.00
53.00 05300	ANESTHESIOLOGY	0	3,761	184,994	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,171,468	457,157	437,906	54.00
54.01 05401	ULTRASOUND	66,595	70,543	273,418	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0	559,267	197,788	55.00
56.00 05600	RADIOISOTOPE	124,482	29,053	113,482	56.00
57.00 05700	CT SCAN	681,548	32,329	82,970	57.00
58.00 05800	MRI	569,490	96,803	209,715	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	180,500	1,168,049	59.00
60.00 06000	LABORATORY	363,759	273,888	246,353	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	13,490	63.00
65.00 06500	RESPIRATORY THERAPY	28,219	81,966	176,979	65.00
66.00 06600	PHYSICAL THERAPY	375,011	310,417	17,568	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	33,345	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	6,923	644	68.00
69.00 06900	ELECTROCARDIOLOGY	0	25,707	12,676	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	117,589	35,652	40,998	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	301,495	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	5,723	1,313	73.00
75.01 07501	SURGERY/CARDIAC AMB DAY CARE	0	108,503	48,197	75.01
76.00 03950	DIABETIC SERVICE	0	0	0	76.00
76.01 03340	GASTROINTESTINAL SERVICES	0	119,741	170,611	76.01
76.97 07697	CARDIAC REHABILITATION	109,951	8,077	12,003	76.97
76.99 07699	LITHOTRIPSY	0	12,161	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00 09000	CLINIC	145,370	17,376	2,654	90.00
91.00 09100	EMERGENCY	3,902	328,739	118,622	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00 09500	AMBULANCE SERVICES	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS					
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	7,835,963	11,459,305	7,915,232	118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	582,066	107,110	192.00
193.01 19301	CONVENT	0	8,307	0	193.01
193.02 19302	MED TRANS / WELLNESS / FDN	800	175,492	138,103	193.02
200.00	Cross Foot Adjustments			0	200.00
201.00	Negative Cost Centers		0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	7,836,763	12,225,170	8,160,445	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0233	Period: From 10/01/2017 To 09/30/2018	Worksheet B Part II Date/Time Prepared: 2/27/2019 9:36 pm		
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
			5.00	6.00	7.00	8.00	9.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	3,677,142				5.00
6.00	00600	MAINTENANCE & REPAIRS	180,600	2,367,035			6.00
7.00	00700	OPERATION OF PLANT	70,307	58,074	673,508		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	15,399	709	207	19,061	8.00
9.00	00900	HOUSEKEEPING	46,378	41,882	12,217	0	276,206
10.00	01000	DIETARY	13,844	21,042	6,138	0	2,672
11.00	01100	CAFETERIA	33,767	63,460	18,511	0	8,057
13.00	01300	NURSING ADMINISTRATION	74,633	14,203	4,143	0	1,803
14.00	01400	CENTRAL SERVICES & SUPPLY	38,225	77,275	22,541	413	9,811
15.00	01500	PHARMACY	85,779	25,701	7,497	0	3,263
16.00	01600	MEDICAL RECORDS & LIBRARY	34,454	18,617	5,431	0	2,364
17.00	01700	SOCIAL SERVICE	28,808	5,773	1,684	0	733
20.00	02000	NURSING SCHOOL	17,748	90,859	26,503	0	0
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	8,861	554	162	0	70
23.00	02300	MEDTECH SCHOOL	0	0	0	0	0
23.01	02301	PARAMED TRAINING	21,105	52,998	15,459	0	6,729
23.02	02302	PHARMACY RESIDENCY	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	482,035	477,878	139,390	6,150	60,670
31.00	03100	INTENSIVE CARE UNIT	184,217	195,562	57,044	1,378	24,829
43.00	04300	NURSERY	10,786	15,430	4,501	137	1,959
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	205,492	194,431	56,714	2,302	24,685
51.00	05100	RECOVERY ROOM	24,395	53,249	15,532	427	6,761
52.00	05200	DELIVERY ROOM & LABOR ROOM	27,600	39,344	11,476	351	4,995
53.00	05300	ANESTHESIOLOGY	14,727	971	283	0	123
54.00	05400	RADIOLOGY-DIAGNOSTIC	129,801	118,025	34,427	292	14,985
54.01	05401	ULTRASOUND	35,552	18,212	5,312	168	2,312
55.00	05500	RADIOLOGY-THERAPEUTIC	99,106	144,387	42,117	869	18,332
56.00	05600	RADIOISOTOPE	28,047	7,501	2,188	40	952
57.00	05700	CT SCAN	44,562	8,347	2,435	263	1,060
58.00	05800	MRI	29,752	24,992	7,290	137	3,173
59.00	05900	CARDIAC CATHETERIZATION	98,119	46,600	13,593	737	5,916
60.00	06000	LABORATORY	152,508	70,710	20,626	1	8,977
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	25,138	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	43,651	21,161	6,173	0	2,687
66.00	06600	PHYSICAL THERAPY	71,088	80,141	23,377	0	10,175
67.00	06700	OCCUPATIONAL THERAPY	9,043	8,609	2,511	0	1,093
68.00	06800	SPEECH PATHOLOGY	5,052	1,787	521	0	227
69.00	06900	ELECTROCARDIOLOGY	8,355	6,637	1,936	72	843
70.00	07000	ELECTROENCEPHALOGRAPHY	16,430	9,204	2,685	0	1,169
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	199,888	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	293,287	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	459,557	1,477	431	0	188
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	61,129	28,012	8,171	1,474	3,556
76.00	03950	DIABETIC SERVICE	0	0	0	0	0
76.01	03340	GASTROINTESTINAL SERVICES	21,851	30,914	9,017	272	3,925
76.97	07697	CARDIAC REHABILITATION	12,206	2,085	608	0	265
76.99	07699	LITHOTRIPSY	690	3,140	916	0	399
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	27,048	4,486	1,309	0	570
91.00	09100	EMERGENCY	148,896	84,871	24,756	3,567	10,775
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,639,916	2,169,310	615,832	19,050	251,103
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	10,988	150,273	43,834	0	19,079
193.01	19301	CONVENT	129	2,145	626	11	272
193.02	19302	MED TRANS / WELLNESS / FDN	26,109	45,307	13,216	0	5,752
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	3,677,142	2,367,035	673,508	19,061	276,206

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0233	Period: From 10/01/2017 To 09/30/2018	Worksheet B Part II Date/Time Prepared: 2/27/2019 9:36 pm
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	137,367					10.00
11.00	01100	101,642	499,733				11.00
13.00	01300	0	10,345	337,951			13.00
14.00	01400	0	9,753	11,442	792,057		14.00
15.00	01500	0	14,689	17,253	467	542,815	15.00
16.00	01600	0	12,280	0	1	0	16.00
17.00	01700	0	0	0	0	0	17.00
20.00	02000	0	0	0	219	20	20.00
22.00	02200	0	2,369	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	3,198	0	281	0	23.01
23.02	02302	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	29,364	129,751	152,586	29,808	118	30.00
31.00	03100	3,351	41,500	48,776	28,665	15	31.00
43.00	04300	213	2,567	3,017	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	15	36,051	42,337	0	19	50.00
51.00	05100	0	4,778	5,602	1,707	0	51.00
52.00	05200	546	6,555	7,721	0	3	52.00
53.00	05300	0	0	0	18,592	1,703	53.00
54.00	05400	0	16,031	0	10,997	293	54.00
54.01	05401	0	6,436	0	3,172	5	54.01
55.00	05500	771	21,006	24,657	3,920	102	55.00
56.00	05600	0	2,606	0	402	6	56.00
57.00	05700	0	7,028	0	8,401	40	57.00
58.00	05800	0	3,356	0	3,440	13	58.00
59.00	05900	308	14,728	0	22,516	23	59.00
60.00	06000	0	38,341	0	5,819	0	60.00
63.00	06300	0	0	0	0	0	63.00
65.00	06500	0	11,767	0	0	26	65.00
66.00	06600	0	15,755	0	288	1	66.00
67.00	06700	0	1,895	0	299	0	67.00
68.00	06800	0	1,264	0	144	0	68.00
69.00	06900	0	3,080	0	1,097	5	69.00
70.00	07000	0	3,791	0	1,482	0	70.00
71.00	07100	0	0	0	603,442	1	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	1,517	540,375	73.00
75.01	07501	290	14,689	17,251	8,217	9	75.01
76.00	03950	0	0	0	0	0	76.00
76.01	03340	0	3,396	4,007	4,298	7	76.01
76.97	07697	0	2,882	0	246	9	76.97
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	3,356	3,302	6,150	0	90.00
91.00	09100	867	28,390	0	26,292	22	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00							
	SUBTOTALS (SUM OF LINES 1 through 117)	137,367	473,633	337,951	791,879	542,815	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	197	0	19	0	192.00
193.01	19301	0	0	0	0	0	193.01
193.02	19302	0	25,903	0	159	0	193.02
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)	137,367	499,733	337,951	792,057	542,815	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0233	Period: From 10/01/2017 To 09/30/2018	Worksheet B Part II Date/Time Prepared: 2/27/2019 9:36 pm
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Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-OTHER PRGM. COSTS	MEDTECH SCHOOL	
		16.00	17.00	20.00	22.00	23.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
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	146,672				16.00
17.00	01700	SOCIAL SERVICE	0	59,359			17.00
20.00	02000	NURSING SCHOOL	0	0	1,708,284		20.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0		14,162	22.00
23.00	02300	MEDTECH SCHOOL	0	0			23.00
23.01	02301	PARAMED TRAINING	0	0			23.01
23.02	02302	PHARMACY RESIDENCY	0	0			23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	11,976	48,664			30.00
31.00	03100	INTENSIVE CARE UNIT	5,953	9,545			31.00
43.00	04300	NURSERY	226	1,150			43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	8,669	0			50.00
51.00	05100	RECOVERY ROOM	795	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	578	0			52.00
53.00	05300	ANESTHESIOLOGY	2,870	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,641	0			54.00
54.01	05401	ULTRASOUND	4,989	0			54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	6,716	0			55.00
56.00	05600	RADIOISOTOPE	2,674	0			56.00
57.00	05700	CT SCAN	9,287	0			57.00
58.00	05800	MRI	2,459	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	6,238	0			59.00
60.00	06000	LABORATORY	20,638	0			60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,047	0			63.00
65.00	06500	RESPIRATORY THERAPY	2,582	0			65.00
66.00	06600	PHYSICAL THERAPY	1,708	0			66.00
67.00	06700	OCCUPATIONAL THERAPY	296	0			67.00
68.00	06800	SPEECH PATHOLOGY	175	0			68.00
69.00	06900	ELECTROCARDIOLOGY	1,115	0			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	997	0			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,207	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,450	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,117	0			73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	1,105	0			75.01
76.00	03950	DIABETIC SERVICE	0	0			76.00
76.01	03340	GASTROINTESTINAL SERVICES	897	0			76.01
76.97	07697	CARDIAC REHABILITATION	159	0			76.97
76.99	07699	LITHOTRIpsy	59	0			76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	577	0			90.00
91.00	09100	EMERGENCY	8,472	0			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0			95.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	146,672	59,359	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0			190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0			192.00
193.01	19301	CONVENT	0	0			193.01
193.02	19302	MED TRANS / WELLNESS / FDN	0	0			193.02
200.00		Cross Foot Adjustments			1,708,284	14,162	200.00
201.00		Negative Cost Centers	0	0	249,572	0	201.00
202.00		TOTAL (sum lines 118 through 201)	146,672	59,359	1,957,856	14,162	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0233	Period: From 10/01/2017 To 09/30/2018	Worksheet B Part II Date/Time Prepared: 2/27/2019 9:36 pm		
Cost Center Description			PARAMED TRAINING	PHARMACY RESIDENCY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
			23.01	23.02	24.00	25.00	26.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
20.00	02000	NURSING SCHOOL					20.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD					22.00
23.00	02300	MEDTECH SCHOOL					23.00
23.01	02301	PARAMED TRAINING	352,501				23.01
23.02	02302	PHARMACY RESIDENCY		0			23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS			4,215,116	0	30.00
31.00	03100	INTENSIVE CARE UNIT			1,426,252	0	31.00
43.00	04300	NURSERY			111,673	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM			3,050,693	0	50.00
51.00	05100	RECOVERY ROOM			358,094	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM			282,070	0	52.00
53.00	05300	ANESTHESIOLOGY			228,024	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC			2,396,023	0	54.00
54.01	05401	ULTRASOUND			486,714	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC			1,119,038	0	55.00
56.00	05600	RADIOISOTOPE			311,433	0	56.00
57.00	05700	CT SCAN			878,270	0	57.00
58.00	05800	MRI			950,620	0	58.00
59.00	05900	CARDIAC CATHETERIZATION			1,557,327	0	59.00
60.00	06000	LABORATORY			1,201,620	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.			39,675	0	63.00
65.00	06500	RESPIRATORY THERAPY			375,211	0	65.00
66.00	06600	PHYSICAL THERAPY			905,529	0	66.00
67.00	06700	OCCUPATIONAL THERAPY			57,091	0	67.00
68.00	06800	SPEECH PATHOLOGY			16,737	0	68.00
69.00	06900	ELECTROCARDIOLOGY			61,523	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY			229,997	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT			1,115,033	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			304,737	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			1,027,698	0	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE			300,603	0	75.01
76.00	03950	DIABETIC SERVICE			0	0	76.00
76.01	03340	GASTROINTESTINAL SERVICES			368,936	0	76.01
76.97	07697	CARDIAC REHABILITATION			148,491	0	76.97
76.99	07699	LITHOTRIPSY			17,365	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC			212,198	0	90.00
91.00	09100	EMERGENCY			788,171	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES			0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	24,541,962	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES			913,566	0	192.00
193.01	19301	CONVENT			11,490	0	193.01
193.02	19302	MED TRANS / WELLNESS / FDN			430,841	0	193.02
200.00		Cross Foot Adjustments	352,501	0	2,074,947	0	200.00
201.00		Negative Cost Centers	0	0	249,572	0	201.00
202.00		TOTAL (sum lines 118 through 201)	352,501	0	28,222,378	0	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0233

Period:
From 10/01/2017
To 09/30/2018

Worksheet B-1
Date/Time Prepared:
2/27/2019 9:36 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	529,781				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		7,348,133			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	100,760,872		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	57,759	1,600,561	9,572,652	-55,981,913	5.00
6.00 00600	MAINTENANCE & REPAIRS	74,705	166,028	1,697,292	0	6.00
7.00 00700	OPERATION OF PLANT	9,748	169,450	1,107,507	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	119	0	145,617	0	8.00
9.00 00900	HOUSEKEEPING	7,030	12,161	1,886,264	0	9.00
10.00 01000	DIETARY	3,532	6,493	361,175	0	10.00
11.00 01100	CAFETERIA	10,652	25,656	1,315,354	0	11.00
13.00 01300	NURSING ADMINISTRATION	2,384	160,111	2,224,835	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	12,971	261,632	1,058,717	0	14.00
15.00 01500	PHARMACY	4,314	60,305	2,732,703	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	3,125	1,272	1,646,762	0	16.00
17.00 01700	SOCIAL SERVICE	969	0	0	0	17.00
20.00 02000	NURSING SCHOOL	15,251	107,088	3,234,484	0	20.00
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	93	0	10,764	0	22.00
23.00 02300	MEDTECH SCHOOL	0	0	0	0	23.00
23.01 02301	PARAMED TRAINING	8,896	0	645,028	0	23.01
23.02 02302	PHARMACY RESIDENCY	0	0	0	308	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	80,214	716,509	18,894,577	0	30.00
31.00 03100	INTENSIVE CARE UNIT	32,826	61,166	6,430,198	0	31.00
43.00 04300	NURSERY	2,590	10,733	431,641	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	32,636	526,939	6,369,715	0	50.00
51.00 05100	RECOVERY ROOM	8,938	34,754	1,029,350	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	6,604	27,471	1,104,813	0	52.00
53.00 05300	ANESTHESIOLOGY	163	166,579	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	19,811	394,316	2,749,396	0	54.00
54.01 05401	ULTRASOUND	3,057	246,201	1,361,539	0	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	24,236	178,100	4,055,241	0	55.00
56.00 05600	RADIOISOTOPE	1,259	102,186	532,648	0	56.00
57.00 05700	CT SCAN	1,401	74,711	1,251,532	0	57.00
58.00 05800	MRI	4,195	188,839	729,764	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	7,822	1,051,778	2,810,802	0	59.00
60.00 06000	LABORATORY	11,869	221,830	5,383,094	0	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	12,147	0	0	63.00
65.00 06500	RESPIRATORY THERAPY	3,552	159,362	1,975,420	0	65.00
66.00 06600	PHYSICAL THERAPY	13,452	15,819	2,931,309	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	1,445	0	397,912	0	67.00
68.00 06800	SPEECH PATHOLOGY	300	580	231,708	0	68.00
69.00 06900	ELECTROCARDIOLOGY	1,114	11,414	362,054	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	1,545	36,917	581,001	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	248	1,182	0	0	73.00
75.01 07501	SURGERY/CARDIAC AMB DAY CARE	4,702	43,399	2,678,655	0	75.01
76.00 03950	DIABETIC SERVICE	0	0	0	0	76.00
76.01 03340	GASTROINTESTINAL SERVICES	5,189	153,628	723,765	0	76.01
76.97 07697	CARDIAC REHABILITATION	350	10,808	511,354	0	76.97
76.99 07699	LITHOTRIPSY	527	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	753	2,390	677,397	0	90.00
91.00 09100	EMERGENCY	14,246	106,814	5,545,520	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	496,592	7,127,329	97,389,559	-55,981,605	251,042,363
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	25,224	96,448	18,621	0	757,874
193.01 19301	CONVENT	360	0	0	0	8,883
193.02 19302	MED TRANS / WELLNESS / FDN	7,605	124,356	3,352,692	0	1,800,741
200.00	Cross Foot Adjustments					
201.00	Negative Cost Centers					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0233

Period:
From 10/01/2017
To 09/30/2018

Worksheet B-1

Date/Time Prepared:
2/27/2019 9:36 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)		
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					4.00
202.00	Cost to be allocated (per Wkst. B, Part I)	12,225,170	8,160,445	34,055,513		55,981,913	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	23.075894	1.110547	0.337984		0.220740	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			0		3,677,142	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000000		0.014499	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: 14-0233

Period:
From 10/01/2017
To 09/30/2018

Worksheet B-1
Date/Time Prepared:
2/27/2019 9:36 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQ. FEET)	OPERATION OF PLANT (SQ. FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (ADJUSTED SQ FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600	397,317					6.00
7.00	00700	9,748	387,569				7.00
8.00	00800	119	119	1,408,350			8.00
9.00	00900	7,030	7,030	0	365,169		9.00
10.00	01000	3,532	3,532	0	3,532	612,487	10.00
11.00	01100	10,652	10,652	0	10,652	453,194	11.00
13.00	01300	2,384	2,384	0	2,384	0	13.00
14.00	01400	12,971	12,971	30,480	12,971	0	14.00
15.00	01500	4,314	4,314	0	4,314	0	15.00
16.00	01600	3,125	3,125	0	3,125	0	16.00
17.00	01700	969	969	0	969	0	17.00
20.00	02000	15,251	15,251	0	0	0	20.00
22.00	02200	93	93	0	93	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	8,896	8,896	0	8,896	0	23.01
23.02	02302	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	80,214	80,214	454,427	80,214	130,929	30.00
31.00	03100	32,826	32,826	101,846	32,826	14,940	31.00
43.00	04300	2,590	2,590	10,126	2,590	951	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	32,636	32,636	170,093	32,636	69	50.00
51.00	05100	8,938	8,938	31,549	8,938	0	51.00
52.00	05200	6,604	6,604	25,917	6,604	2,435	52.00
53.00	05300	163	163	0	163	0	53.00
54.00	05400	19,811	19,811	21,543	19,811	0	54.00
54.01	05401	3,057	3,057	12,439	3,057	0	54.01
55.00	05500	24,236	24,236	64,245	24,236	3,437	55.00
56.00	05600	1,259	1,259	2,961	1,259	0	56.00
57.00	05700	1,401	1,401	19,427	1,401	0	57.00
58.00	05800	4,195	4,195	10,105	4,195	0	58.00
59.00	05900	7,822	7,822	54,451	7,822	1,373	59.00
60.00	06000	11,869	11,869	37	11,869	0	60.00
63.00	06300	0	0	0	0	0	63.00
65.00	06500	3,552	3,552	0	3,552	0	65.00
66.00	06600	13,452	13,452	0	13,452	0	66.00
67.00	06700	1,445	1,445	0	1,445	0	67.00
68.00	06800	300	300	0	300	0	68.00
69.00	06900	1,114	1,114	5,292	1,114	0	69.00
70.00	07000	1,545	1,545	0	1,545	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	248	248	0	248	0	73.00
75.01	07501	4,702	4,702	108,941	4,702	1,293	75.01
76.00	03950	0	0	0	0	0	76.00
76.01	03340	5,189	5,189	20,094	5,189	0	76.01
76.97	07697	350	350	0	350	0	76.97
76.99	07699	527	527	0	527	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	753	753	0	753	0	90.00
91.00	09100	14,246	14,246	263,563	14,246	3,866	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		364,128	354,380	1,407,536	331,980	612,487	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	25,224	25,224	0	25,224	0	192.00
193.01	19301	360	360	814	360	0	193.01
193.02	19302	7,605	7,605	0	7,605	0	193.02
200.00							200.00
201.00							201.00
202.00		15,205,586	6,292,523	1,303,040	4,287,968	1,399,546	202.00
203.00		38.270665	16.235878	0.925225	11.742421	2.285022	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0233

Period:
From 10/01/2017
To 09/30/2018

Worksheet B-1

Date/Time Prepared:
2/27/2019 9:36 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (ADJUSTED SQ FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	2,367,035	673,508	19,061	276,206	137,367	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	5.957548	1.737776	0.013534	0.756379	0.224277	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: 14-0233

Period:
From 10/01/2017
To 09/30/2018

Worksheet B-1

Date/Time Prepared:
2/27/2019 9:36 pm

Cost Center Description			CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	12,656					11.00
13.00	01300	NURSING ADMINISTRATION	262	1,515,290				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	247	51,304	18,641,284			14.00
15.00	01500	PHARMACY	372	77,359	10,982	31,877,487		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	311	0	17	0	1,434,002,489	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
20.00	02000	NURSING SCHOOL	0	0	5,164	1,186	0	20.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	60	0	0	0	0	22.00
23.00	02300	MEDTECH SCHOOL	0	0	0	0	0	23.00
23.01	02301	PARAMED TRAINING	81	0	6,625	0	0	23.01
23.02	02302	PHARMACY RESIDENCY	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,286	684,155	701,553	6,938	117,415,521	30.00
31.00	03100	INTENSIVE CARE UNIT	1,051	218,701	674,644	899	58,365,789	31.00
43.00	04300	NURSERY	65	13,526	0	0	2,212,146	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	913	189,829	0	1,096	84,992,843	50.00
51.00	05100	RECOVERY ROOM	121	25,120	40,167	18	7,791,093	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	166	34,621	0	182	5,662,133	52.00
53.00	05300	ANESTHESIOLOGY	0	0	437,561	100,019	28,133,612	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	406	0	258,823	17,194	45,495,278	54.00
54.01	05401	ULTRASOUND	163	0	74,644	280	48,914,948	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	532	110,554	92,249	6,018	65,841,120	55.00
56.00	05600	RADIOISOTOPE	66	0	9,471	337	26,215,398	56.00
57.00	05700	CT SCAN	178	0	197,718	2,351	91,044,852	57.00
58.00	05800	MRI	85	0	80,963	768	24,104,022	58.00
59.00	05900	CARDIAC CATHETERIZATION	373	0	529,918	1,345	61,154,948	59.00
60.00	06000	LABORATORY	971	0	136,963	0	198,383,192	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	10,268,849	63.00
65.00	06500	RESPIRATORY THERAPY	298	0	0	1,510	25,316,559	65.00
66.00	06600	PHYSICAL THERAPY	399	0	6,783	38	16,741,097	66.00
67.00	06700	OCCUPATIONAL THERAPY	48	0	7,039	0	2,899,804	67.00
68.00	06800	SPEECH PATHOLOGY	32	0	3,398	0	1,716,283	68.00
69.00	06900	ELECTROCARDIOLOGY	78	0	25,822	310	10,934,730	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	96	0	34,886	0	9,774,109	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	14,202,121	49	100,072,597	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	112,255,566	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	35,707	31,734,171	167,809,791	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	372	77,349	193,389	541	10,828,712	75.01
76.00	03950	DIABETIC SERVICE	0	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	86	17,968	101,160	408	8,798,643	76.01
76.97	07697	CARDIAC REHABILITATION	73	0	5,796	546	1,559,537	76.97
76.99	07699	LITHOTRIpsy	0	0	0	0	580,068	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	85	14,804	144,739	7	5,658,472	90.00
91.00	09100	EMERGENCY	719	0	618,794	1,276	83,060,777	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	11,995	1,515,290	18,637,096	31,877,487	1,434,002,489	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	5	0	437	0	0	192.00
193.01	19301	CONVENT	0	0	0	0	0	193.01
193.02	19302	MED TRANS / WELLNESS / FDN	656	0	3,751	0	0	193.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,584,280	6,536,547	4,416,662	7,978,976	3,220,525	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	362.221871	4.313727	0.236929	0.250301	0.002246	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0233

Period:
From 10/01/2017
To 09/30/2018

Worksheet B-1

Date/Time Prepared:
2/27/2019 9:36 pm

Cost Center Description		CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	
		11.00	13.00	14.00	15.00	16.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	499,733	337,951	792,057	542,815	146,672	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	39.485857	0.223027	0.042489	0.017028	0.000102	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: 14-0233

Period:
From 10/01/2017
To 09/30/2018

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS	PRGM. COSTS	MEDTECH SCHOOL	PARAMED TRAINING	
	(PATIENT DAYS)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	
	17.00	20.00	22.00	23.00	23.01		
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500	ADMINISTRATIVE & GENERAL						5.00
6.00 00600	MAINTENANCE & REPAIRS						6.00
7.00 00700	OPERATION OF PLANT						7.00
8.00 00800	LAUNDRY & LINEN SERVICE						8.00
9.00 00900	HOUSEKEEPING						9.00
10.00 01000	DIETARY						10.00
11.00 01100	CAFETERIA						11.00
13.00 01300	NURSING ADMINISTRATION						13.00
14.00 01400	CENTRAL SERVICES & SUPPLY						14.00
15.00 01500	PHARMACY						15.00
16.00 01600	MEDICAL RECORDS & LIBRARY						16.00
17.00 01700	SOCIAL SERVICE	51,720					17.00
20.00 02000	NURSING SCHOOL	0	17,755				20.00
22.00 02200	I & R SERVICES-OTHER PRGM. COSTS APPRVD	0		16,519			22.00
23.00 02300	MEDTECH SCHOOL	0			0		23.00
23.01 02301	PARAMED TRAINING	0				100	23.01
23.02 02302	PHARMACY RESIDENCY	0					23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	42,401	10,042	1,861	0	0	30.00
31.00 03100	INTENSIVE CARE UNIT	8,317	4,044	0	0	0	31.00
43.00 04300	NURSERY	1,002	377	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	0	510	5,864	0	0	50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	964	344	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	145	0	0	54.00
54.01 05401	ULTRASOUND	0	0	0	0	0	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0	96	0	0	0	55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700	CT SCAN	0	0	0	0	0	57.00
58.00 05800	MRI	0	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	210	0	0	0	59.00
60.00 06000	LABORATORY	0	0	145	0	0	60.00
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
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
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.01 07501	SURGERY/CARDIAC AMB DAY CARE	0	510	0	0	0	75.01
76.00 03950	DIABETIC SERVICE	0	0	0	0	0	76.00
76.01 03340	GASTROINTESTINAL SERVICES	0	276	0	0	0	76.01
76.97 07697	CARDIAC REHABILITATION	0	138	0	0	0	76.97
76.99 07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	0	0	1,681	0	0	90.00
91.00 09100	EMERGENCY	0	588	1,366	0	100	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00 09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	51,720	17,755	11,406	0	100	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	5,113	0	0	192.00
193.01 19301	CONVENT	0	0	0	0	0	193.01
193.02 19302	MED TRANS / WELLNESS / FDN	0	0	0	0	0	193.02
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	2,489,675	2,327,090	773,977	0	2,397,203	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0233

Period:
From 10/01/2017
To 09/30/2018

Worksheet B-1

Date/Time Prepared:
2/27/2019 9:36 pm

Cost Center Description	SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS	PRGM. COSTS	MEDTECH SCHOOL	PARAMED TRAINING	
	(PATIENT DAYS)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	
	17.00	20.00	22.00	23.00	23.01		
203.00 Unit cost multiplier (Wkst. B, Part I)	48.137568	131.066742	46.853744	0.000000	23,972.030000	203.00	
204.00 Cost to be allocated (per Wkst. B, Part II)	59,359	1,957,856	14,162	0	352,501	204.00	
205.00 Unit cost multiplier (Wkst. B, Part II)	1.147699	96.214250	0.857316	0.000000	3,525.010000	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	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0233

Period:
From 10/01/2017
To 09/30/2018

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		PHARMACY RESIDENCY (ASSIGNED TIME)	
		23.02	
204.00	Cost to be allocated (per Wkst. B, Part II)	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)	0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0233

Period:
From 10/01/2017
To 09/30/2018

Worksheet C
Part I
Date/Time Prepared:
2/27/2019 9:36 pm

		Title XVIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	54,544,648		54,544,648	0	54,544,648	30.00
31.00	03100 INTENSIVE CARE UNIT	20,358,802		20,358,802	0	20,358,802	31.00
43.00	04300 NURSERY	1,275,745		1,275,745	0	1,275,745	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	21,028,601		21,028,601	0	21,028,601	50.00
51.00	05100 RECOVERY ROOM	2,854,451		2,854,451	0	2,854,451	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,139,382		3,139,382	0	3,139,382	52.00
53.00	05300 ANESTHESIOLOGY	1,442,610		1,442,610	0	1,442,610	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	12,575,803		12,575,803	0	12,575,803	54.00
54.01	05401 ULTRASOUND	3,394,014		3,394,014	0	3,394,014	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	10,870,558		10,870,558	185,621	11,056,179	55.00
56.00	05600 RADIOISOTOPE	2,532,708		2,532,708	0	2,532,708	56.00
57.00	05700 CT SCAN	4,179,035		4,179,035	0	4,179,035	57.00
58.00	05800 MRI	2,896,491		2,896,491	0	2,896,491	58.00
59.00	05900 CARDIAC CATHETERIZATION	9,258,728		9,258,728	45,394	9,304,122	59.00
60.00	06000 LABORATORY	14,456,180		14,456,180	0	14,456,180	60.00
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.	2,139,556		2,139,556	0	2,139,556	63.00
65.00	06500 RESPIRATORY THERAPY	4,075,701	0	4,075,701	0	4,075,701	65.00
66.00	06600 PHYSICAL THERAPY	7,060,146	0	7,060,146	0	7,060,146	66.00
67.00	06700 OCCUPATIONAL THERAPY	882,681	0	882,681	0	882,681	67.00
68.00	06800 SPEECH PATHOLOGY	461,510	0	461,510	0	461,510	68.00
69.00	06900 ELECTROCARDIOLOGY	841,113		841,113	0	841,113	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,550,637		1,550,637	0	1,550,637	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	20,419,217		20,419,217	0	20,419,217	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	24,945,366		24,945,366	0	24,945,366	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	47,037,202		47,037,202	0	47,037,202	73.00
75.01	07501 SURGERY/CARDIAC AMB DAY CARE	6,167,483		6,167,483	0	6,167,483	75.01
76.00	03950 DIABETIC SERVICE	0		0	0	0	76.00
76.01	03340 GASTROINTESTINAL SERVICES	2,390,772		2,390,772	9,914	2,400,686	76.01
76.97	07697 CARDIAC REHABILITATION	1,100,433		1,100,433	0	1,100,433	76.97
76.99	07699 LI THOTRI PSY	94,276		94,276	0	94,276	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	2,468,877		2,468,877	0	2,468,877	90.00
91.00	09100 EMERGENCY	16,800,912		16,800,912	0	16,800,912	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	4,558,688		4,558,688		4,558,688	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0		0	0	0	95.00
200.00	Subtotal (see instructions)	307,802,326	0	307,802,326	240,929	308,043,255	200.00
201.00	Less Observation Beds	4,558,688		4,558,688		4,558,688	201.00
202.00	Total (see instructions)	303,243,638	0	303,243,638	240,929	303,484,567	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0233		Period: From 10/01/2017 To 09/30/2018		Worksheet C Part I Date/Time Prepared: 2/27/2019 9:36 pm		
			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	107,821,254		107,821,254				30.00
31.00	03100	INTENSIVE CARE UNIT	58,188,348		58,188,348				31.00
43.00	04300	NURSERY	2,212,146		2,212,146				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	47,184,848	37,807,995	84,992,843	0.247416	0.000000		50.00
51.00	05100	RECOVERY ROOM	3,209,113	4,581,980	7,791,093	0.366374	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,487,091	175,042	5,662,133	0.554452	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	14,412,878	13,720,734	28,133,612	0.051277	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,548,777	34,946,501	45,495,278	0.276420	0.000000		54.00
54.01	05401	ULTRASOUND	15,976,306	32,938,642	48,914,948	0.069386	0.000000		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,449,155	64,391,965	65,841,120	0.165103	0.000000		55.00
56.00	05600	RADIOISOTOPE	3,110,953	23,104,445	26,215,398	0.096611	0.000000		56.00
57.00	05700	CT SCAN	33,157,048	57,887,804	91,044,852	0.045901	0.000000		57.00
58.00	05800	MRI	7,083,246	17,020,776	24,104,022	0.120166	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	29,427,570	31,727,378	61,154,948	0.151398	0.000000		59.00
60.00	06000	LABORATORY	87,456,926	110,926,266	198,383,192	0.072870	0.000000		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,983,092	2,285,757	10,268,849	0.208354	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	23,201,143	2,115,416	25,316,559	0.160990	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	6,487,361	10,253,736	16,741,097	0.421725	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	2,114,611	785,193	2,899,804	0.304393	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	1,145,361	570,922	1,716,283	0.268901	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	2,977,184	7,957,546	10,934,730	0.076921	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,013,352	7,760,757	9,774,109	0.158647	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	63,859,022	36,213,575	100,072,597	0.204044	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	77,884,137	34,371,429	112,255,566	0.222219	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	55,137,966	112,671,825	167,809,791	0.280301	0.000000		73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	1,709,285	9,119,427	10,828,712	0.569549	0.000000		75.01
76.00	03950	DIABETIC SERVICE	0	0	0	0.000000	0.000000		76.00
76.01	03340	GASTROINTESTINAL SERVICES	2,819,717	5,978,926	8,798,643	0.271721	0.000000		76.01
76.97	07697	CARDIAC REHABILITATION	5,948	1,553,589	1,559,537	0.705615	0.000000		76.97
76.99	07699	LITHOTRIPSY	0	580,068	580,068	0.162526	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	27,944	5,630,528	5,658,472	0.436315	0.000000		90.00
91.00	09100	EMERGENCY	32,374,762	50,686,015	83,060,777	0.202273	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,311,031	6,460,677	9,771,708	0.466519	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000		95.00
200.00		Subtotal (see instructions)	709,777,575	724,224,914	1,434,002,489				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	709,777,575	724,224,914	1,434,002,489				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0233	Period: From 10/01/2017 To 09/30/2018	Worksheet C Part I Date/Time Prepared: 2/27/2019 9:36 pm
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.247416		50.00
51.00	05100 RECOVERY ROOM	0.366374		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.554452		52.00
53.00	05300 ANESTHESIOLOGY	0.051277		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.276420		54.00
54.01	05401 ULTRASOUND	0.069386		54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.167922		55.00
56.00	05600 RADIOISOTOPE	0.096611		56.00
57.00	05700 CT SCAN	0.045901		57.00
58.00	05800 MRI	0.120166		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.152140		59.00
60.00	06000 LABORATORY	0.072870		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.208354		63.00
65.00	06500 RESPIRATORY THERAPY	0.160990		65.00
66.00	06600 PHYSICAL THERAPY	0.421725		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.304393		67.00
68.00	06800 SPEECH PATHOLOGY	0.268901		68.00
69.00	06900 ELECTROCARDIOLOGY	0.076921		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.158647		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.204044		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.222219		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.280301		73.00
75.01	07501 SURGERY/CARDIAC AMB DAY CARE	0.569549		75.01
76.00	03950 DIABETIC SERVICE	0.000000		76.00
76.01	03340 GASTROINTESTINAL SERVICES	0.272847		76.01
76.97	07697 CARDIAC REHABILITATION	0.705615		76.97
76.99	07699 LI THOTRI PSY	0.162526		76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.436315		90.00
91.00	09100 EMERGENCY	0.202273		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.466519		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
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: 14-0233

Period:
From 10/01/2017
To 09/30/2018

Worksheet C
Part I
Date/Time Prepared:
2/27/2019 9:36 pm

		Title XIX		Hospital		Cost
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		54,544,648	0	54,544,648	30.00
31.00	03100 INTENSIVE CARE UNIT		20,358,802	0	20,358,802	31.00
43.00	04300 NURSERY		1,275,745	0	1,275,745	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		21,028,601	0	21,028,601	50.00
51.00	05100 RECOVERY ROOM		2,854,451	0	2,854,451	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		3,139,382	0	3,139,382	52.00
53.00	05300 ANESTHESIOLOGY		1,442,610	0	1,442,610	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		12,575,803	0	12,575,803	54.00
54.01	05401 ULTRASOUND		3,394,014	0	3,394,014	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC		10,870,558	185,621	11,056,179	55.00
56.00	05600 RADIOISOTOPE		2,532,708	0	2,532,708	56.00
57.00	05700 CT SCAN		4,179,035	0	4,179,035	57.00
58.00	05800 MRI		2,896,491	0	2,896,491	58.00
59.00	05900 CARDIAC CATHETERIZATION		9,258,728	45,394	9,304,122	59.00
60.00	06000 LABORATORY		14,456,180	0	14,456,180	60.00
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.		2,139,556	0	2,139,556	63.00
65.00	06500 RESPIRATORY THERAPY	0	4,075,701	0	4,075,701	65.00
66.00	06600 PHYSICAL THERAPY	0	7,060,146	0	7,060,146	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	882,681	0	882,681	67.00
68.00	06800 SPEECH PATHOLOGY	0	461,510	0	461,510	68.00
69.00	06900 ELECTROCARDIOLOGY		841,113	0	841,113	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		1,550,637	0	1,550,637	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		20,419,217	0	20,419,217	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		24,945,366	0	24,945,366	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		47,037,202	0	47,037,202	73.00
75.01	07501 SURGERY/CARDIAC AMB DAY CARE		6,167,483	0	6,167,483	75.01
76.00	03950 DIABETIC SERVICE		0	0	0	76.00
76.01	03340 GASTROINTESTINAL SERVICES		2,390,772	9,914	2,400,686	76.01
76.97	07697 CARDIAC REHABILITATION		1,100,433	0	1,100,433	76.97
76.99	07699 LI THOTRI PSY		94,276	0	94,276	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC		2,468,877	0	2,468,877	90.00
91.00	09100 EMERGENCY		16,800,912	0	16,800,912	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		4,558,688		4,558,688	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0	0	0	0	95.00
200.00	Subtotal (see instructions)		307,802,326	240,929	308,043,255	200.00
201.00	Less Observation Beds		4,558,688		4,558,688	201.00
202.00	Total (see instructions)	0	303,243,638	240,929	303,484,567	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0233		Period: From 10/01/2017 To 09/30/2018		Worksheet C Part I Date/Time Prepared: 2/27/2019 9:36 pm	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	107,821,254		107,821,254			30.00
31.00	03100	INTENSIVE CARE UNIT	58,188,348		58,188,348			31.00
43.00	04300	NURSERY	2,212,146		2,212,146			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	47,184,848	37,807,995	84,992,843	0.247416	0.000000	50.00
51.00	05100	RECOVERY ROOM	3,209,113	4,581,980	7,791,093	0.366374	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,487,091	175,042	5,662,133	0.554452	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	14,412,878	13,720,734	28,133,612	0.051277	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,548,777	34,946,501	45,495,278	0.276420	0.000000	54.00
54.01	05401	ULTRASOUND	15,976,306	32,938,642	48,914,948	0.069386	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,449,155	64,391,965	65,841,120	0.165103	0.000000	55.00
56.00	05600	RADIOISOTOPE	3,110,953	23,104,445	26,215,398	0.096611	0.000000	56.00
57.00	05700	CT SCAN	33,157,048	57,887,804	91,044,852	0.045901	0.000000	57.00
58.00	05800	MRI	7,083,246	17,020,776	24,104,022	0.120166	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	29,427,570	31,727,378	61,154,948	0.151398	0.000000	59.00
60.00	06000	LABORATORY	87,456,926	110,926,266	198,383,192	0.072870	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,983,092	2,285,757	10,268,849	0.208354	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	23,201,143	2,115,416	25,316,559	0.160990	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	6,487,361	10,253,736	16,741,097	0.421725	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,114,611	785,193	2,899,804	0.304393	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,145,361	570,922	1,716,283	0.268901	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	2,977,184	7,957,546	10,934,730	0.076921	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,013,352	7,760,757	9,774,109	0.158647	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	63,859,022	36,213,575	100,072,597	0.204044	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	77,884,137	34,371,429	112,255,566	0.222219	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	55,137,966	112,671,825	167,809,791	0.280301	0.000000	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	1,709,285	9,119,427	10,828,712	0.569549	0.000000	75.01
76.00	03950	DIABETIC SERVICE	0	0	0	0.000000	0.000000	76.00
76.01	03340	GASTROINTESTINAL SERVICES	2,819,717	5,978,926	8,798,643	0.271721	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION	5,948	1,553,589	1,559,537	0.705615	0.000000	76.97
76.99	07699	LITHOTRIPSY	0	580,068	580,068	0.162526	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	27,944	5,630,528	5,658,472	0.436315	0.000000	90.00
91.00	09100	EMERGENCY	32,374,762	50,686,015	83,060,777	0.202273	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,311,031	6,460,677	9,771,708	0.466519	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
200.00		Subtotal (see instructions)	709,777,575	724,224,914	1,434,002,489			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	709,777,575	724,224,914	1,434,002,489			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0233	Period: From 10/01/2017 To 09/30/2018	Worksheet C Part I Date/Time Prepared: 2/27/2019 9:36 pm
		Title XIX	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
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
54.01	05401 ULTRASOUND	0.000000		54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
75.01	07501 SURGERY/CARDIAC AMB DAY CARE	0.000000		75.01
76.00	03950 DIABETIC SERVICE	0.000000		76.00
76.01	03340 GASTROINTESTINAL SERVICES	0.000000		76.01
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
76.99	07699 LI THOTRI PSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
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: 14-0233		Period: From 10/01/2017 To 09/30/2018		Worksheet D Part I Date/Time Prepared: 2/27/2019 9:36 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	PPS Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	4,215,116	0	4,215,116	46,089	91.46	30.00
31.00	INTENSIVE CARE UNIT	1,426,252		1,426,252	8,317	171.49	31.00
43.00	NURSERY	111,673		111,673	1,002	111.45	43.00
200.00	Total (Lines 30 through 199)	5,753,041		5,753,041	55,408		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	18,094	1,654,877				
31.00	INTENSIVE CARE UNIT	4,271	732,434				
43.00	NURSERY	0	0				
200.00	Total (Lines 30 through 199)	22,365	2,387,311				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0233	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part II Date/Time Prepared: 2/27/2019 9:36 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	3,050,693	84,992,843	0.035894	18,639,503	669,046	50.00
51.00	05100 RECOVERY ROOM	358,094	7,791,093	0.045962	1,224,940	56,301	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	282,070	5,662,133	0.049817	15,907	792	52.00
53.00	05300 ANESTHESIOLOGY	228,024	28,133,612	0.008105	5,594,888	45,347	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,396,023	45,495,278	0.052665	6,065,957	319,464	54.00
54.01	05401 ULTRASOUND	486,714	48,914,948	0.009950	7,334,831	72,982	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	1,119,038	65,841,120	0.016996	789,496	13,418	55.00
56.00	05600 RADIOISOTOPE	311,433	26,215,398	0.011880	1,592,120	18,914	56.00
57.00	05700 CT SCAN	878,270	91,044,852	0.009647	14,078,068	135,811	57.00
58.00	05800 MRI	950,620	24,104,022	0.039438	3,076,267	121,322	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,557,327	61,154,948	0.025465	11,922,690	303,611	59.00
60.00	06000 LABORATORY	1,201,620	198,383,192	0.006057	39,025,416	236,377	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	39,675	10,268,849	0.003864	3,238,477	12,513	63.00
65.00	06500 RESPIRATORY THERAPY	375,211	25,316,559	0.014821	10,646,038	157,785	65.00
66.00	06600 PHYSICAL THERAPY	905,529	16,741,097	0.054090	3,165,785	171,237	66.00
67.00	06700 OCCUPATIONAL THERAPY	57,091	2,899,804	0.019688	896,152	17,643	67.00
68.00	06800 SPEECH PATHOLOGY	16,737	1,716,283	0.009752	639,809	6,239	68.00
69.00	06900 ELECTROCARDIOLOGY	61,523	10,934,730	0.005626	1,500,926	8,444	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	229,997	9,774,109	0.023531	1,045,789	24,608	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1,115,033	100,072,597	0.011142	26,535,697	295,661	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	304,737	112,255,566	0.002715	33,541,925	91,066	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,027,698	167,809,791	0.006124	22,361,137	136,940	73.00
75.01	07501 SURGERY/CARDIAC AMB DAY CARE	300,603	10,828,712	0.027760	695,530	19,308	75.01
76.00	03950 DIABETIC SERVICE	0	0	0.000000	0	0	76.00
76.01	03340 GASTROINTESTINAL SERVICES	368,936	8,798,643	0.041931	1,372,632	57,556	76.01
76.97	07697 CARDIAC REHABILITATION	148,491	1,559,537	0.095215	657	63	76.97
76.99	07699 LI THOTRI PSY	17,365	580,068	0.029936	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	212,198	5,658,472	0.037501	19,408	728	90.00
91.00	09100 EMERGENCY	788,171	83,060,777	0.009489	13,594,118	128,995	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	352,286	9,771,708	0.036052	1,777,207	64,072	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	19,141,207	1,265,780,741		230,391,370	3,186,243	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0233		Period: From 10/01/2017 To 09/30/2018		Worksheet D Part III Date/Time Prepared: 2/27/2019 9:36 pm		
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	1,316,174	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	530,034	0	0	0	31.00
43.00	04300	NURSERY	0	49,412	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	1,895,620	0	0	0	200.00
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 + col. 6)	Inpatient Program Days	
			4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	1,316,174	46,089	28.56	18,094	30.00
31.00	03100	INTENSIVE CARE UNIT		530,034	8,317	63.73	4,271	31.00
43.00	04300	NURSERY		49,412	1,002	49.31	0	43.00
200.00		Total (lines 30 through 199)		1,895,620	55,408		22,365	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	516,765					30.00
31.00	03100	INTENSIVE CARE UNIT	272,191					31.00
43.00	04300	NURSERY	0					43.00
200.00		Total (lines 30 through 199)	788,956					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0233	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part IV Date/Time Prepared: 2/27/2019 9:36 pm
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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	66,844	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	126,348	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	
54.01 05401 ULTRASOUND	0	0	0	0	0	54.01	
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	12,582	0	0	55.00	
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00	
57.00 05700 CT SCAN	0	0	0	0	0	57.00	
58.00 05800 MRI	0	0	0	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0	0	27,524	0	0	59.00	
60.00 06000 LABORATORY	0	0	0	0	0	60.00	
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	
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	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00	
75.01 07501 SURGERY/CARDIAC AMB DAY CARE	0	0	66,844	0	0	75.01	
76.00 03950 DIABETIC SERVICE	0	0	0	0	0	76.00	
76.01 03340 GASTROINTESTINAL SERVICES	0	0	36,174	0	0	76.01	
76.97 07697 CARDIAC REHABILITATION	0	0	18,087	0	0	76.97	
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	0	90.00	
91.00 09100 EMERGENCY	0	0	77,067	0	2,397,203	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	110,001	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00	
200.00 Total (lines 50 through 199)	0	0	541,471	0	2,397,203	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0233	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part IV Date/Time Prepared: 2/27/2019 9:36 pm
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Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
			4.00	5.00	6.00	7.00	8.00	
Title XVIII								
Hospital								
PPS								
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	66,844	66,844	84,992,843	0.000786	50.00
51.00	05100	RECOVERY ROOM	0	0	0	7,791,093	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	126,348	126,348	5,662,133	0.022315	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	28,133,612	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	45,495,278	0.000000	54.00
54.01	05401	ULTRASOUND	0	0	0	48,914,948	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	12,582	12,582	65,841,120	0.000191	55.00
56.00	05600	RADIOISOTOPE	0	0	0	26,215,398	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	91,044,852	0.000000	57.00
58.00	05800	MRI	0	0	0	24,104,022	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	27,524	27,524	61,154,948	0.000450	59.00
60.00	06000	LABORATORY	0	0	0	198,383,192	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	10,268,849	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	25,316,559	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	16,741,097	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,899,804	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,716,283	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	10,934,730	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	9,774,109	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	100,072,597	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	112,255,566	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	167,809,791	0.000000	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	0	66,844	66,844	10,828,712	0.006173	75.01
76.00	03950	DIABETIC SERVICE	0	0	0	0	0.000000	76.00
76.01	03340	GASTROINTESTINAL SERVICES	0	36,174	36,174	8,798,643	0.004111	76.01
76.97	07697	CARDIAC REHABILITATION	0	18,087	18,087	1,559,537	0.011598	76.97
76.99	07699	LITHOTRIPSY	0	0	0	580,068	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	5,658,472	0.000000	90.00
91.00	09100	EMERGENCY	0	2,474,270	2,474,270	83,060,777	0.029789	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	110,001	110,001	9,771,708	0.011257	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	2,938,674	2,938,674	1,265,780,741		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0233	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part IV Date/Time Prepared: 2/27/2019 9:36 pm
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Cost Center Description		Title XVIII					
		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000786	18,639,503	14,651	8,735,168	6,866	50.00
51.00	05100 RECOVERY ROOM	0.000000	1,224,940	0	869,573	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.022315	15,907	355	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	5,594,888	0	3,441,934	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	6,065,957	0	11,582,687	0	54.00
54.01	05401 ULTRASOUND	0.000000	7,334,831	0	10,600,415	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000191	789,496	151	28,104,970	5,368	55.00
56.00	05600 RADIOISOTOPE	0.000000	1,592,120	0	6,164,318	0	56.00
57.00	05700 CT SCAN	0.000000	14,078,068	0	18,487,155	0	57.00
58.00	05800 MRI	0.000000	3,076,267	0	2,878,279	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000450	11,922,690	5,365	12,845,421	5,780	59.00
60.00	06000 LABORATORY	0.000000	39,025,416	0	16,456,167	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	3,238,477	0	643,112	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.000000	10,646,038	0	604,509	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	3,165,785	0	80,370	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	896,152	0	19,007	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	639,809	0	3,577	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	1,500,926	0	2,587,002	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	1,045,789	0	2,105,329	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	26,535,697	0	10,382,671	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	33,541,925	0	12,377,790	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	22,361,137	0	40,098,881	0	73.00
75.01	07501 SURGERY/CARDIAC AMB DAY CARE	0.006173	695,530	4,294	2,250,649	13,893	75.01
76.00	03950 DIABETIC SERVICE	0.000000	0	0	0	0	76.00
76.01	03340 GASTROINTESTINAL SERVICES	0.004111	1,372,632	5,643	2,245,084	9,230	76.01
76.97	07697 CARDIAC REHABILITATION	0.011598	657	8	609,915	7,074	76.97
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	19,408	0	2,868,701	0	90.00
91.00	09100 EMERGENCY	0.029789	13,594,118	404,955	11,619,606	346,136	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.011257	1,777,207	20,006	1,244,518	14,010	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		230,391,370	455,428	209,906,808	408,357	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0233	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part V Date/Time Prepared: 2/27/2019 9:36 pm				
		Title XVIII	Hospital	PPS				
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.247416	8,735,168	0	0	2,161,220	50.00
51.00	05100	RECOVERY ROOM	0.366374	869,573	0	0	318,589	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.554452	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.051277	3,441,934	0	0	176,492	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.276420	11,582,687	0	0	3,201,686	54.00
54.01	05401	ULTRASOUND	0.069386	10,600,415	0	0	735,520	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.165103	28,104,970	0	105	4,640,215	55.00
56.00	05600	RADIOISOTOPE	0.096611	6,164,318	0	0	595,541	56.00
57.00	05700	CT SCAN	0.045901	18,487,155	0	0	848,579	57.00
58.00	05800	MRI	0.120166	2,878,279	0	0	345,871	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.151398	12,845,421	0	0	1,944,771	59.00
60.00	06000	LABORATORY	0.072870	16,456,167	1,195	0	1,199,161	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.208354	643,112	0	0	133,995	63.00
65.00	06500	RESPIRATORY THERAPY	0.160990	604,509	0	0	97,320	65.00
66.00	06600	PHYSICAL THERAPY	0.421725	80,370	0	0	33,894	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.304393	19,007	0	0	5,786	67.00
68.00	06800	SPEECH PATHOLOGY	0.268901	3,577	0	0	962	68.00
69.00	06900	ELECTROCARDIOLOGY	0.076921	2,587,002	0	0	198,995	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.158647	2,105,329	0	0	334,004	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.204044	10,382,671	0	0	2,118,522	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.222219	12,377,790	0	0	2,750,580	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.280301	40,098,881	388	153,639	11,239,756	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	0.569549	2,250,649	0	0	1,281,855	75.01
76.00	03950	DIABETIC SERVICE	0.000000	0	0	0	0	76.00
76.01	03340	GASTROINTESTINAL SERVICES	0.271721	2,245,084	0	0	610,036	76.01
76.97	07697	CARDIAC REHABILITATION	0.705615	609,915	0	0	430,365	76.97
76.99	07699	LITHOTRIPSY	0.162526	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.436315	2,868,701	0	0	1,251,657	90.00
91.00	09100	EMERGENCY	0.202273	11,619,606	0	0	2,350,333	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.466519	1,244,518	0	0	580,591	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
200.00		Subtotal (see instructions)		209,906,808	1,583	153,744	39,586,296	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		209,906,808	1,583	153,744	39,586,296	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0233	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part V Date/Time Prepared: 2/27/2019 9:36 pm
Title XVIII		Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
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
54.01 05401 ULTRASOUND	0	0		54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	17		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	87	0		60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	109	43,065		73.00
75.01 07501 SURGERY/CARDIAC AMB DAY CARE	0	0		75.01
76.00 03950 DIABETIC SERVICE	0	0		76.00
76.01 03340 GASTROINTESTINAL SERVICES	0	0		76.01
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.99 07699 LI THOTRI PSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0			95.00
200.00 Subtotal (see instructions)	196	43,082		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	196	43,082		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0233	Period: From 10/01/2017 To 09/30/2018	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 2/27/2019 9:36 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		46,089	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		46,089	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)		42,237	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)		18,094	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)		54,544,648	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)		54,544,648	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)		54,544,648	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)		1,183.46	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		21,413,525	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)		21,413,525	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0233	Period: From 10/01/2017 To 09/30/2018	Worksheet D-1 Date/Time Prepared: 2/27/2019 9:36 pm
Title XVIII			Hospital		PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	20,358,802	8,317	2,447.85	4,271	10,454,767
44.00 CORONARY CARE UNIT					
45.00 BURN INTENSIVE CARE UNIT					
46.00 SURGICAL INTENSIVE CARE UNIT					
47.00 OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description					
					1.00
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					41,446,146
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					73,314,438
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					3,176,267
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					3,641,671
52.00 Total Program excludable cost (sum of lines 50 and 51)					6,817,938
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					66,496,500
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					0
55.00 Target amount per discharge					0.00
56.00 Target amount (line 54 x line 55)					0
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00 Bonus payment (see instructions)					0
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
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
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
62.00 Relief payment (see instructions)					0
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0
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
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
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
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
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
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)					
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					
72.00 Program routine service cost (line 9 x line 71)					
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					
76.00 Per diem capital-related costs (line 75 ÷ line 2)					
77.00 Program capital-related costs (line 9 x line 76)					
78.00 Inpatient routine service cost (line 74 minus line 77)					
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					
81.00 Inpatient routine service cost per diem limitation					
82.00 Inpatient routine service cost limitation (line 9 x line 81)					
83.00 Reasonable inpatient routine service costs (see instructions)					
84.00 Program inpatient ancillary services (see instructions)					
85.00 Utilization review - physician compensation (see instructions)					
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					3,852
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,183.46
89.00 Observation bed cost (line 87 x line 88) (see instructions)					4,558,688

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0233		Period: From 10/01/2017 To 09/30/2018		Worksheet D-1 Date/Time Prepared: 2/27/2019 9:36 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	4,215,116	54,544,648	0.077278	4,558,688	352,286	90.00
91.00	Nursing School cost	1,316,174	54,544,648	0.024130	4,558,688	110,001	91.00
92.00	Allied health cost	0	54,544,648	0.000000	4,558,688	0	92.00
93.00	All other Medical Education	0	54,544,648	0.000000	4,558,688	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0233	Period: From 10/01/2017 To 09/30/2018	Worksheet D-3 Date/Time Prepared: 2/27/2019 9:36 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		48,253,705	30.00
31.00	03100	INTENSIVE CARE UNIT		20,979,312	31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.247416	18,639,503	50.00
51.00	05100	RECOVERY ROOM	0.366374	1,224,940	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.554452	15,907	52.00
53.00	05300	ANESTHESIOLOGY	0.051277	5,594,888	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.276420	6,065,957	54.00
54.01	05401	ULTRASOUND	0.069386	7,334,831	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.167922	789,496	55.00
56.00	05600	RADIOISOTOPE	0.096611	1,592,120	56.00
57.00	05700	CT SCAN	0.045901	14,078,068	57.00
58.00	05800	MRI	0.120166	3,076,267	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.152140	11,922,690	59.00
60.00	06000	LABORATORY	0.072870	39,025,416	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.208354	3,238,477	63.00
65.00	06500	RESPIRATORY THERAPY	0.160990	10,646,038	65.00
66.00	06600	PHYSICAL THERAPY	0.421725	3,165,785	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.304393	896,152	67.00
68.00	06800	SPEECH PATHOLOGY	0.268901	639,809	68.00
69.00	06900	ELECTROCARDIOLOGY	0.076921	1,500,926	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.158647	1,045,789	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.204044	26,535,697	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.222219	33,541,925	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.280301	22,361,137	73.00
75.01	07501	SURGERY/CARDIAC AMB DAY CARE	0.569549	695,530	75.01
76.00	03950	DIABETIC SERVICE	0.000000	0	76.00
76.01	03340	GASTROINTESTINAL SERVICES	0.272847	1,372,632	76.01
76.97	07697	CARDIAC REHABILITATION	0.705615	657	76.97
76.99	07699	LI THOTRI PSY	0.162526	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.436315	19,408	90.00
91.00	09100	EMERGENCY	0.202273	13,594,118	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.466519	1,777,207	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		230,391,370	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		230,391,370	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0233	Period: From 10/01/2017 To 09/30/2018	Worksheet E Part A Date/Time Prepared: 2/27/2019 9:36 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		49,825,536	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)		1,142,884	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		20,697,202	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		224.45	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)		6.42	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).		-4.62	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)		1.80	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		1.41	10.00
11.00	FTE count for residents in dental and podiatric programs.		4.44	11.00
12.00	Current year allowable FTE (see instructions)		5.85	12.00
13.00	Total allowable FTE count for the prior year.		5.00	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.		6.53	14.00
15.00	Sum of lines 12 through 14 divided by 3.		5.79	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		5.79	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.025796	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.022269	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.022269	21.00
22.00	IME payment adjustment (see instructions)		602,690	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		250,353	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)		-0.39	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)		602,690	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		250,353	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		1.80	30.00
31.00	Percentage of Medicaid patient days (see instructions)		14.16	31.00
32.00	Sum of lines 30 and 31		15.96	32.00
33.00	Allowable disproportionate share percentage (see instructions)		3.12	33.00
34.00	Disproportionate share adjustment (see instructions)		388,639	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0233	Period: From 10/01/2017 To 09/30/2018	Worksheet E Part A Date/Time Prepared: 2/27/2019 9:36 pm	
		Title XVIII	Hospital	PPS	
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0	6,766,695,164	35.00
35.01	Factor 3 (see instructions)		0.000000000	0.000217861	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	1,474,199	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	1,474,199	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,474,199		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
		Before 1/1	On/After 1/1		
		1.00	1.01		
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		53,433,948		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)			53,684,301	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			4,292,927	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).			227,150	52.00
53.00	Nursing and Allied Health Managed Care payment			1,799,010	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).			788,956	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			455,428	58.00
59.00	Total (sum of amounts on lines 49 through 58)			61,247,772	59.00
60.00	Primary payer payments			3,684	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			61,244,088	61.00
62.00	Deductibles billed to program beneficiaries			4,819,364	62.00
63.00	Coinurance billed to program beneficiaries			149,085	63.00
64.00	Allowable bad debts (see instructions)			972,138	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			631,890	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			834,410	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			56,907,529	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)			-247,163	70.93
70.94	HRR adjustment amount (see instructions)			-418,532	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0233	Period: From 10/01/2017 To 09/30/2018	Worksheet E Part A Date/Time Prepared: 2/27/2019 9:36 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	1.00	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)		572,108	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		55,669,726	71.00
71.01	Sequestration adjustment (see instructions)		1,113,395	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		54,943,496	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)		-387,165	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,342,712	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	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0 102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)		0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0 104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0233	Period: From 10/01/2017 To 09/30/2018	Worksheet E Part B Date/Time Prepared: 2/27/2019 9:36 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		43,278	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		39,177,939	2.00
3.00	OPPS payments		34,422,622	3.00
4.00	Outlier payment (see instructions)		102,941	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		408,357	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		43,278	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		155,327	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)		155,327	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)		155,327	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		112,049	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)		43,278	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		34,933,920	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		316	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		6,256,672	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)		28,720,210	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		122,788	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)		28,842,998	30.00
31.00	Primary payer payments		855	31.00
32.00	Subtotal (line 30 minus line 31)		28,842,143	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)		1,118,347	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		726,926	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		932,119	36.00
37.00	Subtotal (see instructions)		29,569,069	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
RECONCILIATION ADJUSTMENT				
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)		29,569,069	40.00
40.01	Sequestration adjustment (see instructions)		591,381	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		28,772,499	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		205,189	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: 14-0233

Period:
From 10/01/2017
To 09/30/2018

Worksheet E-1
Part I
Date/Time Prepared:
2/27/2019 9:36 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		54,508,616		28,743,979	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	09/11/2018	434,880	09/11/2018	28,520	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		434,880		28,520	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)		54,943,496		28,772,499	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		205,189	6.01	
6.02	SETTLEMENT TO PROGRAM		387,165		0	6.02	
7.00	Total Medicare program liability (see instructions)		54,556,331		28,977,688	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: 14-0233	Period: From 10/01/2017 To 09/30/2018	Worksheet E-1 Part II Date/Time Prepared: 2/27/2019 9:36 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0233	Period: From 10/01/2017 To 09/30/2018	Worksheet E-4 Date/Time Prepared: 2/27/2019 9:36 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			8.42	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			-6.62	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			1.80	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			1.41	6.00
7.00	Enter the lesser of line 5 or line 6			1.41	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.08	1.29	1.37	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.08	1.29	1.37	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		3.97		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	0.08	5.26		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.17	4.81		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	6.25		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.08	5.44		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	0.08	5.44		17.00
18.00	Per resident amount	109,437.55	103,750.01		18.00
19.00	Approved amount for resident costs	8,755	564,400	573,155	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			25.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			573,155	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	22,365	10,016		26.00
27.00	Total Inpatient Days (see instructions)	50,718	50,718		27.00
28.00	Ratio of inpatient days to total inpatient days	0.440968	0.197484		28.00
29.00	Program direct GME amount	252,743	113,189		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		15,994		30.00
31.00	Net Program direct GME amount			349,938	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0233	Period: From 10/01/2017 To 09/30/2018	Worksheet E-4 Date/Time Prepared: 2/27/2019 9:36 pm
		Title XVIII	Hospital	PPS
		1.00		
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		73,314,438	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		3,684	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		73,310,754	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		39,629,574	42.00
43.00	Primary payer payments (see instructions)		855	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		39,628,719	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		112,939,473	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.649115	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.350885	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		349,938	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		227,150	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		122,788	50.00

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

Provider CCN: 14-0233

Period:
From 10/01/2017
To 09/30/2018

Worksheet G
Date/Time Prepared:
2/27/2019 9:36 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	3,381,752	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	258,694,134	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-194,292,208	0	0	0	6.00
7.00	Inventory	9,847,855	0	0	0	7.00
8.00	Prepaid expenses	716,107	0	0	0	8.00
9.00	Other current assets	3,266,166	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)	81,613,806	0	0	0	11.00
FIXED ASSETS						
12.00	Land	4,152,456	0	0	0	12.00
13.00	Land improvements	2,215,609	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	222,306,369	0	0	0	15.00
16.00	Accumulated depreciation	-88,622,198	0	0	0	16.00
17.00	Leasehold improvements	254,040	0	0	0	17.00
18.00	Accumulated depreciation	-2,192,463	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	108,341,531	0	0	0	23.00
24.00	Accumulated depreciation	-80,033,181	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	3,239,039	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	169,661,202	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	15,793,605	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	307,870	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	16,101,475	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	267,376,483	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	15,297,413	0	0	0	37.00
38.00	Salaries, wages, and fees payable	13,903,604	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	108,606,594	0	0	0	40.00
41.00	Deferred income	1,765,938	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	7,278	0	0	0	43.00
44.00	Other current liabilities	25,690,693	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	165,271,520	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	821,027	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	821,027	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	166,092,547	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	101,283,936				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)	101,283,936	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	267,376,483	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0233

Period:
From 10/01/2017
To 09/30/2018

Worksheet G-1

Date/Time Prepared:
2/27/2019 9:36 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		107,424,719		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		25,963,339			2.00
3.00	Total (sum of line 1 and line 2)		133,388,058		0	3.00
4.00	Additions (credit adjustments) (specify)	0		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)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		133,388,058		0	11.00
12.00	EQUITY TRANSFER	30,780,922		0		12.00
13.00	CONTRIBUTION ACTIVITY	1,323,199		0		13.00
14.00	ROUNDING	1		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)		32,104,122		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		101,283,936		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			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	EQUITY TRANSFER		0			12.00
13.00	CONTRIBUTION ACTIVITY		0			13.00
14.00	ROUNDING		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: 14-0233

Period:
From 10/01/2017
To 09/30/2018

Worksheet G-2
Parts I & II
Date/Time Prepared:
2/27/2019 9:36 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	110,033,400		110,033,400	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	110,033,400		110,033,400	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	58,188,348		58,188,348	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)	58,188,348		58,188,348	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	168,221,748		168,221,748	17.00
18.00	Ancillary services	536,992,931	701,362,378	1,238,355,309	18.00
19.00	Outpatient services	4,562,894	22,862,538	27,425,432	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PROFESSIONAL FEES	2,962,091	32,104,721	35,066,812	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	712,739,664	756,329,637	1,469,069,301	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		355,509,623		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)		355,509,623		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0233

Period:
From 10/01/2017
To 09/30/2018

Worksheet G-3

Date/Time Prepared:
2/27/2019 9:36 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,469,069,301	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,103,353,505	2.00
3.00	Net patient revenues (line 1 minus line 2)	365,715,796	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	355,509,623	4.00
5.00	Net income from service to patients (line 3 minus line 4)	10,206,173	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	2,604,445	6.00
7.00	Income from investments	664,799	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	803,010	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	1,409	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	5,451,566	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	915,873	21.00
22.00	Rental of hospital space	24,651	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUES	5,395,057	24.00
25.00	Total other income (sum of lines 6-24)	15,860,810	25.00
26.00	Total (line 5 plus line 25)	26,066,983	26.00
27.00	TAXES	103,644	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	103,644	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	25,963,339	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0233	Period: From 10/01/2017 To 09/30/2018	Worksheet L Parts I-III Date/Time Prepared: 2/27/2019 9:36 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		4,057,556	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		0	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		53,998	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		138.95	3.00
4.00	Number of interns & residents (see instructions)		5.79	4.00
5.00	Indirect medical education percentage (see instructions)		1.19	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)		48,285	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		1.80	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		14.16	8.00
9.00	Sum of lines 7 and 8		15.96	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.28	10.00
11.00	Disproportionate share adjustment (see instructions)		133,088	11.00
12.00	Total prospective capital payments (see instructions)		4,292,927	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