

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: 14-0286	Period: From 09/01/2017 To 08/31/2018	Worksheet S Parts I-III Date/Time Prepared: 1/30/2019 9:26 am
--	-----------------------	---	--

**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: 1/30/2019 Time: 9:26 am
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 KISHWAUKEE COMMUNITY HOSPITAL ( 14-0286 ) for the cost reporting period beginning 09/01/2017 and ending 08/31/2018 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) \_\_\_\_\_  
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	
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	87,776	165,275	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
4.00 SUBPROVIDER I						4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0				0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0				0	11.00
200.00 Total	0	87,776	165,275	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: 14-0286		Period: From 09/01/2017 To 08/31/2018		Worksheet S-2 Part I Date/Time Prepared: 1/30/2019 9:26 am					
1.00		2.00		3.00		4.00							
Hospital and Hospital Health Care Complex Address:													
1.00	Street: ONE KISH HOSPITAL DRIVE			PO Box:				1.00					
2.00	City: DEKALB		State: IL		Zip Code: 60115-		County: DEKALB		2.00				
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)					
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00			
Hospital and Hospital-Based Component Identification:													
3.00	Hospital		KISHWAUKEE COMMUNITY HOSPITAL		140286	16974	1	12/21/1975	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	
17.10	Hospital-Based (CORF) I											17.10	
18.00	Renal Dialysis											18.00	
19.00	Other											19.00	
							From:	To:					
							1.00	2.00					
20.00	Cost Reporting Period (mm/dd/yyyy)						09/01/2017	08/31/2018		20.00			
21.00	Type of Control (see instructions)						2		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)						Y	Y		22.01			
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N		22.02			
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						N	N		22.03			
23.00	Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.							N		23.00			
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						1	N		23.00			
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days				
				1.00	2.00	3.00	4.00	5.00	6.00				
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.						2,131	501	0	1	1,432	0	24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0286		Period: From 09/01/2017 To 08/31/2018		Worksheet S-2 Part I Date/Time Prepared: 1/30/2019 9:26 am		
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
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	S	Date of Geogr		
						1.00		2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1			26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0			35.00	
						Beginning:	Ending:			
						1.00		2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.								36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0			37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPSS final rule? Enter "Y" for yes or "N" for no. (see instructions)					N			37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.								38.00	
						Y/N	Y/N			
						1.00		2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N		N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N		N	40.00	
						V	XVII	XIX		
						1.00	2.00	3.00		
<b>Prospective Payment System (PPS)-Capital</b>										
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N		N	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N		N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N		N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N		N	N	48.00
<b>Teaching Hospitals</b>										
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.									57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N				59.00
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criteria Code				
				1.00	2.00	3.00				
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)					N			60.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0286		Period: From 09/01/2017 To 08/31/2018		Worksheet S-2 Part I Date/Time Prepared: 1/30/2019 9:26 am	
		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: 14-0286		Period: From 09/01/2017 To 08/31/2018		Worksheet S-2 Part I Date/Time Prepared: 1/30/2019 9:26 am	
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000		66.00
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		67.00
					1.00	2.00	3.00
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	76.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0286		Period: From 09/01/2017 To 08/31/2018		Worksheet S-2 Part I Date/Time Prepared: 1/30/2019 9:26 am			
						1.00			
<b>Long Term Care Hospital PPS</b>									
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N				80.00		
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N				81.00		
<b>TEFRA Providers</b>									
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N				85.00		
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						86.00		
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N				87.00		
						V	XIX		
						1.00	2.00		
<b>Title V and XIX Services</b>									
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N		Y		90.00		
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N		N		91.00		
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N		92.00		
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N		N		93.00		
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N		N		94.00		
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00			0.00		95.00		
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N		N		96.00		
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00			0.00		97.00		
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N		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. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N		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		
<b>Rural Providers</b>									
105.00	Does this hospital qualify as a CAH?		N				105.00		
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)		N				106.00		
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.		N				107.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N				108.00		
						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.		N		N		N		109.00
						1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N			110.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0286	Period: From 09/01/2017 To 08/31/2018	Worksheet S-2 Part I Date/Time Prepared: 1/30/2019 9:26 am	
		1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N			111.00
		1.00	2.00	3.00	
<b>Miscellaneous Cost Reporting Information</b>					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	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:	384,476	54,799	1,611,878	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
<b>Transplant Center Information</b>					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
<b>All Providers</b>					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		HB0640	140.00



HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0286		Period: From 09/01/2017 To 08/31/2018		Worksheet S-2 Part II Date/Time Prepared: 1/30/2019 9:26 am	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				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.	Y					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.					N	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					N	15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	12/18/2018	Y	12/18/2018		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0286	Period: From 09/01/2017 To 08/31/2018	Worksheet S-2 Part II Date/Time Prepared: 1/30/2019 9:26 am	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
				1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?		Y		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.		Y		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.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00		2.00	
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	BRANDON		HOFMANN	41.00
42.00	Enter the employer/company name of the cost report preparer.	NORTHWESTERN MEMORIAL HEALTHCARE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	815-756-1521 EXT 153548		BRANDON.HOFMANN@NM.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0286

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet S-2  
Part II  
Date/Time Prepared:  
1/30/2019 9:26 am

		3.00	
<b>Cost Report Preparer Contact Information</b>			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SENIOR FINANCIAL 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: 14-0286

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet S-3  
Part I  
Date/Time Prepared:  
1/30/2019 9:26 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Vi si ts / Tri ps	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	86	31,390	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)		86	31,390	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	12	4,380	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)		98	35,770	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		98				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: 14-0286

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet S-3  
Part I  
Date/Time Prepared:  
1/30/2019 9:26 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	9,067	1,856	17,371			1.00
2.00 HMO and other (see instructions)	2,630	1,432				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	9,067	1,856	17,371			7.00
8.00 INTENSIVE CARE UNIT	1,450	12	2,663			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		635	1,414			13.00
14.00 Total (see instructions)	10,517	2,503	21,448	0.00	843.90	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER		0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	843.90	27.00
28.00 Observation Bed Days		0	4,588			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	130	246			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: 14-0286

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet S-3  
Part I  
Date/Time Prepared:  
1/30/2019 9:26 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,269	1,108	5,056	1.00
2.00 HMO and other (see instructions)			517	527		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	2,269	1,108	5,056	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00 SUBPROVIDER	0.00	0		0	0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days				0		33.00
33.01 LTCH site neutral days and discharges				0		33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0286

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet S-3  
Part II  
Date/Time Prepared:  
1/30/2019 9:26 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	56,826,348	0	56,826,348	1,736,667.00	32.72
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		811,946	0	811,946	26,074.00	31.14
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract Labor: Direct Patient Care		0	0	0	0.00	0.00
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		138,350	0	138,350	1,020.00	135.64
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		12,364,769	0	12,364,769	220,002.00	56.20
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) (see instructions)		15,704,614	0	15,704,614		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		227,643	0	227,643		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		2,856,893	0	2,856,893		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits Department	4.00	336,966	0	336,966	6.00	56,161.00
27.00	Administrative & General	5.00	9,378,942	-493,022	8,885,920	306,830.00	28.96

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0286

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet S-3  
Part II  
Date/Time Prepared:  
1/30/2019 9:26 am

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	886,204	0	886,204	65,134.00	13.61	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	882,395	-616,088	266,307	19,430.00	13.71	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	616,088	616,088	42,745.00	14.41	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,202,647	0	1,202,647	32,453.00	37.06	38.00
39.00	Central Services and Supply	14.00	274,326	0	274,326	13,684.00	20.05	39.00
40.00	Pharmacy	15.00	2,047,799	0	2,047,799	41,067.00	49.86	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	50,477.00	0.00	41.00
42.00	Social Service	17.00	651,254	0	651,254	14,114.00	46.14	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0286

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet S-3  
Part III  
Date/Time Prepared:  
1/30/2019 9:26 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	56,826,348	0	56,826,348	1,736,667.00	32.72	1.00
2.00	Excluded area salaries (see instructions)	811,946	0	811,946	26,074.00	31.14	2.00
3.00	Subtotal salaries (line 1 minus line 2)	56,014,402	0	56,014,402	1,710,593.00	32.75	3.00
4.00	Subtotal other wages & related costs (see inst.)	12,503,119	0	12,503,119	221,022.00	56.57	4.00
5.00	Subtotal wage-related costs (see inst.)	18,561,507	0	18,561,507	0.00	33.14	5.00
6.00	Total (sum of lines 3 thru 5)	87,079,028	0	87,079,028	1,931,615.00	45.08	6.00
7.00	Total overhead cost (see instructions)	15,660,533	-493,022	15,167,511	585,940.00	25.89	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0286	Period: From 09/01/2017 To 08/31/2018	Worksheet S-3 Part IV Date/Time Prepared: 1/30/2019 9:26 am
				Amount Reported
				1.00
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions		4,043,293	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)		0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		4,736,110	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		1,959,402	9.00
10.00	Dental, Hearing and Vision Plan		249,814	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		71,312	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)		500,878	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		0	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
<b>TAXES</b>				
17.00	FICA-Employers Portion Only		4,017,855	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		168,061	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		185,532	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		15,932,257	24.00
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 14-0286	Period: From 09/01/2017 To 08/31/2018	Worksheet S-3 Part V Date/Time Prepared: 1/30/2019 9:26 am
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost		0	15,932,257 1.00
2.00	Hospital		0	15,689,585 2.00
3.00	Subprovider - IPF		0	0 3.00
4.00	Subprovider - IRF		0	0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA		0	0 11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC		0	0 14.00
15.00	Hospital-Based Health Clinic FQHC		0	0 15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10		0	0 16.10
17.00	Renal Dialysis			17.00
18.00	Other		0	242,672 18.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0286

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet S-7

Date/Time Prepared:  
1/30/2019 9:26 am

		1.00	2.00		
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.				1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.				2.00
		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)
		1.00	2.00	3.00	4.00
3.00		RUX	0	0	0 3.00
4.00		RUL	0	0	0 4.00
5.00		RVX	0	0	0 5.00
6.00		RVL	0	0	0 6.00
7.00		RHX	0	0	0 7.00
8.00		RHL	0	0	0 8.00
9.00		RMX	0	0	0 9.00
10.00		RML	0	0	0 10.00
11.00		RLX	0	0	0 11.00
12.00		RUC	0	0	0 12.00
13.00		RUB	0	0	0 13.00
14.00		RUA	0	0	0 14.00
15.00		RVC	0	0	0 15.00
16.00		RVB	0	0	0 16.00
17.00		RVA	0	0	0 17.00
18.00		RHC	0	0	0 18.00
19.00		RHB	0	0	0 19.00
20.00		RHA	0	0	0 20.00
21.00		RMC	0	0	0 21.00
22.00		RMB	0	0	0 22.00
23.00		RMA	0	0	0 23.00
24.00		RLB	0	0	0 24.00
25.00		RLA	0	0	0 25.00
26.00		ES3	0	0	0 26.00
27.00		ES2	0	0	0 27.00
28.00		ES1	0	0	0 28.00
29.00		HE2	0	0	0 29.00
30.00		HE1	0	0	0 30.00
31.00		HD2	0	0	0 31.00
32.00		HD1	0	0	0 32.00
33.00		HC2	0	0	0 33.00
34.00		HC1	0	0	0 34.00
35.00		HB2	0	0	0 35.00
36.00		HB1	0	0	0 36.00
37.00		LE2	0	0	0 37.00
38.00		LE1	0	0	0 38.00
39.00		LD2	0	0	0 39.00
40.00		LD1	0	0	0 40.00
41.00		LC2	0	0	0 41.00
42.00		LC1	0	0	0 42.00
43.00		LB2	0	0	0 43.00
44.00		LB1	0	0	0 44.00
45.00		CE2	0	0	0 45.00
46.00		CE1	0	0	0 46.00
47.00		CD2	0	0	0 47.00
48.00		CD1	0	0	0 48.00
49.00		CC2	0	0	0 49.00
50.00		CC1	0	0	0 50.00
51.00		CB2	0	0	0 51.00
52.00		CB1	0	0	0 52.00
53.00		CA2	0	0	0 53.00
54.00		CA1	0	0	0 54.00
55.00		SE3	0	0	0 55.00
56.00		SE2	0	0	0 56.00
57.00		SE1	0	0	0 57.00
58.00		SSC	0	0	0 58.00
59.00		SSB	0	0	0 59.00
60.00		SSA	0	0	0 60.00
61.00		IB2	0	0	0 61.00
62.00		IB1	0	0	0 62.00
63.00		IA2	0	0	0 63.00
64.00		IA1	0	0	0 64.00
65.00		BB2	0	0	0 65.00
66.00		BB1	0	0	0 66.00
67.00		BA2	0	0	0 67.00
68.00		BA1	0	0	0 68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0286

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet S-7

Date/Time Prepared:  
1/30/2019 9:26 am

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	0	0	0	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		0	0	0	200.00
				CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
				1.00	2.00	
SNF SERVICES						
201.00	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).					201.00
			Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
			1.00	2.00	3.00	
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)						
202.00	Staffing		0	0.00		202.00
203.00	Recruitment		0	0.00		203.00
204.00	Retention of employees		0	0.00		204.00
205.00	Training		0	0.00		205.00
206.00	OTHER (SPECIFY)		0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		0			207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-0286	Period: From 09/01/2017 To 08/31/2018	Worksheet S-10 Date/Time Prepared: 1/30/2019 9:26 am
---	-----------------------	---	--

			1.00		
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.221734	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		18,065,295	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		N	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		111,100,065	6.00	
7.00	Medicaid cost (line 1 times line 6)		24,634,662	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		6,569,367	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0	9.00	
10.00	Stand-alone CHIP charges		0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		6,569,367	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)	4,244,129	363,700	4,607,829	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	941,068	363,700	1,304,768	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	941,068	363,700	1,304,768	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)		7,616,421	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		596,050	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		917,000	27.01	
28.00	Non-Medicare bad debt expense (see instructions)		6,699,421	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		1,806,439	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		3,111,207	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		9,680,574	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0286

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet A  
Date/Time Prepared:  
1/30/2019 9:26 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100		7,704,758	7,704,758	-2,057,536	5,647,222	1.00
2.00	00200		0	0	2,057,536	2,057,536	2.00
4.00	00400	336,966	53,552	390,518	15,885,875	16,276,393	4.00
5.00	00500	9,378,942	58,843,843	68,222,785	-5,668,238	62,554,547	5.00
7.00	00700	0	0	0	0	0	7.00
8.00	00800	0	547,321	547,321	0	547,321	8.00
9.00	00900	886,204	1,235,900	2,122,104	-517,135	1,604,969	9.00
10.00	01000	882,395	1,831,151	2,713,546	-2,051,613	661,933	10.00
11.00	01100	0	0	0	1,537,401	1,537,401	11.00
12.00	01200	0	0	0	0	0	12.00
12.01	01201	0	391,531	391,531	0	391,531	12.01
13.00	01300	1,202,647	462,039	1,664,686	-348,588	1,316,098	13.00
14.00	01400	274,326	251,692	526,018	-134,642	391,376	14.00
15.00	01500	2,047,799	5,527,258	7,575,057	-5,032,183	2,542,874	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	651,254	228,123	879,377	-187,786	691,591	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	11,879,040	7,337,729	19,216,769	-5,584,134	13,632,635	30.00
31.00	03100	2,770,991	1,039,701	3,810,692	-938,036	2,872,656	31.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	371,382	371,382	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	1,636,005	9,042,056	10,678,061	-6,342,866	4,335,195	50.00
50.01	05001	947,040	474,484	1,421,524	-293,073	1,128,451	50.01
50.02	05002	407,692	462,936	870,628	-84,723	785,905	50.02
51.00	05100	520,375	131,604	651,979	-117,414	534,565	51.00
52.00	05200	0	0	0	1,692,483	1,692,483	52.00
53.00	05300	0	557,618	557,618	-146,805	410,813	53.00
54.00	05400	5,005,173	6,758,574	11,763,747	-2,445,088	9,318,659	54.00
55.00	05500	2,022,029	10,746,430	12,768,459	-558,630	12,209,829	55.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	3,250,192	5,560,514	8,810,706	-1,367,062	7,443,644	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	1,519,432	555,433	2,074,865	-431,051	1,643,814	65.00
66.00	06600	2,792,210	871,381	3,663,591	-42,930	3,620,661	66.00
67.00	06700	206,391	49,860	256,251	-47,603	208,648	67.00
68.00	06800	192,688	44,888	237,576	-42,373	195,203	68.00
69.00	06900	541,034	372,969	914,003	-105,495	808,508	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	5,266,032	5,266,032	71.00
72.00	07200	0	0	0	4,947,031	4,947,031	72.00
73.00	07300	0	0	0	4,759,162	4,759,162	73.00
76.00	03950	0	401,636	401,636	58,364	460,000	76.00
76.01	03951	225,892	69,591	295,483	-53,780	241,703	76.01
76.97	07697	490,786	155,450	646,236	146,949	793,185	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	372,439	132,469	504,908	-46,113	458,795	90.00
91.00	09100	4,470,156	7,325,056	11,795,212	-1,699,767	10,095,445	91.00
92.00	09200	0	0	0	0	0	92.00
93.00	04950	1,104,304	451,926	1,556,230	-273,686	1,282,544	93.00
93.01	04951	0	375,926	375,926	0	375,926	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	0	0	0	0	0	99.10
101.00	10100	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300	0	0	0	0	0	113.00
118.00		56,014,402	129,995,399	186,009,801	103,865	186,113,666	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	74,759	165,763	240,522	-35,664	204,858	190.00
191.00	19100	0	0	0	0	0	191.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	0	77,736	77,736	0	77,736	194.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 14-0286		Period: From 09/01/2017 To 08/31/2018		Worksheet A Date/Time Prepared: 1/30/2019 9:26 am	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
194.01	07951	COMMUNITY WELLNESS	460,489	183,512	644,001	-92,648	551,353	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	267,698	970,995	1,238,693	25,105	1,263,798	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	9,000	504,132	513,132	-658	512,474	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	56,826,348	131,897,537	188,723,885	0	188,723,885	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0286

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet A  
Date/Time Prepared:  
1/30/2019 9:26 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	1,016,549	6,663,771	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	2,895,433	4,952,969	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	453,230	16,729,623	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-20,856,209	41,698,338	5.00
7.00	00700	OPERATION OF PLANT	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	547,321	8.00
9.00	00900	HOUSEKEEPING	-305,278	1,299,691	9.00
10.00	01000	DIETARY	0	661,933	10.00
11.00	01100	CAFETERIA	-821,569	715,832	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
12.01	01201	MAINTENANCE OF PLANT	-14,310	377,221	12.01
13.00	01300	NURSING ADMINISTRATION	762,217	2,078,315	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-244	391,132	14.00
15.00	01500	PHARMACY	-1	2,542,873	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	346,025	346,025	16.00
17.00	01700	SOCIAL SERVICE	0	691,591	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-2,760,453	10,872,182	30.00
31.00	03100	INTENSIVE CARE UNIT	-19,411	2,853,245	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	371,382	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-21,315	4,313,880	50.00
50.01	05001	AMBULATORY SERVICES	0	1,128,451	50.01
50.02	05002	ENDOSCOPY	0	785,905	50.02
51.00	05100	RECOVERY ROOM	0	534,565	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-70,041	1,622,442	52.00
53.00	05300	ANESTHESIOLOGY	-337,885	72,928	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-955,858	8,362,801	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-2,110,082	10,099,747	55.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-16,642	7,427,002	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	-12,313	1,631,501	65.00
66.00	06600	PHYSICAL THERAPY	-750,891	2,869,770	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	208,648	67.00
68.00	06800	SPEECH PATHOLOGY	0	195,203	68.00
69.00	06900	ELECTROCARDIOLOGY	-36,505	772,003	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,266,032	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	4,947,031	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,759,162	73.00
76.00	03950	SLEEP LAB	0	460,000	76.00
76.01	03951	CLINICAL NUTRITION	-1,850	239,853	76.01
76.97	07697	CARDIAC REHABILITATION	-81,540	711,645	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	458,795	90.00
91.00	09100	EMERGENCY	-4,699,154	5,396,291	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	04950	OUTPATIENT COUNSELING	-423,251	859,293	93.00
93.01	04951	OUTSIDE SERVICES	0	375,926	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-28,821,348	157,292,318	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	-26,281	178,577	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	07950	HOME OFFICE COSTS	-77,736	0	194.00
194.01	07951	COMMUNITY WELLNESS	0	551,353	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	-212,114	1,051,684	194.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 14-0286		Period: From 09/01/2017 To 08/31/2018	Worksheet A Date/Time Prepared: 1/30/2019 9:26 am
Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation		
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	6.00	7.00		
200.00		TOTAL (SUM OF LINES 118 through 199)	0	512,474		194.03
			-29,137,479	159,586,406		200.00

RECLASSIFICATIONS

Provider CCN: 14-0286

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet A-6  
Date/Time Prepared:  
1/30/2019 9:26 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
<b>A - CAFETERIA</b>					
1.00	CAFETERIA	11.00	616,088	921,313	1.00
	TOTALS		616,088	921,313	
<b>B - SCHEDULING COSTS</b>					
1.00	OPERATING ROOM	50.00	101,071	1,451	1.00
2.00	AMBULATORY SERVICES	50.01	75,542	1,084	2.00
3.00	ENDOSCOPY	50.02	109,872	1,577	3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	48,212	692	4.00
	TOTALS		334,697	4,804	
<b>C - NURSERY DELIVERY AND LABOR</b>					
1.00	NURSERY	43.00	359,647	11,735	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,444,402	47,131	2.00
	TOTALS		1,804,049	58,866	
<b>D - MEDICAL SUPPLY</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	5,266,032	1.00
2.00	NURSING ADMINISTRATION	13.00	0	34	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
	TOTALS		0	5,266,066	
<b>E - INTEREST</b>					
1.00		0.00	0	0	1.00
	TOTALS		0	0	
<b>F - DEPRECIATION</b>					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2,057,536	1.00
	TOTALS		0	2,057,536	
<b>G - DRUGS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	4,759,162	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
	TOTALS		0	4,759,162	
<b>H - ROUTINE OBSERVATION</b>					
1.00	ADULTS & PEDIATRICS	30.00	94,275	2,970	1.00
	TOTALS		94,275	2,970	
<b>I - PROF BUILDING CPSTS</b>					
1.00	COMMUNITY WELLNESS	194.01	0	34,070	1.00
	TOTALS		0	34,070	

RECLASSIFICATIONS

Provider CCN: 14-0286

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet A-6  
Date/Time Prepared:  
1/30/2019 9:26 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
<b>J - MOB BUILDING COSTS</b>					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	469	1.00
2.00	NURSING ADMINISTRATION	13.00	0	42	2.00
3.00	NURSING ADMINISTRATION	13.00	0	4,961	3.00
4.00	RESPIRATORY THERAPY	65.00	0	163	4.00
5.00	RESPIRATORY THERAPY	65.00	0	19,329	5.00
6.00	SLEEP LAB	76.00	0	337	6.00
7.00	SLEEP LAB	76.00	0	40,062	7.00
8.00	CLINICAL NUTRITION	76.01	0	569	8.00
9.00	CLINICAL NUTRITION	76.01	0	67,629	9.00
10.00	CARDIAC REHABILITATION	76.97	0	2,301	10.00
11.00	CARDIAC REHABILITATION	76.97	0	273,744	11.00
12.00	EMERGENCY	91.00	0	106	12.00
13.00	EMERGENCY	91.00	0	12,590	13.00
14.00	OTHER NONREIMBURSABLE COST CENTERS	194.02	0	137,644	14.00
	<b>TOTALS</b>		0	559,946	
<b>K - KISH HEALTHCARE BUILDING COSTS</b>					
1.00	EMERGENCY	91.00	0	17,205	1.00
	<b>TOTALS</b>		0	17,205	
<b>L - IMPLANTABLE DEVICES</b>					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	4,947,031	1.00
2.00	ENDOSCOPY	50.02	0	6,737	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
	<b>TOTALS</b>		0	4,953,768	
<b>M - MEDICAL DIRECTOR FEES</b>					
1.00	NURSING ADMINISTRATION	13.00	0	22,575	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	22,275	2.00
3.00	INTENSIVE CARE UNIT	31.00	1,500	0	3.00
4.00	INTENSIVE CARE UNIT	31.00	0	20,138	4.00
5.00	OPERATING ROOM	50.00	37,350	0	5.00
6.00	DELIVERY ROOM & LABOR ROOM	52.00	0	112,450	6.00
7.00	DELIVERY ROOM & LABOR ROOM	52.00	88,500	0	7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	9,840	8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	228,125	9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	326,106	10.00
11.00	RADIOLOGY-THERAPEUTIC	55.00	0	875	11.00
12.00	RESPIRATORY THERAPY	65.00	0	20,137	12.00
13.00	RESPIRATORY THERAPY	65.00	1,500	0	13.00
14.00	ELECTROCARDIOLOGY	69.00	0	9,840	14.00
15.00	SLEEP LAB	76.00	18,000	0	15.00
16.00	CARDIAC REHABILITATION	76.97	0	9,840	16.00
17.00	OUTPATIENT COUNSELING	93.00	11,475	0	17.00
18.00	OTHER NONREIMBURSABLE COST CENTERS	194.02	0	15,000	18.00
	<b>TOTALS</b>		158,325	797,201	
<b>N - DIRECTLY ASSIGNED BENEFITS</b>					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	15,885,875	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

RECLASSIFICATIONS

Provider CCN: 14-0286

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet A-6

Date/Time Prepared:  
1/30/2019 9:26 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
	TOTALS		0	15,885,875		
<b>O - CLINICAL NUTRITION COSTS</b>						
1.00	CLINICAL NUTRITION	76.01	0	805		1.00
	TOTALS		0	805		
<b>P - ROUTINE DIABETES</b>						
1.00	ADULTS & PEDIATRICS	30.00	61,607	1,886		1.00
	TOTALS		61,607	1,886		
<b>Q - BUILDING RENTAL RECLASS</b>						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	136,099		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	45,869		2.00
3.00	RADIOLOGY-THERAPEUTIC	55.00	0	94,518		3.00
4.00	RADIOLOGY-THERAPEUTIC	55.00	0	3,501		4.00
5.00	LABORATORY	60.00	0	157,952		5.00
6.00	LABORATORY	60.00	0	21,033		6.00
7.00	PHYSICAL THERAPY	66.00	0	36,004		7.00
8.00	PHYSICAL THERAPY	66.00	0	640,484		8.00
9.00	CLINICAL NUTRITION	76.01	0	3,379		9.00
10.00	CLINIC	90.00	0	68,672		10.00
11.00	OUTPATIENT COUNSELING	93.00	0	3,379		11.00
	TOTALS		0	1,210,890		
500.00	Grand Total: Increases		3,069,041	36,532,363		500.00

RECLASSIFICATIONS

Provider CCN: 14-0286

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet A-6  
Date/Time Prepared:  
1/30/2019 9:26 am

Decreases						
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.	
6.00	7.00	8.00	9.00	10.00		
<b>A - CAFETERIA</b>						
1.00	DIETARY	10.00	616,088	921,313	0	1.00
	TOTALS		616,088	921,313		
<b>B - SCHEDULING COSTS</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	334,697	4,804	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
	TOTALS		334,697	4,804		
<b>C - NURSERY DELIVERY AND LABOR</b>						
1.00	ADULTS & PEDIATRICS	30.00	1,804,049	58,866	0	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		1,804,049	58,866		
<b>D - MEDICAL SUPPLY</b>						
1.00	DIETARY	10.00	0	1,473	0	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	22,933	0	2.00
3.00	PHARMACY	15.00	0	21,879	0	3.00
4.00	ADULTS & PEDIATRICS	30.00	0	596,450	0	4.00
5.00	INTENSIVE CARE UNIT	31.00	0	141,577	0	5.00
6.00	OPERATING ROOM	50.00	0	2,181,672	0	6.00
7.00	AMBULATORY SERVICES	50.01	0	94,037	0	7.00
8.00	ENDOSCOPY	50.02	0	102,227	0	8.00
9.00	RECOVERY ROOM	51.00	0	7,639	0	9.00
10.00	ANESTHESIOLOGY	53.00	0	92,920	0	10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	845,765	0	11.00
12.00	RADIOLOGY-THERAPEUTIC	55.00	0	69,084	0	12.00
13.00	LABORATORY	60.00	0	524,654	0	13.00
14.00	RESPIRATORY THERAPY	65.00	0	32,792	0	14.00
15.00	PHYSICAL THERAPY	66.00	0	12,362	0	15.00
16.00	OCCUPATIONAL THERAPY	67.00	0	600	0	16.00
17.00	SPEECH PATHOLOGY	68.00	0	565	0	17.00
18.00	ELECTROCARDIOLOGY	69.00	0	3,669	0	18.00
19.00	SLEEP LAB	76.00	0	35	0	19.00
20.00	CLINICAL NUTRITION	76.01	0	11	0	20.00
21.00	CARDIAC REHABILITATION	76.97	0	2,896	0	21.00
22.00	CLINIC	90.00	0	8,325	0	22.00
23.00	EMERGENCY	91.00	0	499,390	0	23.00
24.00	OUTPATIENT COUNSELING	93.00	0	3,111	0	24.00
	TOTALS		0	5,266,066		
<b>E - INTEREST</b>						
1.00		0.00	0	0	0	1.00
	TOTALS		0	0		
<b>F - DEPRECIATION</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	2,057,536	9	1.00
	TOTALS		0	2,057,536		
<b>G - DRUGS</b>						
1.00	DIETARY	10.00	0	337	0	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	314	0	2.00
3.00	PHARMACY	15.00	0	4,573,602	0	3.00
4.00	ADULTS & PEDIATRICS	30.00	0	51,793	0	4.00
5.00	INTENSIVE CARE UNIT	31.00	0	12,592	0	5.00
6.00	OPERATING ROOM	50.00	0	25,097	0	6.00
7.00	AMBULATORY SERVICES	50.01	0	14,746	0	7.00
8.00	ENDOSCOPY	50.02	0	604	0	8.00
9.00	RECOVERY ROOM	51.00	0	1,025	0	9.00
10.00	ANESTHESIOLOGY	53.00	0	50,569	0	10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	18,284	0	11.00
12.00	LABORATORY	60.00	0	220	0	12.00
13.00	RESPIRATORY THERAPY	65.00	0	326	0	13.00
14.00	PHYSICAL THERAPY	66.00	0	34	0	14.00
15.00	ELECTROCARDIOLOGY	69.00	0	578	0	15.00
16.00	CARDIAC REHABILITATION	76.97	0	1	0	16.00
17.00	CLINIC	90.00	0	489	0	17.00
18.00	EMERGENCY	91.00	0	8,551	0	18.00
	TOTALS		0	4,759,162		
<b>H - ROUTINE OBSERVATION</b>						
1.00	INTENSIVE CARE UNIT	31.00	94,275	2,970	0	1.00
	TOTALS		94,275	2,970		
<b>I - PROF BUILDING CPSTS</b>						
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.02	0	34,070	0	1.00
	TOTALS		0	34,070		

RECLASSIFICATIONS

Provider CCN: 14-0286

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet A-6  
Date/Time Prepared:  
1/30/2019 9:26 am

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
<b>J - MOB BUILDING COSTS</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	555,959	0	1.00
2.00	OTHER NONREIMBURSABLE COST CENTERS	194.02	0	3,987	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
<b>TOTALS</b>			0	559,946		
<b>K - KISH HEALTHCARE BUILDING COSTS</b>						
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.02	0	17,205	0	1.00
<b>TOTALS</b>			0	17,205		
<b>L - IMPLANTABLE DEVICES</b>						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	110	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	26,318	0	2.00
3.00	INTENSIVE CARE UNIT	31.00	0	4,993	0	3.00
4.00	OPERATING ROOM	50.00	0	3,825,445	0	4.00
5.00	AMBULATORY SERVICES	50.01	0	11,225	0	5.00
6.00	RECOVERY ROOM	51.00	0	52	0	6.00
7.00	ANESTHESIOLOGY	53.00	0	3,316	0	7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,061,203	0	8.00
9.00	LABORATORY	60.00	0	1,067	0	9.00
10.00	RESPIRATORY THERAPY	65.00	0	2,943	0	10.00
11.00	PHYSICAL THERAPY	66.00	0	749	0	11.00
12.00	OCCUPATIONAL THERAPY	67.00	0	51	0	12.00
13.00	ELECTROCARDIOLOGY	69.00	0	26	0	13.00
14.00	CARDIAC REHABILITATION	76.97	0	26	0	14.00
15.00	CLINIC	90.00	0	600	0	15.00
16.00	EMERGENCY	91.00	0	15,644	0	16.00
<b>TOTALS</b>			0	4,953,768		
<b>M - MEDICAL DIRECTOR FEES</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	158,325	797,201	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
15.00		0.00	0	0	0	15.00
16.00		0.00	0	0	0	16.00
17.00		0.00	0	0	0	17.00
18.00		0.00	0	0	0	18.00
<b>TOTALS</b>			158,325	797,201		
<b>N - DIRECTLY ASSIGNED BENEFITS</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,606,831	0	1.00
2.00	HOUSEKEEPING	9.00	0	517,135	0	2.00
3.00	DIETARY	10.00	0	511,597	0	3.00
4.00	NURSING ADMINISTRATION	13.00	0	376,200	0	4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	111,285	0	5.00
6.00	PHARMACY	15.00	0	436,702	0	6.00
7.00	SOCIAL SERVICE	17.00	0	187,786	0	7.00
8.00	ADULTS & PEDIATRICS	30.00	0	3,229,671	0	8.00
9.00	INTENSIVE CARE UNIT	31.00	0	703,267	0	9.00
10.00	OPERATING ROOM	50.00	0	450,524	0	10.00
11.00	AMBULATORY SERVICES	50.01	0	249,691	0	11.00
12.00	ENDOSCOPY	50.02	0	100,078	0	12.00
13.00	RECOVERY ROOM	51.00	0	108,698	0	13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,314,779	0	14.00

RECLASSIFICATIONS

Provider CCN: 14-0286

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet A-6  
Date/Time Prepared:  
1/30/2019 9:26 am

		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
15.00	RADIOLOGY-THERAPEUTIC	55.00	0	588,440	0			15.00
16.00	LABORATORY	60.00	0	1,020,106	0			16.00
17.00	RESPIRATORY THERAPY	65.00	0	436,119	0			17.00
18.00	PHYSICAL THERAPY	66.00	0	706,273	0			18.00
19.00	OCCUPATIONAL THERAPY	67.00	0	46,952	0			19.00
20.00	SPEECH PATHOLOGY	68.00	0	41,808	0			20.00
21.00	ELECTROCARDIOLOGY	69.00	0	111,062	0			21.00
22.00	CLINICAL NUTRITION	76.01	0	62,658	0			22.00
23.00	CARDIAC REHABILITATION	76.97	0	136,013	0			23.00
24.00	CLINIC	90.00	0	105,371	0			24.00
25.00	EMERGENCY	91.00	0	1,206,083	0			25.00
26.00	OUTPATIENT COUNSELING	93.00	0	285,429	0			26.00
27.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	35,664	0			27.00
28.00	COMMUNITY WELLNESS	194.01	0	126,718	0			28.00
29.00	OTHER NONREIMBURSABLE COST CENTERS	194.02	0	72,277	0			29.00
30.00	OTHER NONREIMBURSABLE COST CENTERS	194.03	0	658	0			30.00
	TOTALS		0	15,885,875				
O - CLINICAL NUTRITION COSTS								
1.00	DIETARY	10.00	0	805	0			1.00
	TOTALS		0	805				
P - ROUTINE DIABETES								
1.00	CLINICAL NUTRITION	76.01	61,607	1,886	0			1.00
	TOTALS		61,607	1,886				
Q - BUILDING RENTAL RECLASS								
1.00	ADMINISTRATIVE & GENERAL	5.00	0	566,905	0			1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	643,985	0			2.00
3.00		0.00	0	0	0			3.00
4.00		0.00	0	0	0			4.00
5.00		0.00	0	0	0			5.00
6.00		0.00	0	0	0			6.00
7.00		0.00	0	0	0			7.00
8.00		0.00	0	0	0			8.00
9.00		0.00	0	0	0			9.00
10.00		0.00	0	0	0			10.00
11.00		0.00	0	0	0			11.00
	TOTALS		0	1,210,890				
500.00	Grand Total: Decreases		3,069,041	36,532,363				500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0286

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet A-7  
Part I  
Date/Time Prepared:  
1/30/2019 9:26 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	14,163,000	0	0	0	0	1.00
2.00	Land Improvements	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	88,259,042	3,264,556	0	3,264,556	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	13,394,489	4,841,236	0	4,841,236	215,660	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	115,816,531	8,105,792	0	8,105,792	215,660	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	115,816,531	8,105,792	0	8,105,792	215,660	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	14,163,000	0				1.00
2.00	Land Improvements	0	0				2.00
3.00	Buildings and Fixtures	91,523,598	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	18,020,065	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	123,706,663	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	123,706,663	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0286

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet A-7  
Part II  
Date/Time Prepared:  
1/30/2019 9:26 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	7,674,131	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	7,674,131	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	30,627	7,704,758				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	30,627	7,704,758				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS	Provider CCN: 14-0286	Period: From 09/01/2017 To 08/31/2018	Worksheet A-7 Part III Date/Time Prepared: 1/30/2019 9:26 am
---	-----------------------	---	---

Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	88,259,042	0	88,259,042	0.868234	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	13,394,489	0	13,394,489	0.131766	0	2.00
3.00	Total (sum of lines 1-2)	101,653,531	0	101,653,531	1.000000	0	3.00
Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease		
	6.00	7.00	8.00	9.00	10.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	6,591,920	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	4,952,969	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	11,544,889	0	3.00
Cost Center Description	SUMMARY OF CAPITAL						
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	41,224	0	0	30,627	6,663,771	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	4,952,969	2.00
3.00	Total (sum of lines 1-2)	41,224	0	0	30,627	11,616,740	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0286

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet A-8

Date/Time Prepared:  
1/30/2019 9:26 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT		1.00	0	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW CAP REL COSTS-MVBLE EQUIP		2.00	0	2.00
3.00 Investment income - other (chapter 2)		0			0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B		ADMINISTRATIVE & GENERAL		5.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0			0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0			0.00	0	7.00
8.00 Television and radio service (chapter 21)		0			0.00	0	8.00
9.00 Parking lot (chapter 21)		0			0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-11,107,813				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	-8,807,820				0	12.00
13.00 Laundry and linen service		0			0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-693,316	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		MEDICAL RECORDS & LIBRARY		16.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)		0			0.00	0	19.00
20.00 Vending machines		0			0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		RESPIRATORY THERAPY		65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY		66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***		114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			ONEW CAP REL COSTS-BLDG & FIXT		1.00	0	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			ONEW CAP REL COSTS-MVBLE EQUIP		2.00	0	27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***		19.00		28.00
29.00 Physicians' assistant		0			0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY		67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			ADULTS & PEDIATRICS		30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		SPEECH PATHOLOGY		68.00		31.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0286

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet A-8  
Date/Time Prepared:  
1/30/2019 9:26 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
	1.00	2.00	3.00	4.00	5.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0 32.00
33.00 PHYSICIAN RECRUITMENT & AMORTIZATION	A	-125,908	ADMINISTRATIVE & GENERAL	5.00	0 33.00
33.01 IHA LOBBYING EXPENSES	A	-27,203	ADMINISTRATIVE & GENERAL	5.00	0 33.01
33.02 AHA LOBBYING EXPENSES	A	-5,023	ADMINISTRATIVE & GENERAL	5.00	0 33.02
33.03 PHYSICIAN BILLING	A	0	ADMINISTRATIVE & GENERAL	5.00	0 33.03
33.04 MEDICARE DEPRECIATION - STRAIGHTLINE	A	-941,605	NEW CAP REL COSTS-BLDG & FIXT	1.00	9 33.04
33.05 MEDICARE DEPERCIATION - STRAIGHTLINE	A	-301,658	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9 33.05
33.06 MEDICARE TO LISTING DETAIL	A	5	NEW CAP REL COSTS-BLDG & FIXT	1.00	9 33.06
33.07 MEDICARE TO LISTING DETAIL	A	-4,698	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9 33.07
33.08 GOODWILL	A	-30,375	NEW CAP REL COSTS-BLDG & FIXT	1.00	9 33.08
33.09 AMORTIZATION INTANGIBLE	A	-252	NEW CAP REL COSTS-BLDG & FIXT	1.00	9 33.09
33.10 WINDMILL PROPERTIES DEPRECIATION	A	-4,669	NEW CAP REL COSTS-BLDG & FIXT	1.00	9 33.10
33.11 ROUTE 23 BUILDING DEPRECIATION	A	-61,865	NEW CAP REL COSTS-BLDG & FIXT	1.00	9 33.11
33.12 BHS DISCOVERY HOUSE BLDG DEPR	A	-951	NEW CAP REL COSTS-BLDG & FIXT	1.00	9 33.12
33.13 BEN GORDON EQUIPMENT	A	-57,152	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9 33.13
33.14 HOME OFFICE BUILDING DEPRECIATION	A	-29,772	NEW CAP REL COSTS-BLDG & FIXT	1.00	9 33.14
33.15 KISHHLTHCRE BLDG HO DCH AND HHA COST	A	-43,505	OTHER NONREIMBURSABLE COST CENTERS	194.02	0 33.15
33.16 TALBOT PROPERTIES EXPENSES	A	-2,460	ADMINISTRATIVE & GENERAL	5.00	0 33.16
33.17 WINDMILL PROPERTIES EXPENSES	A	-12,970	ADMINISTRATIVE & GENERAL	5.00	0 33.17
33.18 HOME OFFICE COSTS	A	-30,980	HOME OFFICE COSTS	194.00	0 33.18
33.19 PROPERTY TAX - WINDMILL	A	-29,153	ADMINISTRATIVE & GENERAL	5.00	0 33.19
33.20 PROPERTY TAX - HAUSER ROSS BUILDING	A	-190,943	ADMINISTRATIVE & GENERAL	5.00	0 33.20
33.21 PROPERTY TAX - LAND DEVELOPMENT	A	-8,696	ADMINISTRATIVE & GENERAL	5.00	0 33.21
33.22 PROPERTY TAX	A	-13,834	ADMINISTRATIVE & GENERAL	5.00	0 33.22
33.23 PROPERTY TAX	A	-1,408	ADMINISTRATIVE & GENERAL	5.00	0 33.23
33.24 PROPERTY TAX	A	-29,799	RADIOLOGY-THERAPEUTIC	55.00	0 33.24
33.25 PROPERTY TAX - 2475 BETHANY	A	-46,756	HOME OFFICE COSTS	194.00	0 33.25
33.26 PROPERTY TAX - PROF BUILDING	A	-48,427	OTHER NONREIMBURSABLE COST CENTERS	194.02	0 33.26
33.27 COMMUNITY RELATIONS	A	934	ADMINISTRATIVE & GENERAL	5.00	0 33.27
33.28 MEDICAL MALPRACTICE - PHYSICIANS	A	-46,151	ADMINISTRATIVE & GENERAL	5.00	0 33.28
33.29 CHARITABLE CONTRIBUTIONS	A	-250,764	ADMINISTRATIVE & GENERAL	5.00	0 33.29
33.30 CHARITABLE CONTRIBUTIONS	A	-26,281	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0 33.30
33.31 SCHOLARSHIPS	A	-1,700	ADMINISTRATIVE & GENERAL	5.00	0 33.31
33.32 COMMUNITY SUPPORT	A	-37,880	ADMINISTRATIVE & GENERAL	5.00	0 33.32
33.33 MIS INCOME	B	-1,413	ADMINISTRATIVE & GENERAL	5.00	0 33.33
33.34 MIS INCOME	B	-889	ADMINISTRATIVE & GENERAL	5.00	0 33.34
33.35 MIS INCOME	B	-5,245	ADMINISTRATIVE & GENERAL	5.00	0 33.35
33.36 MIS INCOME	B	-2,409	ADMINISTRATIVE & GENERAL	5.00	0 33.36
33.37 MIS INCOME	B	-1	PHARMACY	15.00	0 33.37
33.38 MIS INCOME	B	-4,115	RADIOLOGY-DIAGNOSTIC	54.00	0 33.38
34.00 MIS INCOME	B	-1,624	RADIOLOGY-DIAGNOSTIC	54.00	0 34.00
34.01 MIS INCOME	B	-17,465	RADIOLOGY-DIAGNOSTIC	54.00	0 34.01
34.02 MIS INCOME	B	-10,248	RADIOLOGY-DIAGNOSTIC	54.00	0 34.02
34.03 MIS INCOME	B	-392	RADIOLOGY-THERAPEUTIC	55.00	0 34.03
34.04 MIS INCOME	B	-1,576	LABORATORY	60.00	0 34.04
34.05 MIS INCOME	B	-1,560	LABORATORY	60.00	0 34.05
34.06 MIS INCOME	B	-728,524	PHYSICAL THERAPY	66.00	0 34.06
34.07 MIS INCOME	B	-22,367	PHYSICAL THERAPY	66.00	0 34.07
34.08 MIS INCOME	B	-1,600	CLINICAL NUTRITION	76.01	0 34.08
34.09 MIS INCOME	B	-250	CLINICAL NUTRITION	76.01	0 34.09
34.10 MIS INCOME	B	-81,540	CARDIAC REHABILITATION	76.97	0 34.10

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0286

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet A-8

Date/Time Prepared:  
1/30/2019 9:26 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
34.11 MISC INCOME	B	-14,252	EMERGENCY	91.00	0 34.11
34.12 MISC INCOME	B	-24,713	OUTPATIENT COUNSELING	93.00	0 34.12
34.13 LOSS ON EARLY EXTINGUISHMENT OF DEBT	A	2,416,929	NEW CAP REL COSTS-BLDG & FIXT	1.00	11 34.13
34.14 INVSTMT INC OFFSET AGAINST LOSS INT	B	-2,375,705	NEW CAP REL COSTS-BLDG & FIXT	1.00	11 34.14
34.15 PROVIDER TAX	A	-4,282,122	ADMINISTRATIVE & GENERAL	5.00	0 34.15
34.16 OFFSET GAIN/LOSS NOT RECOGNIZED	A	-788	ADMINISTRATIVE & GENERAL	5.00	0 34.16
34.17 OFFSET GAIN/LOSS NOT RECOGNIZED	A	-850	HOUSEKEEPING	9.00	0 34.17
34.18 OFFSET GAIN/LOSS NOT RECOGNIZED	A	-244	CENTRAL SERVICES & SUPPLY	14.00	0 34.18
34.19 OFFSET GAIN/LOSS NOT RECOGNIZED	A	-527	ADULTS & PEDIATRICS	30.00	0 34.19
34.20 OFFSET GAIN/LOSS NOT RECOGNIZED	A	-21,315	OPERATING ROOM	50.00	0 34.20
34.21 OFFSET GAIN/LOSS NOT RECOGNIZED	A	-13,506	LABORATORY	60.00	0 34.21
34.22 OFFSET GAIN/LOSS NOT RECOGNIZED	A	-12,313	RESPIRATORY THERAPY	65.00	0 34.22
34.23 OFFSET GAIN/LOSS NOT RECOGNIZED	A	-36,505	ELECTROCARDIOLOGY	69.00	0 34.23
34.24 OFFSET GAIN/LOSS NOT RECOGNIZED	A	-11,495	EMERGENCY	91.00	0 34.24
35.00 HOSPICE COSTS	A	-15,341	ADULTS & PEDIATRICS	30.00	0 35.00
36.00 HOSPICE COSTS	A	-19,411	INTENSIVE CARE UNIT	31.00	0 36.00
37.00 SALES TAX EXPENSE	A	-1,579	ADMINISTRATIVE & GENERAL	5.00	0 37.00
38.00 CRNA / PART B	A	-62,673	RADIOLOGY-THERAPEUTIC	55.00	0 38.00
39.00 CRNA / PART B	A	-75,220	OUTPATIENT COUNSELING	93.00	0 39.00
40.00 CRNA / PART B	A	-120,182	OTHER NONREIMBURSABLE COST CENTERS	194.02	0 40.00
41.00 HAUSER ROSS BUILDING COSTS	A	-11,296	ADMINISTRATIVE & GENERAL	5.00	0 41.00
42.00 HOME OFFICE BUILDING DEPRECIATION	A	-105,314	NEW CAP REL COSTS-BLDG & FIXT	1.00	9 42.00
43.00 HOME OFFICE HOUSEKEEPING	A	-304,428	HOUSEKEEPING	9.00	0 43.00
44.00 HOME OFFICE CAFETERIA	A	-128,253	CAFETERIA	11.00	0 44.00
44.01 HOME OFFICE MAINTENANCE OF PLANT	A	-14,310	MAINTENANCE OF PLANT	12.01	0 44.01
44.02 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 44.02
44.03 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 44.03
45.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 45.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-29,137,479			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: 14-0286

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet A-8-1

Date/Time Prepared:  
1/30/2019 9:26 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00	5.00	ADMINISTRATIVE & GENERAL	NMHC HOME OFFICE ALLOCATION	23,514,046	37,477,810 1.00
2.00	1.00	NEW CAP REL COSTS-BLDG & FIX	NMHC HOME OFFICE ALLOCATION	1,022,422	0 2.00
3.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	NMHC HOME OFFICE ALLOCATION	3,142,160	0 3.00
4.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	NMHC HOME OFFICE ALLOCATION	456,858	0 4.00
4.01	13.00	NURSING ADMINISTRATION	NMHC HOME OFFICE ALLOCATION	762,217	0 4.01
4.03	5.00	ADMINISTRATIVE & GENERAL	INSURANCE	1,784,104	1,784,104 4.03
4.04	5.00	ADMINISTRATIVE & GENERAL	MANAGEMENT FEE	725,907	725,907 4.04
4.05	5.00	ADMINISTRATIVE & GENERAL	CONTRACTED SERVICES	583,751	583,751 4.05
4.06	5.00	ADMINISTRATIVE & GENERAL	CORP EXPENSE	3,016	3,016 4.06
4.07	5.00	ADMINISTRATIVE & GENERAL	RENT EXPENSE	1,256,125	1,256,125 4.07
4.08	30.00	ADULTS & PEDIATRICS	PURCHASED SERVICE	1,350	1,350 4.08
4.09	50.02	ENDOSCOPY	PURCHASED SERVICE	3,446	3,446 4.09
4.10	60.00	LABORATORY	CORP EXPENSE	3,426	3,426 4.10
4.11	60.00	LABORATORY	PURCHASED SERVICE	1,382,274	1,382,274 4.11
4.12	55.00	RADIOLOGY-THERAPEUTIC	LEASED EE MD	1,911,427	1,911,427 4.12
4.13	5.00	ADMINISTRATIVE & GENERAL	CADENCE HOME OFFICE ALLOCATI	1,530,827	3,349,047 4.13
4.14	1.00	NEW CAP REL COSTS-BLDG & FIX	CADENCE HOME OFFICE ALLOCATI	1,127,701	0 4.14
4.15	2.00	NEW CAP REL COSTS-MVBLE EQUI	CADENCE HOME OFFICE ALLOCATI	116,781	0 4.15
4.16	16.00	MEDICAL RECORDS & LIBRARY	CADENCE HOME OFFICE ALLOCATI	346,025	0 4.16
5.00	0			39,673,863	48,481,683 5.00

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

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

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

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

6.00	B	0.00	KISHHEALTH SYS	100.00	6.00
7.00	B	0.00	CADENCE HEALTH	100.00	7.00
8.00	B	0.00	NW MEDICINE	100.00	8.00
9.00	B	0.00	CD HOSP ASSOC	100.00	9.00
10.00	B	0.00	CD PHYS GROUP	100.00	10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

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

Provider CCN: 14-0286

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet A-8-1

Date/Time Prepared:  
1/30/2019 9:26 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	-13,963,764	0		1.00
2.00	1,022,422	9		2.00
3.00	3,142,160	9		3.00
4.00	456,858	0		4.00
4.01	762,217	0		4.01
4.03	0	0		4.03
4.04	0	0		4.04
4.05	0	0		4.05
4.06	0	0		4.06
4.07	0	0		4.07
4.08	0	0		4.08
4.09	0	0		4.09
4.10	0	0		4.10
4.11	0	0		4.11
4.12	0	0		4.12
4.13	-1,818,220	0		4.13
4.14	1,127,701	9		4.14
4.15	116,781	9		4.15
4.16	346,025	0		4.16
5.00	-8,807,820			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>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>		

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

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

6.00	HEALTH CARE		6.00
7.00	HEALTH CARE		7.00
8.00	HEALTH CARE		8.00
9.00	HEALTH CARE		9.00
10.00	HEALTH CARE		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: 14-0286

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet A-8-2  
Date/Time Prepared:  
1/30/2019 9:26 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	4.00	AGGREGATE-EMPLOYEE BENEFITS DEPARTME	3,628	3,628	0	0	0	1.00
2.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	15,325	15,325	0	0	0	2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	3,300	3,300	0	0	0	3.00
4.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	104,525	104,525	0	0	0	4.00
5.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	2,636,760	2,636,760	0	0	0	5.00
6.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	200,950	70,041	130,909	237,100	2,854	6.00
7.00	53.00	AGGREGATE-ANESTHESIOLOGY	337,885	337,885	0	0	0	7.00
8.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	368,175	368,175	0	0	0	8.00
9.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	228,125	228,125	0	0	0	9.00
10.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	326,106	326,106	0	0	0	10.00
11.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	1,911,427	1,911,427	0	0	0	11.00
12.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	105,791	105,791	0	0	0	12.00
13.00	91.00	AGGREGATE-EMERGENCY	4,643,280	4,643,280	0	0	0	13.00
14.00	91.00	AGGREGATE-EMERGENCY	30,127	30,127	0	0	0	14.00
15.00	93.00	AGGREGATE-OUTPATIENT COUNSELING	187,078	187,078	0	0	0	15.00
16.00	93.00	AGGREGATE-OUTPATIENT COUNSELING	127,600	127,600	0	0	0	16.00
17.00	93.00	AGGREGATE-OUTPATIENT COUNSELING	8,640	8,640	0	0	0	17.00
200.00			11,238,722	11,107,813	130,909		2,854	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	4.00	AGGREGATE-EMPLOYEE BENEFITS DEPARTME	0	0	0	0	0	1.00
2.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	0	0	0	0	2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	3.00
4.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	4.00
5.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	5.00
6.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	325,328	16,266	0	0	0	6.00
7.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	0	0	7.00
8.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	8.00
9.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	9.00
10.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	10.00
11.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	0	0	11.00
12.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	0	0	12.00
13.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	13.00
14.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	14.00
15.00	93.00	AGGREGATE-OUTPATIENT COUNSELING	0	0	0	0	0	15.00
16.00	93.00	AGGREGATE-OUTPATIENT COUNSELING	0	0	0	0	0	16.00
17.00	93.00	AGGREGATE-OUTPATIENT COUNSELING	0	0	0	0	0	17.00
200.00			325,328	16,266	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		

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0286

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet A-8-2

Date/Time Prepared:  
1/30/2019 9:26 am

	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	4.00	AGGREGATE-EMPLOYEE BENEFITS DEPARTME	0	0	0	3,628		1.00
2.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	0	0	15,325		2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	3,300		3.00
4.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	104,525		4.00
5.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	2,636,760		5.00
6.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	0	325,328	0	70,041		6.00
7.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	337,885		7.00
8.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	368,175		8.00
9.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	228,125		9.00
10.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	326,106		10.00
11.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	1,911,427		11.00
12.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	105,791		12.00
13.00	91.00	AGGREGATE-EMERGENCY	0	0	0	4,643,280		13.00
14.00	91.00	AGGREGATE-EMERGENCY	0	0	0	30,127		14.00
15.00	93.00	AGGREGATE-OUTPATIENT COUNSELING	0	0	0	187,078		15.00
16.00	93.00	AGGREGATE-OUTPATIENT COUNSELING	0	0	0	127,600		16.00
17.00	93.00	AGGREGATE-OUTPATIENT COUNSELING	0	0	0	8,640		17.00
200.00			0	325,328	0	11,107,813		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0286

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet B  
Part I  
Date/Time Prepared:  
1/30/2019 9:26 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	6,663,771	6,663,771			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	4,952,969		4,952,969		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	16,729,623	0	14,306	16,743,929	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	41,698,338	756,617	78,837	2,633,858	45,167,650
7.00 00700	OPERATION OF PLANT	0	0	0	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	547,321	30,773	0	0	578,094
9.00 00900	HOUSEKEEPING	1,299,691	158,563	197,390	262,678	1,918,322
10.00 01000	DIETARY	661,933	98,146	2,888	78,936	841,903
11.00 01100	CAFETERIA	715,832	227,029	6,685	182,613	1,132,159
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
12.01 01201	MAINTENANCE OF PLANT	377,221	582,248	15,883	0	975,352
13.00 01300	NURSING ADMINISTRATION	2,078,315	30,919	26,721	356,474	2,492,429
14.00 01400	CENTRAL SERVICES & SUPPLY	391,132	109,181	174,150	81,312	755,775
15.00 01500	PHARMACY	2,542,873	106,267	483	606,984	3,256,607
16.00 01600	MEDICAL RECORDS & LIBRARY	346,025	54,445	0	0	400,470
17.00 01700	SOCIAL SERVICE	691,591	16,097	9,914	193,037	910,639
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	10,872,182	1,193,265	265,659	3,032,538	15,363,644
31.00 03100	INTENSIVE CARE UNIT	2,853,245	199,643	96,428	793,845	3,943,161
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	371,382	39,441	38,287	106,602	555,712
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	4,313,880	382,897	918,829	525,954	6,141,560
50.01 05001	AMBULATORY SERVICES	1,128,451	238,136	3,552	303,101	1,673,240
50.02 05002	ENDOSCOPY	785,905	20,540	36,099	153,410	995,954
51.00 05100	RECOVERY ROOM	534,565	69,740	14,114	154,243	772,662
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,622,442	130,849	153,754	454,364	2,361,409
53.00 05300	ANESTHESIOLOGY	72,928	7,793	33,099	0	113,820
54.00 05400	RADIOLOGY-DIAGNOSTIC	8,362,801	570,813	1,619,355	1,497,864	12,050,833
55.00 05500	RADIOLOGY-THERAPEUTIC	10,099,747	381,258	136,333	599,346	11,216,684
57.00 05700	CT SCAN	0	0	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	7,427,002	279,070	560,640	963,383	9,230,095
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	1,631,501	38,749	120,394	450,816	2,241,460
66.00 06600	PHYSICAL THERAPY	2,869,770	10,707	24,759	827,633	3,732,869
67.00 06700	OCCUPATIONAL THERAPY	208,648	0	0	61,176	269,824
68.00 06800	SPEECH PATHOLOGY	195,203	0	0	57,114	252,317
69.00 06900	ELECTROCARDIOLOGY	772,003	47,999	121,863	160,367	1,102,232
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,266,032	0	0	0	5,266,032
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	4,947,031	0	0	0	4,947,031
73.00 07300	DRUGS CHARGED TO PATIENTS	4,759,162	0	0	0	4,759,162
76.00 03950	SLEEP LAB	460,000	0	19,658	5,335	484,993
76.01 03951	CLINICAL NUTRITION	239,853	0	26,402	48,695	314,950
76.97 07697	CARDIAC REHABILITATION	711,645	0	12,192	145,473	869,310
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	458,795	0	13,162	110,394	582,351
91.00 09100	EMERGENCY	5,396,291	668,741	128,034	1,324,990	7,518,056
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00 04950	OUTPATIENT COUNSELING	859,293	0	37,165	330,726	1,227,184
93.01 04951	OUTSIDE SERVICES	375,926	0	0	0	375,926
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910	CORF	0	0	0	0	99.10
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00 11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00 11800	SUBTOTALS (SUM OF LINES 1 through 117)	157,292,318	6,449,926	4,907,035	16,503,261	156,791,871
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	178,577	23,599	6,549	22,159	230,884

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0286

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet B  
Part I  
Date/Time Prepared:  
1/30/2019 9:26 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 07950 HOME OFFICE COSTS	0	0	0	0	0	194.00
194.01 07951 COMMUNITY WELLNESS	551,353	20,612	20,269	136,493	728,727	194.01
194.02 07953 OTHER NONREIMBURSABLE COST CENTERS	1,051,684	169,634	19,116	79,348	1,319,782	194.02
194.03 07954 OTHER NONREIMBURSABLE COST CENTERS	512,474	0	0	2,668	515,142	194.03
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	159,586,406	6,663,771	4,952,969	16,743,929	159,586,406	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0286

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet B  
Part I  
Date/Time Prepared:  
1/30/2019 9:26 am

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		5.00	7.00	8.00	9.00	10.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL	45,167,650				5.00	
7.00	00700	OPERATION OF PLANT	0	0			7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	228,207	0	806,301		8.00	
9.00	00900	HOUSEKEEPING	757,271	0	0	2,675,593	9.00	
10.00	01000	DIETARY	332,347	0	0	48,376	10.00	
11.00	01100	CAFETERIA	446,928	0	0	111,901	11.00	
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00	
12.01	01201	MAINTENANCE OF PLANT	385,027	0	0	275,301	12.01	
13.00	01300	NURSING ADMINISTRATION	983,904	0	0	17,142	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	298,347	0	0	53,814	14.00	
15.00	01500	PHARMACY	1,285,568	0	0	52,378	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	158,088	0	0	26,835	16.00	
17.00	01700	SOCIAL SERVICE	359,481	0	0	7,934	17.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	6,064,952	0	270,830	588,156	1,060,110	30.00
31.00	03100	INTENSIVE CARE UNIT	1,556,590	0	43,030	98,403	162,516	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	219,371	0	8,298	19,440	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	2,424,424	0	28,697	188,728	0	50.00
50.01	05001	AMBULATORY SERVICES	660,523	0	77,339	117,376	0	50.01
50.02	05002	ENDOSCOPY	393,160	0	0	10,124	0	50.02
51.00	05100	RECOVERY ROOM	305,014	0	12,607	34,375	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	932,183	0	33,306	64,495	0	52.00
53.00	05300	ANESTHESIOLOGY	44,931	0	0	3,841	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,757,151	0	94,607	260,546	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,427,865	0	8,071	6,516	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	3,643,645	0	0	137,552	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	884,832	0	0	26,512	0	65.00
66.00	06600	PHYSICAL THERAPY	1,473,576	0	3,968	5,277	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	106,515	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	99,604	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	435,114	0	5,818	23,658	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,078,803	0	1,674	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,952,875	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,878,713	0	0	0	0	73.00
76.00	03950	SLEEP LAB	191,454	0	0	15,365	0	76.00
76.01	03951	CLINICAL NUTRITION	124,329	0	0	25,938	0	76.01
76.97	07697	CARDIAC REHABILITATION	343,166	0	5,343	104,990	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	229,887	0	5,818	0	0	90.00
91.00	09100	EMERGENCY	2,967,805	0	206,895	254,748	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04950	OUTPATIENT COUNSELING	484,439	0	0	0	0	93.00
93.01	04951	OUTSIDE SERVICES	148,399	0	0	0	0	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	44,064,488	0	806,301	2,579,721	1,222,626	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	91,143	0	0	20,032	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	HOME OFFICE COSTS	0	0	0	0	0	194.00
194.01	07951	COMMUNITY WELLNESS	287,670	0	0	10,160	0	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	520,993	0	0	65,680	0	194.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0286

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet B  
Part I  
Date/Time Prepared:  
1/30/2019 9:26 am

Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	203,356	0	0	0	0	194.03
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)	45,167,650	0	806,301	2,675,593	1,222,626	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0286

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet B  
Part I  
Date/Time Prepared:  
1/30/2019 9:26 am

Cost Center Description		CAFETERIA	MAINTENANCE OF PERSONNEL	MAINTENANCE OF PLANT	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		11.00	12.00	12.01	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	1,690,988					11.00
12.00	01200		0				12.00
12.01	01201		0	1,635,680			12.01
13.00	01300	55,633	0	12,493	3,561,601		13.00
14.00	01400	17,273	0	44,115	0	1,169,324	14.00
15.00	01500	53,442	0	42,937	0	2,770	15.00
16.00	01600	8,452	0	21,998	0	0	16.00
17.00	01700	26,408	0	6,504	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	386,072	0	482,140	1,577,032	61	30.00
31.00	03100	89,696	0	80,666	366,389	134	31.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	12,720	0	15,936	51,959	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	64,113	0	154,710	261,889	0	50.00
50.01	05001	35,486	0	96,219	144,952	0	50.01
50.02	05002	16,932	0	8,299	69,163	0	50.02
51.00	05100	13,574	0	28,179	55,447	0	51.00
52.00	05200	51,080	0	52,870	208,651	0	52.00
53.00	05300	0	0	3,149	0	0	53.00
54.00	05400	179,050	0	213,583	0	35	54.00
55.00	05500	82,012	0	5,341	0	2,129	55.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	148,288	0	112,758	0	703	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	60,015	0	15,656	0	10	65.00
66.00	06600	91,745	0	4,326	0	0	66.00
67.00	06700	5,777	0	0	0	0	67.00
68.00	06800	5,065	0	0	0	0	68.00
69.00	06900	14,428	0	19,394	0	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	729,826	71.00
72.00	07200	0	0	0	0	419,187	72.00
73.00	07300	0	0	0	0	13,294	73.00
76.00	03950	0	0	0	0	0	76.00
76.01	03951	6,090	0	0	0	0	76.01
76.97	07697	18,099	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	14,314	0	0	0	0	90.00
91.00	09100	165,647	0	204,872	676,634	239	91.00
92.00	09200						92.00
93.00	04950	36,595	0	0	149,485	0	93.00
93.01	04951	0	0	0	0	0	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	0	0	0	0	0	99.10
101.00	10100	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300	0	0	0	0	0	113.00
118.00		1,658,006	0	1,626,145	3,561,601	1,168,388	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	5,578	0	9,535	0	0	190.00
191.00	19100	0	0	0	0	0	191.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	17,387	0	0	0	868	194.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0286

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet B  
Part I  
Date/Time Prepared:  
1/30/2019 9:26 am

Cost Center Description		CAFETERIA	MAINTENANCE OF PERSONNEL	MAINTENANCE OF PLANT	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		11.00	12.00	12.01	13.00	14.00	
194.02	07953 OTHER NONREIMBURSABLE COST CENTERS	10,017	0	0	0	68	194.02
194.03	07954 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	1,690,988	0	1,635,680	3,561,601	1,169,324	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0286

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet B  
Part I  
Date/Time Prepared:  
1/30/2019 9:26 am

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		15.00	16.00	17.00	24.00	25.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
12.00	01200						12.00
12.01	01201						12.01
13.00	01300						13.00
14.00	01400						14.00
15.00	01500	4,693,702					15.00
16.00	01600		615,843				16.00
17.00	01700			1,310,966			17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	0	47,274	1,061,767	26,902,038	0	30.00
31.00	03100	0	8,934	162,771	6,512,290	0	31.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	1,720	86,428	971,584	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	54,591	0	9,318,712	0	50.00
50.01	05001	0	3,693	0	2,808,828	0	50.01
50.02	05002	0	9,463	0	1,503,095	0	50.02
51.00	05100	0	3,326	0	1,225,184	0	51.00
52.00	05200	0	6,910	0	3,710,904	0	52.00
53.00	05300	0	13,343	0	179,084	0	53.00
54.00	05400	0	111,494	0	17,667,299	0	54.00
55.00	05500	0	49,348	0	15,797,966	0	55.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	66,229	0	13,339,270	0	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	0	13,907	0	3,242,392	0	65.00
66.00	06600	0	6,108	0	5,317,869	0	66.00
67.00	06700	0	779	0	382,895	0	67.00
68.00	06800	0	477	0	357,463	0	68.00
69.00	06900	0	16,196	0	1,616,840	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	33,003	0	8,109,338	0	71.00
72.00	07200	0	24,104	0	7,343,197	0	72.00
73.00	07300	4,693,702	95,400	0	11,440,271	0	73.00
76.00	03950	0	2,706	0	694,518	0	76.00
76.01	03951	0	246	0	471,553	0	76.01
76.97	07697	0	883	0	1,341,791	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	2,138	0	834,508	0	90.00
91.00	09100	0	43,000	0	12,037,896	0	91.00
92.00	09200	0	0	0	0	0	92.00
93.00	04950	0	301	0	1,898,004	0	93.00
93.01	04951	0	270	0	524,595	0	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	0	0	0	0	0	99.10
101.00	10100	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300	0	0	0	0	0	113.00
118.00		4,693,702	615,843	1,310,966	155,549,384	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	357,172	0	190.00
191.00	19100	0	0	0	0	0	191.00
192.00	19200	0	0	0	0	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0286

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet B  
Part I  
Date/Time Prepared:  
1/30/2019 9:26 am

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			15.00	16.00	17.00	24.00	25.00	
194.00	07950	HOME OFFICE COSTS	0	0	0	0	0	0 194.00
194.01	07951	COMMUNITY WELLNESS	0	0	0	1,044,812	0	0 194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	1,916,540	0	0 194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	718,498	0	0 194.03
200.00		Cross Foot Adjustments				0	0	0 200.00
201.00		Negative Cost Centers	0	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118 through 201)	4,693,702	615,843	1,310,966	159,586,406	0	0 202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 14-0286	Period: From 09/01/2017 To 08/31/2018	Worksheet B Part I Date/Time Prepared: 1/30/2019 9:26 am
---	--	-----------------------	---	---

Cost Center Description		Total	
		26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500 ADMINISTRATIVE & GENERAL		5.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
12.00	01200 MAINTENANCE OF PERSONNEL		12.00
12.01	01201 MAINTENANCE OF PLANT		12.01
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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000 ADULTS & PEDIATRICS	26,902,038	30.00
31.00	03100 INTENSIVE CARE UNIT	6,512,290	31.00
40.00	04000 SUBPROVIDER - I PF	0	40.00
41.00	04100 SUBPROVIDER - I RF	0	41.00
42.00	04200 SUBPROVIDER	0	42.00
43.00	04300 NURSERY	971,584	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	9,318,712	50.00
50.01	05001 AMBULATORY SERVICES	2,808,828	50.01
50.02	05002 ENDOSCOPY	1,503,095	50.02
51.00	05100 RECOVERY ROOM	1,225,184	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,710,904	52.00
53.00	05300 ANESTHESIOLOGY	179,084	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	17,667,299	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	15,797,966	55.00
57.00	05700 CT SCAN	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	59.00
60.00	06000 LABORATORY	13,339,270	60.00
60.01	06001 BLOOD LABORATORY	0	60.01
65.00	06500 RESPIRATORY THERAPY	3,242,392	65.00
66.00	06600 PHYSICAL THERAPY	5,317,869	66.00
67.00	06700 OCCUPATIONAL THERAPY	382,895	67.00
68.00	06800 SPEECH PATHOLOGY	357,463	68.00
69.00	06900 ELECTROCARDIOLOGY	1,616,840	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	8,109,338	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	7,343,197	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	11,440,271	73.00
76.00	03950 SLEEP LAB	694,518	76.00
76.01	03951 CLINICAL NUTRITION	471,553	76.01
76.97	07697 CARDIAC REHABILITATION	1,341,791	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00	08800 RURAL HEALTH CLINIC	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000 CLINIC	834,508	90.00
91.00	09100 EMERGENCY	12,037,896	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
93.00	04950 OUTPATIENT COUNSELING	1,898,004	93.00
93.01	04951 OUTSIDE SERVICES	524,595	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>			
99.10	09910 CORF	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>			
109.00	10900 PANCREAS ACQUISITION	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	110.00
111.00	11100 ISLET ACQUISITION	0	111.00
113.00	11300 INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	155,549,384	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	357,172	190.00
191.00	19100 RESEARCH	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	192.00
194.00	07950 HOME OFFICE COSTS	0	194.00
194.01	07951 COMMUNITY WELLNESS	1,044,812	194.01
194.02	07953 OTHER NONREIMBURSABLE COST CENTERS	1,916,540	194.02
194.03	07954 OTHER NONREIMBURSABLE COST CENTERS	718,498	194.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0286

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet B  
Part I  
Date/Time Prepared:  
1/30/2019 9:26 am

Cost Center Description		Total	
		26.00	
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118 through 201)	159,586,406	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0286	Period: From 09/01/2017 To 08/31/2018	Worksheet B Part II Date/Time Prepared: 1/30/2019 9:26 am	
Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	2A	4.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	14,306	14,306	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	291,762	756,617	78,837	1,127,216	5.00
7.00 00700	OPERATION OF PLANT	0	0	0	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	30,773	0	30,773	8.00
9.00 00900	HOUSEKEEPING	0	158,563	197,390	355,953	9.00
10.00 01000	DIETARY	1,394	98,146	2,888	102,428	10.00
11.00 01100	CAFETERIA	3,224	227,029	6,685	236,938	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
12.01 01201	MAINTENANCE OF PLANT	0	582,248	15,883	598,131	12.01
13.00 01300	NURSING ADMINISTRATION	4,956	30,919	26,721	62,596	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	109,181	174,150	283,331	14.00
15.00 01500	PHARMACY	372,225	106,267	483	478,975	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	54,445	0	54,445	16.00
17.00 01700	SOCIAL SERVICE	0	16,097	9,914	26,011	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	34,949	1,193,265	265,659	1,493,873	30.00
31.00 03100	INTENSIVE CARE UNIT	0	199,643	96,428	296,071	31.00
40.00 04000	SUBPROVIDER - I/PF	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - I/RF	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	0	39,441	38,287	77,728	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	382,897	918,829	1,301,726	50.00
50.01 05001	AMBULATORY SERVICES	0	238,136	3,552	241,688	50.01
50.02 05002	ENDOSCOPY	0	20,540	36,099	56,639	50.02
51.00 05100	RECOVERY ROOM	0	69,740	14,114	83,854	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	130,849	153,754	284,603	52.00
53.00 05300	ANESTHESIOLOGY	0	7,793	33,099	40,892	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	184,968	570,813	1,619,355	2,375,136	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	98,019	381,258	136,333	615,610	55.00
57.00 05700	CT SCAN	0	0	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	178,985	279,070	560,640	1,018,695	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	21,045	38,749	120,394	180,188	65.00
66.00 06600	PHYSICAL THERAPY	676,488	10,707	24,759	711,954	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	47,999	121,863	169,862	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00 03950	SLEEP LAB	40,072	0	19,658	59,730	76.00
76.01 03951	CLINICAL NUTRITION	70,982	0	26,402	97,384	76.01
76.97 07697	CARDIAC REHABILITATION	273,716	0	12,192	285,908	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	68,672	0	13,162	81,834	90.00
91.00 09100	EMERGENCY	12,603	668,741	128,034	809,378	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00 04950	OUTPATIENT COUNSELING	3,379	0	37,165	40,544	93.00
93.01 04951	OUTSIDE SERVICES	0	0	0	0	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910	CORF	0	0	0	0	99.10
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00 11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	2,337,439	6,449,926	4,907,035	13,694,400	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	23,599	6,549	30,148	190.00
191.00 19100	RESEARCH	0	0	0	0	191.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0286

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet B  
Part II  
Date/Time Prepared:  
1/30/2019 9:26 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	2.00			
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 07950 HOME OFFICE COSTS	0	0	0	0	0	194.00
194.01 07951 COMMUNITY WELLNESS	342	20,612	20,269	41,223	117	194.01
194.02 07953 OTHER NONREIMBURSABLE COST CENTERS	137,653	169,634	19,116	326,403	68	194.02
194.03 07954 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	2	194.03
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	2,475,434	6,663,771	4,952,969	14,092,174	14,306	202.00

ALLOCATION OF CAPITAL RELATED COSTS				Provider CCN: 14-0286	Period: From 09/01/2017 To 08/31/2018	Worksheet B Part II Date/Time Prepared: 1/30/2019 9:26 am		
Cost Center Description				ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
				5.00	7.00	8.00	9.00	10.00
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,129,464					5.00
7.00	00700	OPERATION OF PLANT	0	0				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	5,706	0	36,479			8.00
9.00	00900	HOUSEKEEPING	18,936	0	0	375,113		9.00
10.00	01000	DIETARY	8,310	0	0	6,782	117,587	10.00
11.00	01100	CAFETERIA	11,176	0	0	15,688	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
12.01	01201	MAINTENANCE OF PLANT	9,628	0	0	38,597	0	12.01
13.00	01300	NURSING ADMINISTRATION	24,603	0	0	2,403	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,460	0	0	7,545	0	14.00
15.00	01500	PHARMACY	32,146	0	0	7,343	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,953	0	0	3,762	0	16.00
17.00	01700	SOCIAL SERVICE	8,989	0	0	1,112	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	151,691	0	12,254	82,461	101,957	30.00
31.00	03100	INTENSIVE CARE UNIT	38,923	0	1,947	13,796	15,630	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	5,485	0	375	2,725	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	60,623	0	1,298	26,459	0	50.00
50.01	05001	AMBULATORY SERVICES	16,517	0	3,499	16,456	0	50.01
50.02	05002	ENDOSCOPY	9,831	0	0	1,419	0	50.02
51.00	05100	RECOVERY ROOM	7,627	0	570	4,819	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,309	0	1,507	9,042	0	52.00
53.00	05300	ANESTHESIOLOGY	1,124	0	0	539	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	118,954	0	4,280	36,528	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	110,720	0	365	914	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	91,110	0	0	19,285	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	22,125	0	0	3,717	0	65.00
66.00	06600	PHYSICAL THERAPY	36,847	0	180	740	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,663	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,491	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	10,880	0	263	3,317	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	51,981	0	76	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	48,832	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	46,978	0	0	0	0	73.00
76.00	03950	SLEEP LAB	4,787	0	0	2,154	0	76.00
76.01	03951	CLINICAL NUTRITION	3,109	0	0	3,636	0	76.01
76.97	07697	CARDIAC REHABILITATION	8,581	0	242	14,719	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	5,748	0	263	0	0	90.00
91.00	09100	EMERGENCY	74,211	0	9,360	35,715	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	OUTPATIENT COUNSELING	12,114	0	0	0	0	93.00
93.01	04951	OUTSIDE SERVICES	3,711	0	0	0	0	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,101,879	0	36,479	361,673	117,587	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,279	0	0	2,808	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	HOME OFFICE COSTS	0	0	0	0	0	194.00
194.01	07951	COMMUNITY WELLNESS	7,193	0	0	1,424	0	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	13,028	0	0	9,208	0	194.02

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0286		Period: From 09/01/2017 To 08/31/2018		Worksheet B Part II Date/Time Prepared: 1/30/2019 9:26 am	
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	5,085	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,129,464	0	36,479	375,113	117,587	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0286	Period: From 09/01/2017 To 08/31/2018	Worksheet B Part II Date/Time Prepared: 1/30/2019 9:26 am			
Cost Center Description		CAFETERIA	MAINTENANCE OF PERSONNEL	MAINTENANCE OF PLANT	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		11.00	12.00	12.01	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	263,958					11.00
12.00	01200		0				12.00
12.01	01201		0	646,356			12.01
13.00	01300	8,684	0	4,937	103,527		13.00
14.00	01400	2,696	0	17,432	0	318,533	14.00
15.00	01500	8,342	0	16,967	0	754	15.00
16.00	01600	1,319	0	8,693	0	0	16.00
17.00	01700	4,122	0	2,570	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	60,266	0	190,522	45,842	17	30.00
31.00	03100	14,001	0	31,876	10,650	37	31.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	1,986	0	6,297	1,510	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	10,008	0	61,135	7,612	0	50.00
50.01	05001	5,539	0	38,022	4,213	0	50.01
50.02	05002	2,643	0	3,279	2,010	0	50.02
51.00	05100	2,119	0	11,135	1,612	0	51.00
52.00	05200	7,973	0	20,892	6,065	0	52.00
53.00	05300	0	0	1,244	0	0	53.00
54.00	05400	27,949	0	84,400	0	10	54.00
55.00	05500	12,802	0	2,111	0	580	55.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	23,147	0	44,558	0	192	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	9,368	0	6,187	0	3	65.00
66.00	06600	14,321	0	1,710	0	0	66.00
67.00	06700	902	0	0	0	0	67.00
68.00	06800	791	0	0	0	0	68.00
69.00	06900	2,252	0	7,664	0	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	198,812	71.00
72.00	07200	0	0	0	0	114,187	72.00
73.00	07300	0	0	0	0	3,621	73.00
76.00	03950	0	0	0	0	0	76.00
76.01	03951	951	0	0	0	0	76.01
76.97	07697	2,825	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	2,234	0	0	0	0	90.00
91.00	09100	25,857	0	80,957	19,668	65	91.00
92.00	09200						92.00
93.00	04950	5,712	0	0	4,345	0	93.00
93.01	04951	0	0	0	0	0	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	0	0	0	0	0	99.10
101.00	10100	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300	0	0	0	0	0	113.00
118.00		258,809	0	642,588	103,527	318,278	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	871	0	3,768	0	0	190.00
191.00	19100	0	0	0	0	0	191.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	2,714	0	0	0	236	194.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0286

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet B  
Part II  
Date/Time Prepared:  
1/30/2019 9:26 am

Cost Center Description		CAFETERIA	MAINTENANCE OF PERSONNEL	MAINTENANCE OF PLANT	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		11.00	12.00	12.01	13.00	14.00	
194.02	07953 OTHER NONREIMBURSABLE COST CENTERS	1,564	0	0	0	19	194.02
194.03	07954 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
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)	263,958	0	646,356	103,527	318,533	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0286		Period: From 09/01/2017 To 08/31/2018		Worksheet B Part II Date/Time Prepared: 1/30/2019 9:26 am	
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			15.00	16.00	17.00	24.00	25.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
12.01	01201	MAINTENANCE OF PLANT						12.01
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	545,045					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	72,172				16.00
17.00	01700	SOCIAL SERVICE	0	0	42,969			17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	5,546	34,801	2,181,831	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,048	5,335	429,992	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	202	2,833	99,232	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	6,404	0	1,475,714	0	50.00
50.01	05001	AMBULATORY SERVICES	0	433	0	326,626	0	50.01
50.02	05002	ENDOSCOPY	0	1,110	0	77,062	0	50.02
51.00	05100	RECOVERY ROOM	0	390	0	112,258	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	811	0	354,590	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,565	0	45,364	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	13,006	0	2,661,542	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	5,789	0	749,403	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	7,769	0	1,205,578	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	1,631	0	223,604	0	65.00
66.00	06600	PHYSICAL THERAPY	0	717	0	767,175	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	91	0	3,708	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	56	0	3,387	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,900	0	196,275	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,872	0	254,741	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,828	0	165,847	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	545,045	11,192	0	606,836	0	73.00
76.00	03950	SLEEP LAB	0	317	0	66,993	0	76.00
76.01	03951	CLINICAL NUTRITION	0	29	0	105,151	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	104	0	312,503	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	251	0	90,424	0	90.00
91.00	09100	EMERGENCY	0	5,044	0	1,061,386	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04950	OUTPATIENT COUNSELING	0	35	0	63,032	0	93.00
93.01	04951	OUTSIDE SERVICES	0	32	0	3,743	0	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	545,045	72,172	42,969	13,643,997	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	39,893	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0286			Period: From 09/01/2017 To 08/31/2018		Worksheet B Part II Date/Time Prepared: 1/30/2019 9:26 am	
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments		
			15.00	16.00	17.00	24.00	25.00		
194.00	07950	HOME OFFICE COSTS	0	0	0	0	0	0	194.00
194.01	07951	COMMUNITY WELLNESS	0	0	0	52,907	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	350,290	0	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	5,087	0	0	194.03
200.00		Cross Foot Adjustments				0			200.00
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	545,045	72,172	42,969	14,092,174			202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0286	Period: From 09/01/2017 To 08/31/2018	Worksheet B Part II Date/Time Prepared: 1/30/2019 9:26 am
-------------------------------------	--	-----------------------	---	--

Cost Center Description		Total	
		26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500 ADMINISTRATIVE & GENERAL		5.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
12.00	01200 MAINTENANCE OF PERSONNEL		12.00
12.01	01201 MAINTENANCE OF PLANT		12.01
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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000 ADULTS & PEDIATRICS	2,181,831	30.00
31.00	03100 INTENSIVE CARE UNIT	429,992	31.00
40.00	04000 SUBPROVIDER - I PF	0	40.00
41.00	04100 SUBPROVIDER - I RF	0	41.00
42.00	04200 SUBPROVIDER	0	42.00
43.00	04300 NURSERY	99,232	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	1,475,714	50.00
50.01	05001 AMBULATORY SERVICES	326,626	50.01
50.02	05002 ENDOSCOPY	77,062	50.02
51.00	05100 RECOVERY ROOM	112,258	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	354,590	52.00
53.00	05300 ANESTHESIOLOGY	45,364	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,661,542	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	749,403	55.00
57.00	05700 CT SCAN	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	59.00
60.00	06000 LABORATORY	1,205,578	60.00
60.01	06001 BLOOD LABORATORY	0	60.01
65.00	06500 RESPIRATORY THERAPY	223,604	65.00
66.00	06600 PHYSICAL THERAPY	767,175	66.00
67.00	06700 OCCUPATIONAL THERAPY	3,708	67.00
68.00	06800 SPEECH PATHOLOGY	3,387	68.00
69.00	06900 ELECTROCARDIOLOGY	196,275	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	254,741	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	165,847	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	606,836	73.00
76.00	03950 SLEEP LAB	66,993	76.00
76.01	03951 CLINICAL NUTRITION	105,151	76.01
76.97	07697 CARDIAC REHABILITATION	312,503	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00	08800 RURAL HEALTH CLINIC	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000 CLINIC	90,424	90.00
91.00	09100 EMERGENCY	1,061,386	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
93.00	04950 OUTPATIENT COUNSELING	63,032	93.00
93.01	04951 OUTSIDE SERVICES	3,743	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>			
99.10	09910 CORF	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>			
109.00	10900 PANCREAS ACQUISITION	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	110.00
111.00	11100 ISLET ACQUISITION	0	111.00
113.00	11300 INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	13,643,997	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	39,893	190.00
191.00	19100 RESEARCH	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	192.00
194.00	07950 HOME OFFICE COSTS	0	194.00
194.01	07951 COMMUNITY WELLNESS	52,907	194.01
194.02	07953 OTHER NONREIMBURSABLE COST CENTERS	350,290	194.02
194.03	07954 OTHER NONREIMBURSABLE COST CENTERS	5,087	194.03

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0286	Period: From 09/01/2017 To 08/31/2018	Worksheet B Part II Date/Time Prepared: 1/30/2019 9:26 am
Cost Center Description		Total		
		26.00		
200.00	Cross Foot Adjustments	0		200.00
201.00	Negative Cost Centers	0		201.00
202.00	TOTAL (sum lines 118 through 201)	14,092,174		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0286

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet B-1  
Date/Time Prepared:  
1/30/2019 9:26 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	182,981				1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		1,598,150			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	4,616	56,489,382		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	20,776	25,438	8,885,920	-45,167,650	114,418,756
7.00 00700	OPERATION OF PLANT	0	0	0	0	0
8.00 00800	LAUNDRY & LINEN SERVICE	845	0	0	0	578,094
9.00 00900	HOUSEKEEPING	4,354	63,691	886,204	0	1,918,322
10.00 01000	DIETARY	2,695	932	266,307	0	841,903
11.00 01100	CAFETERIA	6,234	2,157	616,088	0	1,132,159
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
12.01 01201	MAINTENANCE OF PLANT	15,988	5,125	0	0	975,352
13.00 01300	NURSING ADMINISTRATION	849	8,622	1,202,647	0	2,492,429
14.00 01400	CENTRAL SERVICES & SUPPLY	2,998	56,192	274,326	0	755,775
15.00 01500	PHARMACY	2,918	156	2,047,799	0	3,256,607
16.00 01600	MEDICAL RECORDS & LIBRARY	1,495	0	0	0	400,470
17.00 01700	SOCIAL SERVICE	442	3,199	651,254	0	910,639
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	32,766	85,719	10,230,873	0	15,363,644
31.00 03100	INTENSIVE CARE UNIT	5,482	31,114	2,678,216	0	3,943,161
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	1,083	12,354	359,647	0	555,712
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	10,514	296,474	1,774,426	0	6,141,560
50.01 05001	AMBULATORY SERVICES	6,539	1,146	1,022,582	0	1,673,240
50.02 05002	ENDOSCOPY	564	11,648	517,564	0	995,954
51.00 05100	RECOVERY ROOM	1,915	4,554	520,375	0	772,662
52.00 05200	DELIVERY ROOM & LABOR ROOM	3,593	49,611	1,532,902	0	2,361,409
53.00 05300	ANESTHESIOLOGY	214	10,680	0	0	113,820
54.00 05400	RADIOLOGY-DIAGNOSTIC	15,674	522,508	5,053,385	0	12,050,833
55.00 05500	RADIOLOGY-THERAPEUTIC	10,469	43,990	2,022,029	0	11,216,684
57.00 05700	CT SCAN	0	0	0	0	0
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00 06000	LABORATORY	7,663	180,899	3,250,192	0	9,230,095
60.01 06001	BLOOD LABORATORY	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	1,064	38,847	1,520,932	0	2,241,460
66.00 06600	PHYSICAL THERAPY	294	7,989	2,792,210	0	3,732,869
67.00 06700	OCCUPATIONAL THERAPY	0	0	206,391	0	269,824
68.00 06800	SPEECH PATHOLOGY	0	0	192,688	0	252,317
69.00 06900	ELECTROCARDIOLOGY	1,318	39,321	541,034	0	1,102,232
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	5,266,032
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	4,947,031
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	4,759,162
76.00 03950	SLEEP LAB	0	6,343	18,000	0	484,993
76.01 03951	CLINICAL NUTRITION	0	8,519	164,285	0	314,950
76.97 07697	CARDIAC REHABILITATION	0	3,934	490,786	0	869,310
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 09000	CLINIC	0	4,247	372,439	0	582,351
91.00 09100	EMERGENCY	18,363	41,312	4,470,156	0	7,518,056
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
93.00 04950	OUTPATIENT COUNSELING	0	11,992	1,115,779	0	1,227,184
93.01 04951	OUTSIDE SERVICES	0	0	0	0	375,926
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910	CORF	0	0	0	0	0
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00 11100	ISLET ACQUISITION	0	0	0	0	0
113.00 11300	INTEREST EXPENSE	0	0	0	0	0
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	177,109	1,583,329	55,677,436	-45,167,650	111,624,221
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	648	2,113	74,759	0	230,884

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0286

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet B-1

Date/Time Prepared:  
1/30/2019 9:26 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00				
191.00 19100 RESEARCH	0	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
194.00 07950 HOME OFFICE COSTS	0	0	0	0	0	0	194.00
194.01 07951 COMMUNITY WELLNESS	566	6,540	460,489	0	0	728,727	194.01
194.02 07953 OTHER NONREIMBURSABLE COST CENTERS	4,658	6,168	267,698	0	0	1,319,782	194.02
194.03 07954 OTHER NONREIMBURSABLE COST CENTERS	0	0	9,000	0	0	515,142	194.03
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)	6,663,771	4,952,969	16,743,929			45,167,650	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	36.417830	3.099189	0.296408			0.394757	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			14,306			1,129,464	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000253			0.009871	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: 14-0286

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet B-1

Date/Time Prepared:  
1/30/2019 9:26 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (MEALS SERVED)	
		7.00	8.00	9.00	10.00	11.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	0				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	78,025			8.00
9.00	00900	HOUSEKEEPING	0	0	149,057		9.00
10.00	01000	DIETARY	0	0	2,695	20,034	10.00
11.00	01100	CAFETERIA	0	0	6,234	0	59,423
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
12.01	01201	MAINTENANCE OF PLANT	0	0	15,337	0	0
13.00	01300	NURSING ADMINISTRATIVE	0	0	955	0	1,955
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	2,998	0	607
15.00	01500	PHARMACY	0	0	2,918	0	1,878
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1,495	0	297
17.00	01700	SOCIAL SERVICE	0	0	442	0	928
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	26,208	32,766	17,371	13,567
31.00	03100	INTENSIVE CARE UNIT	0	4,164	5,482	2,663	3,152
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	803	1,083	0	447
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	2,777	10,514	0	2,253
50.01	05001	AMBULATORY SERVICES	0	7,484	6,539	0	1,247
50.02	05002	ENDOSCOPY	0	0	564	0	595
51.00	05100	RECOVERY ROOM	0	1,220	1,915	0	477
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,223	3,593	0	1,795
53.00	05300	ANESTHESIOLOGY	0	0	214	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	9,155	14,515	0	6,292
55.00	05500	RADIOLOGY-THERAPEUTIC	0	781	363	0	2,882
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	0	0	7,663	0	5,211
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	1,477	0	2,109
66.00	06600	PHYSICAL THERAPY	0	384	294	0	3,224
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	203
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	178
69.00	06900	ELECTROCARDIOLOGY	0	563	1,318	0	507
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	162	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00	03950	SLEEP LAB	0	0	856	0	0
76.01	03951	CLINICAL NUTRITION	0	0	1,445	0	214
76.97	07697	CARDIAC REHABILITATION	0	517	5,849	0	636
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	563	0	0	503
91.00	09100	EMERGENCY	0	20,021	14,192	0	5,821
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
93.00	04950	OUTPATIENT COUNSELING	0	0	0	0	1,286
93.01	04951	OUTSIDE SERVICES	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	78,025	143,716	20,034	58,264
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	1,116	0	196
191.00	19100	RESEARCH	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
194.00	07950	HOME OFFICE COSTS	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0286

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet B-1

Date/Time Prepared:  
1/30/2019 9:26 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (MEALS SERVED)	
		7.00	8.00	9.00	10.00	11.00	
194.01	07951 COMMUNITY WELLNESS	0	0	566	0	611	194.01
194.02	07953 OTHER NONREIMBURSABLE COST CENTERS	0	0	3,659	0	352	194.02
194.03	07954 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	806,301	2,675,593	1,222,626	1,690,988	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	10.333880	17.950133	61.027553	28.456793	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	36,479	375,113	117,587	263,958	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.467530	2.516574	5.869372	4.442017	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: 14-0286

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet B-1

Date/Time Prepared:  
1/30/2019 9:26 am

Cost Center Description		MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	MAINTENANCE OF PLANT (SQUARE FEET)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		12.00	12.01	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
12.00	01200	0					12.00
12.01	01201	0	111,160				12.01
13.00	01300	0	849	30,640			13.00
14.00	01400	0	2,998	0	13,799,794		14.00
15.00	01500	0	2,918	0	32,687	4,573,602	15.00
16.00	01600	0	1,495	0	0	0	16.00
17.00	01700	0	442	0	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	0	32,766	13,567	716	0	30.00
31.00	03100	0	5,482	3,152	1,584	0	31.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	1,083	447	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	10,514	2,253	0	0	50.00
50.01	05001	0	6,539	1,247	0	0	50.01
50.02	05002	0	564	595	0	0	50.02
51.00	05100	0	1,915	477	0	0	51.00
52.00	05200	0	3,593	1,795	0	0	52.00
53.00	05300	0	214	0	0	0	53.00
54.00	05400	0	14,515	0	417	0	54.00
55.00	05500	0	363	0	25,129	0	55.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	7,663	0	8,302	0	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	0	1,064	0	114	0	65.00
66.00	06600	0	294	0	0	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	1,318	0	0	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	8,613,070	0	71.00
72.00	07200	0	0	0	4,947,030	0	72.00
73.00	07300	0	0	0	156,884	4,573,602	73.00
76.00	03950	0	0	0	0	0	76.00
76.01	03951	0	0	0	0	0	76.01
76.97	07697	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
91.00	09100	0	13,923	5,821	2,817	0	91.00
92.00	09200	0	0	0	0	0	92.00
93.00	04950	0	0	1,286	0	0	93.00
93.01	04951	0	0	0	0	0	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	0	0	0	0	0	99.10
101.00	10100	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300	0	0	0	0	0	113.00
118.00		0	110,512	30,640	13,788,750	4,573,602	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	648	0	0	0	190.00
191.00	19100	0	0	0	0	0	191.00
192.00	19200	0	0	0	0	0	192.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0286

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet B-1

Date/Time Prepared:  
1/30/2019 9:26 am

Cost Center Description			MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	MAINTENANCE OF PLANT (SQUARE FEET)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			12.00	12.01	13.00	14.00	15.00	
194.00	07950	HOME OFFICE COSTS	0	0	0	0	0	194.00
194.01	07951	COMMUNITY WELLNESS	0	0	0	10,241	0	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	803	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	1,635,680	3,561,601	1,169,324	4,693,702	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	14.714646	116.240242	0.084735	1.026259	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	646,356	103,527	318,533	545,045	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	5.814646	3.378819	0.023082	0.119172	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: 14-0286

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet B-1  
Date/Time Prepared:  
1/30/2019 9:26 am

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	
		16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
12.01	01201	MAINTENANCE OF PLANT		12.01
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	701,513,487	16.00
17.00	01700	SOCIAL SERVICE	0 21,448	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	53,842,782	30.00
31.00	03100	INTENSIVE CARE UNIT	10,175,614	31.00
40.00	04000	SUBPROVIDER - IPF	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	1,959,522	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	62,176,809	50.00
50.01	05001	AMBULATORY SERVICES	4,206,121	50.01
50.02	05002	ENDOSCOPY	10,778,204	50.02
51.00	05100	RECOVERY ROOM	3,788,267	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,869,761	52.00
53.00	05300	ANESTHESIOLOGY	15,197,050	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	127,084,392	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	56,205,246	55.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	75,431,233	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
65.00	06500	RESPIRATORY THERAPY	15,839,075	65.00
66.00	06600	PHYSICAL THERAPY	6,956,420	66.00
67.00	06700	OCCUPATIONAL THERAPY	887,584	67.00
68.00	06800	SPEECH PATHOLOGY	542,908	68.00
69.00	06900	ELECTROCARDIOLOGY	18,446,587	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	37,588,626	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	27,452,915	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	108,656,420	73.00
76.00	03950	SLEEP LAB	3,081,852	76.00
76.01	03951	CLINICAL NUTRITION	280,303	76.01
76.97	07697	CARDIAC REHABILITATION	1,005,304	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	2,435,568	90.00
91.00	09100	EMERGENCY	48,974,823	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
93.00	04950	OUTPATIENT COUNSELING	342,583	93.00
93.01	04951	OUTSIDE SERVICES	307,518	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	09910	CORF	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	10900	PANCREAS ACQUISITION	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	110.00
111.00	11100	ISLET ACQUISITION	0	111.00
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	701,513,487 21,448	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
191.00	19100	RESEARCH	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0286

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet B-1

Date/Time Prepared:  
1/30/2019 9:26 am

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	
		16.00	17.00	
194.00	07950 HOME OFFICE COSTS	0	0	194.00
194.01	07951 COMMUNITY WELLNESS	0	0	194.01
194.02	07953 OTHER NONREIMBURSABLE COST CENTERS	0	0	194.02
194.03	07954 OTHER NONREIMBURSABLE COST CENTERS	0	0	194.03
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)	615,843	1,310,966	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000878	61.122995	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	72,172	42,969	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000103	2.003404	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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0286

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet C  
Part I  
Date/Time Prepared:  
1/30/2019 9:26 am

		Title XVIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	26,902,038		26,902,038	0	26,902,038	30.00
31.00	03100 INTENSIVE CARE UNIT	6,512,290		6,512,290	0	6,512,290	31.00
40.00	04000 SUBPROVIDER - I/PF	0		0	0	0	40.00
41.00	04100 SUBPROVIDER - I/RF	0		0	0	0	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	971,584		971,584	0	971,584	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	9,318,712		9,318,712	0	9,318,712	50.00
50.01	05001 AMBULATORY SERVICES	2,808,828		2,808,828	0	2,808,828	50.01
50.02	05002 ENDOSCOPY	1,503,095		1,503,095	0	1,503,095	50.02
51.00	05100 RECOVERY ROOM	1,225,184		1,225,184	0	1,225,184	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,710,904		3,710,904	0	3,710,904	52.00
53.00	05300 ANESTHESIOLOGY	179,084		179,084	0	179,084	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	17,667,299		17,667,299	0	17,667,299	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	15,797,966		15,797,966	0	15,797,966	55.00
57.00	05700 CT SCAN	0		0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000 LABORATORY	13,339,270		13,339,270	0	13,339,270	60.00
60.01	06001 BLOOD LABORATORY	0		0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	3,242,392	0	3,242,392	0	3,242,392	65.00
66.00	06600 PHYSICAL THERAPY	5,317,869	0	5,317,869	0	5,317,869	66.00
67.00	06700 OCCUPATIONAL THERAPY	382,895	0	382,895	0	382,895	67.00
68.00	06800 SPEECH PATHOLOGY	357,463	0	357,463	0	357,463	68.00
69.00	06900 ELECTROCARDIOLOGY	1,616,840		1,616,840	0	1,616,840	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	8,109,338		8,109,338	0	8,109,338	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	7,343,197		7,343,197	0	7,343,197	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	11,440,271		11,440,271	0	11,440,271	73.00
76.00	03950 SLEEP LAB	694,518		694,518	0	694,518	76.00
76.01	03951 CLINICAL NUTRITION	471,553		471,553	0	471,553	76.01
76.97	07697 CARDIAC REHABILITATION	1,341,791		1,341,791	0	1,341,791	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINIC	834,508		834,508	0	834,508	90.00
91.00	09100 EMERGENCY	12,037,896		12,037,896	0	12,037,896	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	5,620,759		5,620,759	0	5,620,759	92.00
93.00	04950 OUTPATIENT COUNSELING	1,898,004		1,898,004	0	1,898,004	93.00
93.01	04951 OUTSIDE SERVICES	524,595		524,595	0	524,595	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910 CORF	0		0		0	99.10
101.00	10100 HOME HEALTH AGENCY	0		0		0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900 PANCREAS ACQUISITION	0		0		0	109.00
110.00	11000 INTESTINAL ACQUISITION	0		0		0	110.00
111.00	11100 ISLET ACQUISITION	0		0		0	111.00
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	161,170,143	0	161,170,143	0	161,170,143	200.00
201.00	Less Observation Beds	5,620,759		5,620,759		5,620,759	201.00
202.00	Total (see instructions)	155,549,384	0	155,549,384	0	155,549,384	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0286

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet C  
Part I  
Date/Time Prepared:  
1/30/2019 9:26 am

		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	45,111,914		45,111,914		30.00
31.00	03100	INTENSIVE CARE UNIT	10,175,614		10,175,614		31.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	1,959,522		1,959,522		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	22,214,327	39,962,482	62,176,809	0.149874	50.00
50.01	05001	AMBULATORY SERVICES	91,035	4,115,086	4,206,121	0.667795	50.01
50.02	05002	ENDOSCOPY	1,417,009	9,361,195	10,778,204	0.139457	50.02
51.00	05100	RECOVERY ROOM	1,320,353	2,467,914	3,788,267	0.323415	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,583,278	286,483	7,869,761	0.471540	52.00
53.00	05300	ANESTHESIOLOGY	5,231,428	9,965,622	15,197,050	0.011784	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	30,299,190	96,785,202	127,084,392	0.139020	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	250,354	55,954,892	56,205,246	0.281076	55.00
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	27,354,410	48,076,823	75,431,233	0.176840	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	13,839,463	1,999,612	15,839,075	0.204708	65.00
66.00	06600	PHYSICAL THERAPY	1,323,736	5,632,684	6,956,420	0.764455	66.00
67.00	06700	OCCUPATIONAL THERAPY	343,373	544,211	887,584	0.431390	67.00
68.00	06800	SPEECH PATHOLOGY	223,455	319,453	542,908	0.658423	68.00
69.00	06900	ELECTROCARDIOLOGY	6,493,091	11,953,496	18,446,587	0.087650	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,831,766	18,756,860	37,588,626	0.215739	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,240,513	13,212,402	27,452,915	0.267483	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	68,213,083	40,443,337	108,656,420	0.105288	73.00
76.00	03950	SLEEP LAB	5,917	3,075,935	3,081,852	0.225357	76.00
76.01	03951	CLINICAL NUTRITION	23,400	256,903	280,303	1.682297	76.01
76.97	07697	CARDIAC REHABILITATION	2,880	1,002,424	1,005,304	1.334712	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	47,494	2,388,074	2,435,568	0.342634	90.00
91.00	09100	EMERGENCY	9,057,833	39,916,990	48,974,823	0.245798	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,580,968	6,149,900	8,730,868	0.643780	92.00
93.00	04950	OUTPATIENT COUNSELING	0	342,583	342,583	5.540275	93.00
93.01	04951	OUTSIDE SERVICES	273,079	34,439	307,518	1.705900	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	288,508,485	413,005,002	701,513,487		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	288,508,485	413,005,002	701,513,487		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0286	Period: From 09/01/2017 To 08/31/2018	Worksheet C Part I Date/Time Prepared: 1/30/2019 9:26 am
Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital PPS
			11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.149874		50.00
50.01	05001	AMBULATORY SERVICES	0.667795		50.01
50.02	05002	ENDOSCOPY	0.139457		50.02
51.00	05100	RECOVERY ROOM	0.323415		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.471540		52.00
53.00	05300	ANESTHESIOLOGY	0.011784		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.139020		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.281076		55.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.176840		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
65.00	06500	RESPIRATORY THERAPY	0.204708		65.00
66.00	06600	PHYSICAL THERAPY	0.764455		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.431390		67.00
68.00	06800	SPEECH PATHOLOGY	0.658423		68.00
69.00	06900	ELECTROCARDIOLOGY	0.087650		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.215739		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.267483		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.105288		73.00
76.00	03950	SLEEP LAB	0.225357		76.00
76.01	03951	CLINICAL NUTRITION	1.682297		76.01
76.97	07697	CARDIAC REHABILITATION	1.334712		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0.342634		90.00
91.00	09100	EMERGENCY	0.245798		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.643780		92.00
93.00	04950	OUTPATIENT COUNSELING	5.540275		93.00
93.01	04951	OUTSIDE SERVICES	1.705900		93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10	09910	CORF			99.10
101.00	10100	HOME HEALTH AGENCY			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
113.00	11300	INTEREST EXPENSE			113.00
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: 14-0286

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet C  
Part I  
Date/Time Prepared:  
1/30/2019 9:26 am

		Title XIX		Hospital		Cost
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS		26,902,038	0	26,902,038	30.00
31.00	03100 INTENSIVE CARE UNIT		6,512,290	0	6,512,290	31.00
40.00	04000 SUBPROVIDER - I/PF		0	0	0	40.00
41.00	04100 SUBPROVIDER - I/RF		0	0	0	41.00
42.00	04200 SUBPROVIDER		0	0	0	42.00
43.00	04300 NURSERY		971,584	0	971,584	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM		9,318,712	0	9,318,712	50.00
50.01	05001 AMBULATORY SERVICES		2,808,828	0	2,808,828	50.01
50.02	05002 ENDOSCOPY		1,503,095	0	1,503,095	50.02
51.00	05100 RECOVERY ROOM		1,225,184	0	1,225,184	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		3,710,904	0	3,710,904	52.00
53.00	05300 ANESTHESIOLOGY		179,084	0	179,084	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		17,667,299	0	17,667,299	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		15,797,966	0	15,797,966	55.00
57.00	05700 CT SCAN		0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION		0	0	0	59.00
60.00	06000 LABORATORY		13,339,270	0	13,339,270	60.00
60.01	06001 BLOOD LABORATORY		0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	3,242,392	0	3,242,392	65.00
66.00	06600 PHYSICAL THERAPY	0	5,317,869	0	5,317,869	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	382,895	0	382,895	67.00
68.00	06800 SPEECH PATHOLOGY	0	357,463	0	357,463	68.00
69.00	06900 ELECTROCARDIOLOGY		1,616,840	0	1,616,840	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		8,109,338	0	8,109,338	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		7,343,197	0	7,343,197	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		11,440,271	0	11,440,271	73.00
76.00	03950 SLEEP LAB		694,518	0	694,518	76.00
76.01	03951 CLINICAL NUTRITION		471,553	0	471,553	76.01
76.97	07697 CARDIAC REHABILITATION		1,341,791	0	1,341,791	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800 RURAL HEALTH CLINIC		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	09000 CLINIC		834,508	0	834,508	90.00
91.00	09100 EMERGENCY		12,037,896	0	12,037,896	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		5,620,759	0	5,620,759	92.00
93.00	04950 OUTPATIENT COUNSELING		1,898,004	0	1,898,004	93.00
93.01	04951 OUTSIDE SERVICES		524,595	0	524,595	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	09910 CORF		0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY		0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	10900 PANCREAS ACQUISITION		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION		0	0	0	110.00
111.00	11100 ISLET ACQUISITION		0	0	0	111.00
113.00	11300 INTEREST EXPENSE		0	0	0	113.00
200.00	Subtotal (see instructions)		161,170,143	0	161,170,143	200.00
201.00	Less Observation Beds		5,620,759	0	5,620,759	201.00
202.00	Total (see instructions)		155,549,384	0	155,549,384	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0286

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet C  
Part I  
Date/Time Prepared:  
1/30/2019 9:26 am

		Title XIX			Hospital	Cost	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	45,111,914		45,111,914		30.00
31.00	03100	INTENSIVE CARE UNIT	10,175,614		10,175,614		31.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	1,959,522		1,959,522		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	22,214,327	39,962,482	62,176,809	0.149874	50.00
50.01	05001	AMBULATORY SERVICES	91,035	4,115,086	4,206,121	0.667795	50.01
50.02	05002	ENDOSCOPY	1,417,009	9,361,195	10,778,204	0.139457	50.02
51.00	05100	RECOVERY ROOM	1,320,353	2,467,914	3,788,267	0.323415	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,583,278	286,483	7,869,761	0.471540	52.00
53.00	05300	ANESTHESIOLOGY	5,231,428	9,965,622	15,197,050	0.011784	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	30,299,190	96,785,202	127,084,392	0.139020	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	250,354	55,954,892	56,205,246	0.281076	55.00
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	27,354,410	48,076,823	75,431,233	0.176840	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	13,839,463	1,999,612	15,839,075	0.204708	65.00
66.00	06600	PHYSICAL THERAPY	1,323,736	5,632,684	6,956,420	0.764455	66.00
67.00	06700	OCCUPATIONAL THERAPY	343,373	544,211	887,584	0.431390	67.00
68.00	06800	SPEECH PATHOLOGY	223,455	319,453	542,908	0.658423	68.00
69.00	06900	ELECTROCARDIOLOGY	6,493,091	11,953,496	18,446,587	0.087650	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,831,766	18,756,860	37,588,626	0.215739	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,240,513	13,212,402	27,452,915	0.267483	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	68,213,083	40,443,337	108,656,420	0.105288	73.00
76.00	03950	SLEEP LAB	5,917	3,075,935	3,081,852	0.225357	76.00
76.01	03951	CLINICAL NUTRITION	23,400	256,903	280,303	1.682297	76.01
76.97	07697	CARDIAC REHABILITATION	2,880	1,002,424	1,005,304	1.334712	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	47,494	2,388,074	2,435,568	0.342634	90.00
91.00	09100	EMERGENCY	9,057,833	39,916,990	48,974,823	0.245798	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,580,968	6,149,900	8,730,868	0.643780	92.00
93.00	04950	OUTPATIENT COUNSELING	0	342,583	342,583	5.540275	93.00
93.01	04951	OUTSIDE SERVICES	273,079	34,439	307,518	1.705900	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	288,508,485	413,005,002	701,513,487		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	288,508,485	413,005,002	701,513,487		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0286	Period: From 09/01/2017 To 08/31/2018	Worksheet C Part I Date/Time Prepared: 1/30/2019 9:26 am
			Title XIX	Hospital	Cost
Cost Center Description			PPS Inpatient Ratio		
INPATIENT ROUTINE SERVICE COST CENTERS			11.00		
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
50.01	05001	AMBULATORY SERVICES	0.000000		50.01
50.02	05002	ENDOSCOPY	0.000000		50.02
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.00	03950	SLEEP LAB	0.000000		76.00
76.01	03951	CLINICAL NUTRITION	0.000000		76.01
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000		90.00
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
93.00	04950	OUTPATIENT COUNSELING	0.000000		93.00
93.01	04951	OUTSIDE SERVICES	0.000000		93.01
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF			99.10
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
113.00	11300	INTEREST EXPENSE			113.00
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: 14-0286	Period: From 09/01/2017 To 08/31/2018	Worksheet D Part I Date/Time Prepared: 1/30/2019 9:26 am
		Title XVIII		Hospital
				PPS

Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	2,181,831	0	2,181,831	21,959	99.36 30.00
31.00	INTENSIVE CARE UNIT	429,992		429,992	2,663	161.47 31.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00 40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00 41.00
42.00	SUBPROVIDER	0	0	0	0	0.00 42.00
43.00	NURSERY	99,232		99,232	1,414	70.18 43.00
200.00	Total (lines 30 through 199)	2,711,055		2,711,055	26,036	200.00

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
	6.00	7.00	

INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	9,067	900,897			30.00
31.00	INTENSIVE CARE UNIT	1,450	234,132			31.00
40.00	SUBPROVIDER - IPF	0	0			40.00
41.00	SUBPROVIDER - IRF	0	0			41.00
42.00	SUBPROVIDER	0	0			42.00
43.00	NURSERY	0	0			43.00
200.00	Total (lines 30 through 199)	10,517	1,135,029			200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0286	Period: From 09/01/2017 To 08/31/2018	Worksheet D Part II Date/Time Prepared: 1/30/2019 9:26 am
--	--	-----------------------	---	--

Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,475,714	62,176,809	0.023734	9,297,221	220,660	50.00
50.01	05001	AMBULATORY SERVICES	326,626	4,206,121	0.077655	57,941	4,499	50.01
50.02	05002	ENDOSCOPY	77,062	10,778,204	0.007150	799,767	5,718	50.02
51.00	05100	RECOVERY ROOM	112,258	3,788,267	0.029633	507,510	15,039	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	354,590	7,869,761	0.045057	63,852	2,877	52.00
53.00	05300	ANESTHESIOLOGY	45,364	15,197,050	0.002985	2,217,101	6,618	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,661,542	127,084,392	0.020943	16,088,016	336,931	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	749,403	56,205,246	0.013333	220,916	2,945	55.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	1,205,578	75,431,233	0.015982	14,575,547	232,946	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	223,604	15,839,075	0.014117	8,467,573	119,537	65.00
66.00	06600	PHYSICAL THERAPY	767,175	6,956,420	0.110283	822,292	90,685	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,708	887,584	0.004178	208,019	869	67.00
68.00	06800	SPEECH PATHOLOGY	3,387	542,908	0.006239	149,770	934	68.00
69.00	06900	ELECTROCARDIOLOGY	196,275	18,446,587	0.010640	3,488,593	37,119	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	254,741	37,588,626	0.006777	9,856,137	66,795	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	165,847	27,452,915	0.006041	6,024,028	36,391	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	606,836	108,656,420	0.005585	34,112,191	190,517	73.00
76.00	03950	SLEEP LAB	66,993	3,081,852	0.021738	0	0	76.00
76.01	03951	CLINICAL NUTRITION	105,151	280,303	0.375133	7,800	2,926	76.01
76.97	07697	CARDIAC REHABILITATION	312,503	1,005,304	0.310854	1,680	522	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	90,424	2,435,568	0.037126	35,720	1,326	90.00
91.00	09100	EMERGENCY	1,061,386	48,974,823	0.021672	4,743,689	102,805	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	455,860	8,730,868	0.052212	1,404,207	73,316	92.00
93.00	04950	OUTPATIENT COUNSELING	63,032	342,583	0.183990	0	0	93.00
93.01	04951	OUTSIDE SERVICES	3,743	307,518	0.012172	200,428	2,440	93.01
200.00		Total (lines 50 through 199)	11,388,802	644,266,437		113,349,998	1,554,415	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0286	Period: From 09/01/2017 To 08/31/2018	Worksheet D Part III Date/Time Prepared: 1/30/2019 9:26 am
---	-----------------------	---	---

Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	PPS	
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 + col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	21,959	0.00	9,067	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	2,663	0.00	1,450	31.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00	
43.00	04300	NURSERY	0	0	1,414	0.00	0	43.00	
200.00		Total (lines 30 through 199)	0	0	26,036	0.00	10,517	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
40.00	04000	SUBPROVIDER - IPF	0						40.00
41.00	04100	SUBPROVIDER - IRF	0						41.00
42.00	04200	SUBPROVIDER	0						42.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0286	Period: From 09/01/2017 To 08/31/2018	Worksheet D Part IV Date/Time Prepared: 1/30/2019 9:26 am
--	-----------------------	---	--

Cost Center Description	Title XVIII				Hospital		PPS	
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health			
	1.00	2A	2.00	3A	3.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	AMBULATORY SERVICES	0	0	0	0	0	50.01
50.02	05002	ENDOSCOPY	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
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 PATIENTS	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
76.00	03950	SLEEP LAB	0	0	0	0	0	76.00
76.01	03951	CLINICAL NUTRITION	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04950	OUTPATIENT COUNSELING	0	0	0	0	0	93.00
93.01	04951	OUTSIDE SERVICES	0	0	0	0	0	93.01
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0286	Period: From 09/01/2017 To 08/31/2018	Worksheet D Part IV Date/Time Prepared: 1/30/2019 9:26 am
--	-----------------------	---------------------------------------	---

Cost Center Description		Title XVIII				Hospital	PPS	
		All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
		4.00	5.00	6.00	7.00	8.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	62,176,809	0.000000	50.00
50.01	05001	AMBULATORY SERVICES	0	0	0	4,206,121	0.000000	50.01
50.02	05002	ENDOSCOPY	0	0	0	10,778,204	0.000000	50.02
51.00	05100	RECOVERY ROOM	0	0	0	3,788,267	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	7,869,761	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	15,197,050	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	127,084,392	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	56,205,246	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	0	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	75,431,233	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	15,839,075	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	6,956,420	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	887,584	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	542,908	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	18,446,587	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	37,588,626	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	27,452,915	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	108,656,420	0.000000	73.00
76.00	03950	SLEEP LAB	0	0	0	3,081,852	0.000000	76.00
76.01	03951	CLINICAL NUTRITION	0	0	0	280,303	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,005,304	0.000000	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	2,435,568	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	48,974,823	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	8,730,868	0.000000	92.00
93.00	04950	OUTPATIENT COUNSELING	0	0	0	342,583	0.000000	93.00
93.01	04951	OUTSIDE SERVICES	0	0	0	307,518	0.000000	93.01
200.00		Total (lines 50 through 199)	0	0	0	644,266,437		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0286	Period: From 09/01/2017 To 08/31/2018	Worksheet D Part IV Date/Time Prepared: 1/30/2019 9:26 am
--	-----------------------	---	--

Cost Center Description		Title XVIII				Hospital		PPS	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)			
		9.00	10.00	11.00	12.00	13.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000	9,297,221	0	9,136,465	0	50.00	
50.01	05001	AMBULATORY SERVICES	0.000000	57,941	0	1,365,821	0	50.01	
50.02	05002	ENDOSCOPY	0.000000	799,767	0	2,583,018	0	50.02	
51.00	05100	RECOVERY ROOM	0.000000	507,510	0	512,141	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	63,852	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.000000	2,217,101	0	2,441,410	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	16,088,016	0	27,875,522	0	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	220,916	0	21,512,283	0	55.00	
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00	
60.00	06000	LABORATORY	0.000000	14,575,547	0	8,231,542	0	60.00	
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01	
65.00	06500	RESPIRATORY THERAPY	0.000000	8,467,573	0	735,914	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.000000	822,292	0	92,174	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.000000	208,019	0	33,870	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.000000	149,770	0	11,631	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.000000	3,488,593	0	3,962,373	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	9,856,137	0	5,679,002	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	6,024,028	0	3,191,933	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	34,112,191	0	12,175,880	0	73.00	
76.00	03950	SLEEP LAB	0.000000	0	0	925,810	0	76.00	
76.01	03951	CLINICAL NUTRITION	0.000000	7,800	0	4,178	0	76.01	
76.97	07697	CARDIAC REHABILITATION	0.000000	1,680	0	457,114	0	76.97	
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00	
90.00	09000	CLINIC	0.000000	35,720	0	1,051,743	0	90.00	
91.00	09100	EMERGENCY	0.000000	4,743,689	0	6,394,648	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	1,404,207	0	2,111,130	0	92.00	
93.00	04950	OUTPATIENT COUNSELING	0.000000	0	0	4,314	0	93.00	
93.01	04951	OUTSIDE SERVICES	0.000000	200,428	0	25,657	0	93.01	
200.00		Total (lines 50 through 199)		113,349,998	0	110,515,573	0	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0286	Period: From 09/01/2017 To 08/31/2018	Worksheet D Part V Date/Time Prepared: 1/30/2019 9:26 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.149874	9,136,465	0	0	1,369,319	50.00
50.01	05001	AMBULATORY SERVICES	0.667795	1,365,821	0	0	912,088	50.01
50.02	05002	ENDOSCOPY	0.139457	2,583,018	0	0	360,220	50.02
51.00	05100	RECOVERY ROOM	0.323415	512,141	0	0	165,634	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.471540	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.011784	2,441,410	0	0	28,770	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.139020	27,875,522	0	0	3,875,255	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.281076	21,512,283	0	0	6,046,586	55.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.176840	8,231,542	1,142	0	1,455,666	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.204708	735,914	0	0	150,647	65.00
66.00	06600	PHYSICAL THERAPY	0.764455	92,174	0	0	70,463	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.431390	33,870	0	0	14,611	67.00
68.00	06800	SPEECH PATHOLOGY	0.658423	11,631	0	0	7,658	68.00
69.00	06900	ELECTROCARDIOLOGY	0.087650	3,962,373	0	0	347,302	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.215739	5,679,002	0	0	1,225,182	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.267483	3,191,933	0	0	853,788	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.105288	12,175,880	0	118,984	1,281,974	73.00
76.00	03950	SLEEP LAB	0.225357	925,810	0	0	208,638	76.00
76.01	03951	CLINICAL NUTRITION	1.682297	4,178	0	0	7,029	76.01
76.97	07697	CARDIAC REHABILITATION	1.334712	457,114	0	0	610,116	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	0.342634	1,051,743	0	0	360,363	90.00
91.00	09100	EMERGENCY	0.245798	6,394,648	0	0	1,571,792	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.643780	2,111,130	0	0	1,359,103	92.00
93.00	04950	OUTPATIENT COUNSELING	5.540275	4,314	0	0	23,901	93.00
93.01	04951	OUTSIDE SERVICES	1.705900	25,657	0	0	43,768	93.01
200.00		Subtotal (see instructions)		110,515,573	1,142	118,984	22,349,873	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		110,515,573	1,142	118,984	22,349,873	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0286	Period: From 09/01/2017 To 08/31/2018	Worksheet D Part V Date/Time Prepared: 1/30/2019 9:26 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 05001 AMBULATORY SERVICES	0	0		50.01
50.02 05002 ENDOSCOPY	0	0		50.02
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	202	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	12,528		73.00
76.00 03950 SLEEP LAB	0	0		76.00
76.01 03951 CLINICAL NUTRITION	0	0		76.01
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
93.00 04950 OUTPATIENT COUNSELING	0	0		93.00
93.01 04951 OUTSIDE SERVICES	0	0		93.01
200.00	Subtotal (see instructions)	202	12,528	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	202	12,528	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0286	Period: From 09/01/2017 To 08/31/2018	Worksheet D Part III Date/Time Prepared: 1/30/2019 9:26 am
---	-----------------------	---	---

Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 + col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	21,959	0.00	1,856	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	2,663	0.00	12	31.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00	
43.00	04300	NURSERY	0	0	1,414	0.00	635	43.00	
200.00		Total (lines 30 through 199)	0	0	26,036	0.00	2,503	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
40.00	04000	SUBPROVIDER - IPF	0						40.00
41.00	04100	SUBPROVIDER - IRF	0						41.00
42.00	04200	SUBPROVIDER	0						42.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0286	Period: From 09/01/2017 To 08/31/2018	Worksheet D Part IV Date/Time Prepared: 1/30/2019 9:26 am
--	-----------------------	---	--

Cost Center Description	Title XIX					Hospital		Cost
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health			
	1.00	2A	2.00	3A	3.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	AMBULATORY SERVICES	0	0	0	0	0	50.01
50.02	05002	ENDOSCOPY	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
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 PATIENTS	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
76.00	03950	SLEEP LAB	0	0	0	0	0	76.00
76.01	03951	CLINICAL NUTRITION	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04950	OUTPATIENT COUNSELING	0	0	0	0	0	93.00
93.01	04951	OUTSIDE SERVICES	0	0	0	0	0	93.01
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0286	Period: From 09/01/2017 To 08/31/2018	Worksheet D Part IV Date/Time Prepared: 1/30/2019 9:26 am
--	-----------------------	---------------------------------------	---

Cost Center Description	Title XIX			Hospital	Cost	
	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	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	62,176,809	0.000000	50.00
50.01 05001 AMBULATORY SERVICES	0	0	0	4,206,121	0.000000	50.01
50.02 05002 ENDOSCOPY	0	0	0	10,778,204	0.000000	50.02
51.00 05100 RECOVERY ROOM	0	0	0	3,788,267	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	7,869,761	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	15,197,050	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	127,084,392	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	56,205,246	0.000000	55.00
57.00 05700 CT SCAN	0	0	0	0	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	75,431,233	0.000000	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0.000000	60.01
65.00 06500 RESPIRATORY THERAPY	0	0	0	15,839,075	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	6,956,420	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	887,584	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	542,908	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	18,446,587	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	37,588,626	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	27,452,915	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	108,656,420	0.000000	73.00
76.00 03950 SLEEP LAB	0	0	0	3,081,852	0.000000	76.00
76.01 03951 CLINICAL NUTRITION	0	0	0	280,303	0.000000	76.01
76.97 07697 CARDIAC REHABILITATION	0	0	0	1,005,304	0.000000	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00 09000 CLINIC	0	0	0	2,435,568	0.000000	90.00
91.00 09100 EMERGENCY	0	0	0	48,974,823	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	8,730,868	0.000000	92.00
93.00 04950 OUTPATIENT COUNSELING	0	0	0	342,583	0.000000	93.00
93.01 04951 OUTSIDE SERVICES	0	0	0	307,518	0.000000	93.01
200.00 Total (lines 50 through 199)	0	0	0	644,266,437		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0286	Period: From 09/01/2017 To 08/31/2018	Worksheet D Part IV Date/Time Prepared: 1/30/2019 9:26 am
--	-----------------------	---	--

Cost Center Description	Title XIX			Hospital		Cost
	Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	9.00	10.00	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0.000000	0	0	0	0	50.00
50.01 05001 AMBULATORY SERVICES	0.000000	0	0	0	0	50.01
50.02 05002 ENDOSCOPY	0.000000	0	0	0	0	50.02
51.00 05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
57.00 05700 CT SCAN	0.000000	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00 06000 LABORATORY	0.000000	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	73.00
76.00 03950 SLEEP LAB	0.000000	0	0	0	0	76.00
76.01 03951 CLINICAL NUTRITION	0.000000	0	0	0	0	76.01
76.97 07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00 09000 CLINIC	0.000000	0	0	0	0	90.00
91.00 09100 EMERGENCY	0.000000	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
93.00 04950 OUTPATIENT COUNSELING	0.000000	0	0	0	0	93.00
93.01 04951 OUTSIDE SERVICES	0.000000	0	0	0	0	93.01
200.00	Total (lines 50 through 199)		0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0286	Period: From 09/01/2017 To 08/31/2018	Worksheet D-1 Date/Time Prepared: 1/30/2019 9:26 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		21,959	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		21,959	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)		17,371	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		9,067	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		26,902,038	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)		26,902,038	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		26,902,038	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,225.10	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		11,107,982	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)		11,107,982	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0286		Period: From 09/01/2017 To 08/31/2018		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 1/30/2019 9:26 am	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	6,512,290	2,663	2,445.47	1,450	3,545,932		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					19,265,092		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					33,919,006		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,135,029		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,554,415		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					2,689,444		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					31,229,562		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					4,588		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,225.10		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					5,620,759		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0286		Period: From 09/01/2017 To 08/31/2018		Worksheet D-1 Date/Time Prepared: 1/30/2019 9:26 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,181,831	26,902,038	0.081103	5,620,759	455,860	90.00
91.00	Nursing School cost	0	26,902,038	0.000000	5,620,759	0	91.00
92.00	Allied health cost	0	26,902,038	0.000000	5,620,759	0	92.00
93.00	All other Medical Education	0	26,902,038	0.000000	5,620,759	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0286	Period: From 09/01/2017 To 08/31/2018	Worksheet D-3 Date/Time Prepared: 1/30/2019 9:26 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		19,096,878	30.00
31.00	03100	INTENSIVE CARE UNIT		4,948,360	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.149874	9,297,221	50.00
50.01	05001	AMBULATORY SERVICES	0.667795	57,941	50.01
50.02	05002	ENDOSCOPY	0.139457	799,767	50.02
51.00	05100	RECOVERY ROOM	0.323415	507,510	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.471540	63,852	52.00
53.00	05300	ANESTHESIOLOGY	0.011784	2,217,101	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.139020	16,088,016	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.281076	220,916	55.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.176840	14,575,547	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.204708	8,467,573	65.00
66.00	06600	PHYSICAL THERAPY	0.764455	822,292	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.431390	208,019	67.00
68.00	06800	SPEECH PATHOLOGY	0.658423	149,770	68.00
69.00	06900	ELECTROCARDIOLOGY	0.087650	3,488,593	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.215739	9,856,137	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.267483	6,024,028	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.105288	34,112,191	73.00
76.00	03950	SLEEP LAB	0.225357	0	76.00
76.01	03951	CLINICAL NUTRITION	1.682297	7,800	76.01
76.97	07697	CARDIAC REHABILITATION	1.334712	1,680	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.342634	35,720	90.00
91.00	09100	EMERGENCY	0.245798	4,743,689	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.643780	1,404,207	92.00
93.00	04950	OUTPATIENT COUNSELING	5.540275	0	93.00
93.01	04951	OUTSIDE SERVICES	1.705900	200,428	93.01
200.00		Total (sum of lines 50 through 94 and 96 through 98)		113,349,998	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)		113,349,998	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0286	Period: From 09/01/2017 To 08/31/2018	Worksheet E Part A Date/Time Prepared: 1/30/2019 9:26 am
		Title XVIII	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		1,272,189	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		18,854,102	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)		1,700,759	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		85.43	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
<b>Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment ( sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		1.78	30.00
31.00	Percentage of Medicaid patient days (see instructions)		18.74	31.00
32.00	Sum of lines 30 and 31		20.52	32.00
33.00	Allowable disproportionate share percentage (see instructions)		6.14	33.00
34.00	Disproportionate share adjustment (see instructions)		308,939	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0286	Period: From 09/01/2017 To 08/31/2018	Worksheet E Part A Date/Time Prepared: 1/30/2019 9:26 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
<b>Uncompensated Care Adjustment</b>				
35.00	Total uncompensated care amount (see instructions)	0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	498,436	720,488	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	40,967	661,270	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	702,237		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00
		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)	22,838,226		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)		22,838,226	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,894,093	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		1,036	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		24,733,355	59.00
60.00	Primary payer payments		0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		24,733,355	61.00
62.00	Deductibles billed to program beneficiaries		2,082,156	62.00
63.00	Coinurance billed to program beneficiaries		69,733	63.00
64.00	Allowable bad debts (see instructions)		379,547	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		246,706	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		289,484	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		22,828,172	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)		-100,804	70.93
70.94	HRR adjustment amount (see instructions)		-183,291	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0286	Period: From 09/01/2017 To 08/31/2018	Worksheet E Part A Date/Time Prepared: 1/30/2019 9:26 am	
		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	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			22,544,077	71.00
71.01	Sequestration adjustment (see instructions)			450,882	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
72.00	Interim payments			22,005,419	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)			87,776	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			1,698,352	75.00
<b>TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)</b>					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
<b>HSP Bonus Payment Amount</b>					
100.00	HSP bonus amount (see instructions)			0	100.00
<b>HVBP Adjustment for HSP Bonus Payment</b>					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
<b>HRR Adjustment for HSP Bonus Payment</b>					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00
<b>Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment</b>					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
<b>Cost Reimbursement</b>					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
<b>Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)</b>					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
<b>Adjustment to Medicare Part A Inpatient Reimbursement</b>					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
<b>Comparison of PPS versus Cost Reimbursement</b>					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0286

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
1/30/2019 9:26 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	1,272,189	0	1,272,189		1,272,189	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	18,854,102	0		18,854,102	18,854,102	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	1,700,759	0	84,953	1,615,806	1,700,759	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
<b>Indirect Medical Education Adjustment</b>								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
<b>Disproportionate Share Adjustment</b>								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0614	0.0614	0.0614	0.0614		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	308,939	0	19,528	289,411	308,939	11.00
11.01	Uncompensated care payments	36.00	702,237	0	377,645	354,007	731,652	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	22,838,226	0	1,754,315	21,083,911	22,838,226	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	22,838,226	0	1,754,315	21,083,911	22,838,226	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,894,093	0	116,932	1,777,161	1,894,093	16.00
17.00	Special add-on payments for new technologies	54.00	1,036	0	1,036	0	1,036	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0286

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
1/30/2019 9:26 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	1,872,283	22,861,072	24,733,355	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	1,672,239	0	105,082	1,567,157	1,672,239	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	221,854	0	11,850	210,004	221,854	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,894,093	0	116,932	1,777,161	1,894,093	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 14-0286		Period: From 09/01/2017 To 08/31/2018		Worksheet E Part A Exhibit 5 Date/Time Prepared: 1/30/2019 9:26 am	
		Title XVIII		Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	1,272,189	1,272,189		1,272,189	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	18,854,102		18,854,102	18,854,102	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	1,700,759	84,953	1,615,806	1,700,759	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
<b>Indirect Medical Education Adjustment</b>							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
<b>Disproportionate Share Adjustment</b>							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0614	0.0614	0.0614		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	308,939	19,528	289,411	308,939	11.00
11.01	Uncompensated care payments	36.00	702,237	40,967	661,270	702,237	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	22,838,226	1,417,637	21,420,589	22,838,226	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	22,838,226	1,417,637	21,420,589	22,838,226	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,894,093	116,932	1,777,161	1,894,093	16.00
17.00	Special add-on payments for new technologies	54.00	1,036	1,036	0	1,036	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	<b>SUBTOTAL</b>			1,535,605	23,197,750	24,733,355	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 14-0286	Period: From 09/01/2017 To 08/31/2018	Worksheet E Part A Exhibit 5 Date/Time Prepared: 1/30/2019 9:26 am
		Title XVIII		Hospital
				PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	1,672,239	105,082	1,567,157	1,672,239	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	221,854	11,850	210,004	221,854	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,894,093	116,932	1,777,161	1,894,093	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-100,804	-7,019	-93,785	-100,804	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-183,291	-2,292	-180,999	-183,291	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0286	Period: From 09/01/2017 To 08/31/2018	Worksheet E Part B Date/Time Prepared: 1/30/2019 9:26 am
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		12,730	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		22,349,873	2.00
3.00	OPPS payments		15,376,226	3.00
4.00	Outlier payment (see instructions)		487,240	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		12,730	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		120,126	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)		120,126	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		120,126	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		107,396	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)		12,730	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		15,863,466	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		2,913,679	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		12,962,517	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		12,962,517	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		12,962,517	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		537,453	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		349,344	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		380,581	36.00
37.00	Subtotal (see instructions)		13,311,861	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		13,311,861	40.00
40.01	Sequestration adjustment (see instructions)		266,237	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		12,880,349	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		165,275	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		259,250	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0286

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet E-1  
Part I  
Date/Time Prepared:  
1/30/2019 9:26 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		21,841,597		12,692,422		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		163,822		187,927		2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0		3.01
3.02			0		0		3.02
3.03			0		0		3.03
3.04			0		0		3.04
3.05			0		0		3.05
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0		3.50
3.51			0		0		3.51
3.52			0		0		3.52
3.53			0		0		3.53
3.54			0		0		3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0		3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		22,005,419		12,880,349		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		87,776		165,275		6.01
6.02	SETTLEMENT TO PROGRAM		0		0		6.02
7.00	Total Medicare program liability (see instructions)		22,093,195		13,045,624		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: 14-0286	Period: From 09/01/2017 To 08/31/2018	Worksheet E-1 Part II Date/Time Prepared: 1/30/2019 9:26 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE 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

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

Provider CCN: 14-0286

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet G

Date/Time Prepared:  
1/30/2019 9:26 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	11,211,173	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	46,034,999	0	0	0	4.00
5.00	Other receivable	229,124	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	3,581,055	0	0	0	7.00
8.00	Prepaid expenses	153,255	0	0	0	8.00
9.00	Other current assets	3,448,403	0	0	0	9.00
10.00	Due from other funds	682,504	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	65,340,513	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	14,163,000	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	91,523,598	0	0	0	15.00
16.00	Accumulated depreciation	-15,743,217	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	18,020,065	0	0	0	23.00
24.00	Accumulated depreciation	-9,249,370	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	98,714,076	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	176,810,134	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	47,227,599	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	224,037,733	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	388,092,322	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	12,968,303	0	0	0	37.00
38.00	Salaries, wages, and fees payable	5,895,114	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	47,011,471	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	65,874,888	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
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	9,466,595	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	9,466,595	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	75,341,483	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	312,750,839	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	312,750,839	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	388,092,322	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0286

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet G-1

Date/Time Prepared:  
1/30/2019 9:26 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		303,320,291		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		29,898,849			2.00
3.00	Total (sum of line 1 and line 2)		333,219,140		0	3.00
4.00	OTHER	563,665		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)		563,665		0	10.00
11.00	Subtotal (line 3 plus line 10)		333,782,805		0	11.00
12.00	IC SETTLEMENT	21,031,966		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		21,031,966		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		312,750,839		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	OTHER		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	IC SETTLEMENT		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0286

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
1/30/2019 9:26 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	47,071,436		47,071,436	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	47,071,436		47,071,436	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	10,175,614		10,175,614	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)	10,175,614		10,175,614	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	57,247,050		57,247,050	17.00
18.00	Ancillary services	219,302,059	364,173,016	583,475,075	18.00
19.00	Outpatient services	11,959,374	48,831,986	60,791,360	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		0	0	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PROF COMP / EXCLUDED HOSPICE	5,255,660	15,519,997	20,775,657	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	293,764,143	428,524,999	722,289,142	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		188,723,885		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	ROUNDING	2			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)		2		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		188,723,883		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0286

Period:  
From 09/01/2017  
To 08/31/2018

Worksheet G-3

Date/Time Prepared:  
1/30/2019 9:26 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	722,289,142	1.00
2.00	Less contractual allowances and discounts on patients' accounts	507,222,152	2.00
3.00	Net patient revenues (line 1 minus line 2)	215,066,990	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	188,723,883	4.00
5.00	Net income from service to patients (line 3 minus line 4)	26,343,107	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	1,789,042	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	693,316	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	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	1,475,584	24.00
24.01	UNRESTRICTED CONTRIBUTIONS	0	24.01
24.02	ROUNDING	0	24.02
25.00	Total other income (sum of lines 6-24)	3,957,942	25.00
26.00	Total (line 5 plus line 25)	30,301,049	26.00
27.00	EXTERNAL GRANTS AND ACADEMIC SUPPORT	402,200	27.00
27.01	ROUNDING	0	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	402,200	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	29,898,849	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0286	Period: From 09/01/2017 To 08/31/2018	Worksheet L Parts I-III Date/Time Prepared: 1/30/2019 9:26 am
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		1,672,239	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		221,854	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		55.56	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		1,894,093	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00