

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: 14-0288	Period: From 01/01/2018 To 12/31/2018	Worksheet S Parts I-III Date/Time Prepared: 5/31/2019 2:57 pm
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**PART I - COST REPORT STATUS**

Provider use only 1.  Electronically filed cost report Date: 5/31/2019 Time: 2:57 pm  
 2.  Manually submitted cost report  
 3.  If this is an amended report enter the number of times the provider resubmitted this cost report  
 4.  Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only 5.  Cost Report Status 6. Date Received:  
 (1) As Submitted 7. Contractor No. 00130 10. NPR Date:  
 (2) Settled without Audit 8.  Initial Report for this Provider CCN 11. Contractor's Vendor Code: 4  
 (3) Settled with Audit 9.  Final Report for this Provider CCN 12.  If line 5, column 1 is 4: Enter number of times reopened = 0-9.  
 (4) Reopened  
 (5) Amended

**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 ADVOCATE GOOD SAMARITAN HOSPITAL ( 14-0288 ) for the cost reporting period beginning 01/01/2018 and ending 12/31/2018 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) \_\_\_\_\_  
 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	162,421	19,770	0	0	1.00
2.00 Subprovider - IPF	0	-1	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
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00 NURSING FACILITY	0				0	8.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00 Total	0	162,420	19,770	0	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0288	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part I Date/Time Prepared: 5/31/2019 2:57 pm
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1.00	2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 3815 HIGHLAND AVENUE		PO Box:							1.00	
2.00	City: DOWNERS GROVE		State: IL		Zip Code: 60515-		County: DUPAGE			2.00	
	Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
	1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00		
							V	XVIII	XIX		
Hospital and Hospital -Based Component Identification:											
3.00	Hospital		ADVOCATE GOOD SAMARI TAN HOSPITAL	140288	29404	1	10/11/1976	N	P	O	3.00
4.00	Subprovider - IPF		ADVOCATE GOOD SAMARI TAN HOSPITAL	14S288	29404	4	01/01/1984	N	P	N	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)						01/01/2018	12/31/2018		20.00	
21.00	Type of Control (see instructions)						1			21.00	
							1.00	2.00	3.00		

Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					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.					3	N			23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0288		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/31/2019 2:57 pm			
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	1,664	5,769	0	7	3,832	138	24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00	
						Urban/Rural	S	Date of Geogr	
						1.00		2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginning:		Ending:	
						1.00		2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
						Y/N		Y/N	
						1.00		2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00	
						V	XVIII	XIX	
						1.00	2.00	3.00	
<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)					Y	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
<b>Teaching Hospitals</b>									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Wkst. 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

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		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)	Y					60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1			60.01
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)				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	
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					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
63.00	Teaching Hospitals that Claim Residents in Nonprovider Settings 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 Nonprovi- der Site	Unweighted FTEs in Hospi- tal	Ratio (col. 1/ (col. 1 + col. 2))			
		1.00	2.00	3.00			
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. 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)					0.000000	64.00

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
			1.00	2.00	3.00		
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010		0.00	0.00	0.000000		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)					
	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)			N		0	71.00
75.00	Inpatient Rehabilitation Facility PPS Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	76.00

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				1.00			
<b>Long Term Care Hospital PPS</b>							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N		81.00	
<b>TEFRA Providers</b>							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.			N		87.00	
				V		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.			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		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		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		94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.			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		96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.			0.00		97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			Y		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.			Y		98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			Y		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		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		98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			Y		98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			Y		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	
				1.00		2.00	
				Speech		Respiratory	
				3.00		4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					109.00	
				1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.			N		110.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0288	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part I Date/Time Prepared: 5/31/2019 2:57 pm		
		1.00	2.00			
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00
		1.00	2.00	3.00		
<b>Miscellaneous Cost Reporting Information</b>						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	1,780,974	2,358,000	1,360,902		
		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		14H036		140.00



HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0288		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part II Date/Time Prepared: 5/31/2019 2:57 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		03/04/2016		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	Y	Y				6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	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	03/31/2016		Y	03/31/2016	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: 14-0288	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part II Date/Time Prepared: 5/31/2019 2:57 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	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.	ROBERT		SMALL	41.00
42.00	Enter the employer/company name of the cost report preparer.	ADVOCATE HEALTH CARE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	630-929-5764		ROBERT.SMALL@ADVOCATEHEALTH.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0288	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part II Date/Time Prepared: 5/31/2019 2:57 pm
		3.00		
<b>Cost Report Preparer Contact Information</b>				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SENIOR REIMBURSEMENT SPECIALIST		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0288

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/31/2019 2:57 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	188	68,620	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)		188	68,620	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	55	20,075	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		243	88,695	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	41	14,965		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	44.00	0	0		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
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)		284				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: 14-0288

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/31/2019 2:57 pm

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)	21,952	6,666	60,198			1.00
2.00 HMO and other (see instructions)	7,567	3,832				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	21,952	6,666	60,198			7.00
8.00 INTENSIVE CARE UNIT	2,872	521	7,728			8.00
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		251	2,327			13.00
14.00 Total (see instructions)	24,824	7,438	70,253	0.00	1,570.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	831	995	8,622	0.00	68.00	16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY		0	0	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)			0			24.10
25.00 CMHC - CMHC						25.00
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	1,638.00	27.00
28.00 Observation Bed Days		121	2,781			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	140	644			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: 14-0288

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/31/2019 2:57 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	5,133	436	16,279	1.00
2.00 HMO and other (see instructions)				1,627	0		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0	5,133		436	16,279	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0	142		116	1,111	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	0.00						19.00
20.00 NURSING FACILITY	0.00						20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
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: 14-0288

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/31/2019 2:57 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	120,720,934	0	120,720,934	3,289,931.00	36.69
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		706,576	0	706,576	5,860.00	120.58
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)		5,958,953	48,261	6,007,214	40,393.60	148.72
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract Labor: Direct Patient Care		433,065	0	433,065	6,669.00	64.94
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		4,573,666	0	4,573,666	27,092.00	168.82
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		12,117,887	0	12,117,887	194,381.00	62.34
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)		31,882,731	0	31,882,731		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		395,021	0	395,021		
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		184,466	0	184,466		
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)		2,276,721	0	2,276,721		
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	1,594,946	-1,180,518	414,428	11,898.00	34.83
27.00	Administrative & General	5.00	10,696,497	601,157	11,297,654	256,298.00	44.08

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0288

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/31/2019 2:57 pm

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	1,773,073	15,460	1,788,533	53,664.00	33.33	29.00
30.00	Operation of Plant	7.00	5,429	0	5,429	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	2,724,202	14,426	2,738,628	160,285.00	17.09	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	2,529,898	15,745	2,545,643	127,421.00	19.98	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	3,741,887	77,853	3,819,740	77,896.00	49.04	38.00
39.00	Central Services and Supply	14.00	1,468,714	9,253	1,477,967	84,011.00	17.59	39.00
40.00	Pharmacy	15.00	5,360,851	46,536	5,407,387	108,264.00	49.95	40.00
41.00	Medical Records & Medical Records Library	16.00	666,086	0	666,086	0.00	0.00	41.00
42.00	Social Service	17.00	860,222	4,856	865,078	21,445.00	40.34	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0288

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/31/2019 2:57 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	120,014,358	0	120,014,358	3,284,071.00	36.54	1.00
2.00	Excluded area salaries (see instructions)	5,958,953	48,261	6,007,214	40,393.60	148.72	2.00
3.00	Subtotal salaries (line 1 minus line 2)	114,055,405	-48,261	114,007,144	3,243,677.40	35.15	3.00
4.00	Subtotal other wages & related costs (see inst.)	17,124,618	0	17,124,618	228,142.00	75.06	4.00
5.00	Subtotal wage-related costs (see inst.)	34,159,452	0	34,159,452	0.00	29.96	5.00
6.00	Total (sum of lines 3 thru 5)	165,339,475	-48,261	165,291,214	3,471,819.40	47.61	6.00
7.00	Total overhead cost (see instructions)	31,421,805	-395,232	31,026,573	901,182.00	34.43	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0288	Period: From 01/01/2018 To 12/31/2018	Worksheet S-3 Part IV Date/Time Prepared: 5/31/2019 2:57 pm
				Amount Reported
				1.00
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions		2,688,966	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		2,761,200	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		155,164	6.00
7.00	Employee Managed Care Program Administration Fees		1,283,147	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)		9,000,351	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		2,792,559	9.00
10.00	Dental, Hearing and Vision Plan		387,836	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		142,288	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)		794,495	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		1,977,600	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		8,654,764	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		-184,171	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))		277,593	21.00
22.00	Day Care Cost and Allowances		232,300	22.00
23.00	Tuition Reimbursement		552,560	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		31,516,652	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: 14-0288	Period: From 01/01/2018 To 12/31/2018	Worksheet S-3 Part V Date/Time Prepared: 5/31/2019 2:57 pm
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost		433,065	31,516,652 1.00
2.00	Hospital		433,065	31,516,652 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		0	0 8.00
9.00	Hospital-Based NF		0	0 9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC		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		0	0 17.00
18.00	Other		0	0 18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-0288	Period: From 01/01/2018 To 12/31/2018	Worksheet S-10 Date/Time Prepared: 5/31/2019 2:57 pm
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			1.00		
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.234363	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		20,411,325	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		Y	4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		157,598,750	6.00	
7.00	Medicaid cost (line 1 times line 6)		36,935,316	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)		16,523,991	8.00	
<b>Children's Health Insurance Program (CHIP) (see instructions for each line)</b>					
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	
<b>Other state or local government indigent care program (see instructions for each line)</b>					
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	
<b>Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)</b>					
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)		16,523,991	19.00	
			Uninsured patients	Insured patients	Total (col. 1 + col. 2)
			1.00	2.00	3.00
<b>Uncompensated Care (see instructions for each line)</b>					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	19,755,333	2,396,791	22,152,124	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	4,629,919	2,396,791	7,026,710	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)	4,629,919	2,396,791	7,026,710	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)			15,489,677	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			627,197	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			964,918	27.01
28.00	Non-Medicare bad debt expense (see instructions)			14,524,759	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			3,741,787	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			10,768,497	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			27,292,488	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0288

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

Worksheet A  
Date/Time Prepared:  
5/31/2019 2:57 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	0	0	13,196,292	13,196,292	1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	0	0	9,166,022	9,166,022	2.00	
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	0	0	3.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,594,946	23,437,502	25,032,448	-1,394,740	23,637,708	4.00
5.01	00540	NONPATIENT TELEPHONES	367,407	614,066	981,473	1,976	983,449	5.01
5.02	00550	DATA PROCESSING	0	2,302,716	2,302,716	-362,929	1,939,787	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	0	5.03
5.04	00570	ADMINITTING	48	53,268	53,316	-962	52,354	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	451,699	27,756,154	28,207,853	18,474	28,226,327	5.05
5.06	00590	OTHER ADMIN AND GENERAL	9,877,343	58,554,291	68,431,634	-12,748,829	55,682,805	5.06
6.00	00600	MAINTENANCE & REPAIRS	1,773,073	11,749,250	13,522,323	-128,503	13,393,820	6.00
7.00	00700	OPERATION OF PLANT	5,429	442	5,871	0	5,871	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	966,574	966,574	98,181	1,064,755	8.00
9.00	00900	HOUSEKEEPING	2,724,202	771,893	3,496,095	-18,286	3,477,809	9.00
10.00	01000	DIETARY	2,529,898	1,681,691	4,211,589	-15,491	4,196,098	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,741,887	1,463,306	5,205,193	51,281	5,256,474	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,468,714	953,849	2,422,563	-384,696	2,037,867	14.00
15.00	01500	PHARMACY	5,360,851	15,797,934	21,158,785	-384,070	20,774,715	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	666,086	59,247	725,333	-927	724,406	16.00
17.00	01700	SOCIAL SERVICE	860,222	204,104	1,064,326	3,644	1,067,970	17.00
23.00	02300	PARAMED PRGM- EMS	466,807	231,224	698,031	767	698,798	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	24,315,379	6,271,169	30,586,548	-2,640,973	27,945,575	30.00
31.00	03100	INTENSIVE CARE UNIT	11,046,001	4,847,266	15,893,267	-2,100,861	13,792,406	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	4,445,872	424,514	4,870,386	27,364	4,897,750	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	2,766,089	1,766,320	4,532,409	-286,728	4,245,681	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	10,029,828	30,642,558	40,672,386	-27,384,230	13,288,156	50.00
50.01	05001	OPERATING ROOM	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	1,256,501	158,215	1,414,716	-44,420	1,370,296	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,416,111	2,354,904	5,771,015	-442,173	5,328,842	52.00
53.00	05300	ANESTHESIOLOGY	200,906	1,300,286	1,501,192	-1,215,931	285,261	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,330,564	18,274,364	28,604,928	-15,721,749	12,883,179	54.00
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	9,797,389	9,797,389	-1,113,535	8,683,854	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	726,978	726,978	-82,922	644,056	62.00
65.00	06500	RESPIRATORY THERAPY	2,468,110	1,012,452	3,480,562	-684,403	2,796,159	65.00
66.00	06600	PHYSICAL THERAPY	1,951,691	217,058	2,168,749	-16,510	2,152,239	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,917,080	252,829	2,169,909	-21,189	2,148,720	67.00
69.00	06900	ELECTROCARDIOLOGY	2,193,055	1,185,659	3,378,714	-460,764	2,917,950	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	161,279	125,505	286,784	-48,271	238,513	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	26,468,902	26,468,902	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	20,176,905	20,176,905	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	566,368	196,542	762,910	-128,408	634,502	74.00
76.00	03140	CARDIOLOGY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	455,904	48,754	504,658	-7,634	497,024	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	15,956	15,956	0	15,956	90.00
90.01	09001	SPORTS MEDICINE	1,098,095	438,535	1,536,630	-29,961	1,506,669	90.01
90.02	09002	WOUND CARE CLINIC	217,522	261,554	479,076	-238,468	240,608	90.02
91.00	09100	EMERGENCY	8,085,355	6,803,975	14,889,330	-1,066,717	13,822,613	91.00
91.01	09101	CHEMOTHERAPY	864,338	215,815	1,080,153	-37,891	1,042,262	91.01
91.02	09102	PAIN CLINIC	0	0	0	0	0	91.02
91.03	09103	INFUSION CLINIC	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 14-0288		Period: From 01/01/2018 To 12/31/2018		Worksheet A Date/Time Prepared: 5/31/2019 2:57 pm	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0	0	0	99.10
<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)	119,674,660	233,936,108	353,610,768	-3,363	353,607,405	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	1,046,274	905,759	1,952,033	3,363	1,955,396	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00		TOTAL (SUM OF LINES 118 through 199)	120,720,934	234,841,867	355,562,801	0	355,562,801	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0288

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

Worksheet A  
Date/Time Prepared:  
5/31/2019 2:57 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	1,831,715	15,028,007	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	1,956,673	11,122,695	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,486,057	28,123,765	4.00
5.01	00540	NONPATIENT TELEPHONES	-490,760	492,689	5.01
5.02	00550	DATA PROCESSING	7,944,118	9,883,905	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	5.03
5.04	00570	ADMINITTING	0	52,354	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	-34,616	28,191,711	5.05
5.06	00590	OTHER ADMIN AND GENERAL	-44,460,142	11,222,663	5.06
6.00	00600	MAINTENANCE & REPAIRS	-222,354	13,171,466	6.00
7.00	00700	OPERATION OF PLANT	0	5,871	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,064,755	8.00
9.00	00900	HOUSEKEEPING	-8,879	3,468,930	9.00
10.00	01000	DIETARY	-627,866	3,568,232	10.00
11.00	01100	CAFETERIA	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-26,111	5,230,363	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-2,281	2,035,586	14.00
15.00	01500	PHARMACY	-7,218	20,767,497	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	724,406	16.00
17.00	01700	SOCIAL SERVICE	-54,441	1,013,529	17.00
23.00	02300	PARAMED ED PRGM- EMS	-157,959	540,839	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-2,995,991	24,949,584	30.00
31.00	03100	INTENSIVE CARE UNIT	-405,687	13,386,719	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	-28,744	4,869,006	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	-1,246,508	2,999,173	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-27,927	13,260,229	50.00
50.01	05001	OPERATING ROOM	0	0	50.01
51.00	05100	RECOVERY ROOM	-59	1,370,237	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,444,278	3,884,564	52.00
53.00	05300	ANESTHESIOLOGY	0	285,261	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-141,943	12,741,236	54.00
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	-468,526	8,215,328	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	644,056	62.00
65.00	06500	RESPIRATORY THERAPY	-36,293	2,759,866	65.00
66.00	06600	PHYSICAL THERAPY	0	2,152,239	66.00
67.00	06700	OCCUPATIONAL THERAPY	-500	2,148,220	67.00
69.00	06900	ELECTROCARDIOLOGY	-929,988	1,987,962	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-663	237,850	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	26,468,902	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	20,176,905	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	-364	634,138	74.00
76.00	03140	CARDIOLOGY	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	-1,207	495,817	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	15,956	90.00
90.01	09001	SPORTS MEDICINE	-766	1,505,903	90.01
90.02	09002	WOUND CARE CLINIC	0	240,608	90.02
91.00	09100	EMERGENCY	-3,438,419	10,384,194	91.00
91.01	09101	CHEMOTHERAPY	0	1,042,262	91.01
91.02	09102	PAIN CLINIC	0	0	91.02
91.03	09103	INFUSION CLINIC	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10	09910	CORF	0	0	99.10

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0288

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

Worksheet A  
Date/Time Prepared:  
5/31/2019 2:57 pm

Cost Center Description		Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00		
<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)	-41,041,927	312,565,478	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	-2,197,376	-241,980	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-43,239,303	312,323,498	200.00

RECLASSIFICATIONS

Provider CCN: 14-0288

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

Worksheet A-6

Date/Time Prepared:  
5/31/2019 2:57 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
<b>A - VACATION ACCRUAL</b>						
1.00	OTHER ADMIN AND GENERAL	5.06	0	214,163		1.00
	TOTALS		0	214,163		
<b>B - LAUNDRY COSTS</b>						
1.00	LAUNDRY & LINEN SERVICE	8.00	0	110,319		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
	TOTALS		0	110,319		
<b>C - EQUIPMENT CAPITAL DEPRECIATION</b>						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	9,166,022		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
	TOTALS		0	9,166,022		
<b>D - INCENTIVE COMPENSATION</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	5,804	0		1.00
2.00	NONPATIENT TELEPHONES	5.01	2,241	0		2.00
3.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	18,634	0		3.00
4.00	OTHER ADMIN AND GENERAL	5.06	580,282	0		4.00
5.00	MAINTENANCE & REPAIRS	6.00	15,460	0		5.00
6.00	HOUSEKEEPING	9.00	14,426	0		6.00
7.00	DIETARY	10.00	15,745	0		7.00
8.00	NURSING ADMINISTRATION	13.00	77,853	0		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	9,253	0		9.00
10.00	PHARMACY	15.00	46,536	0		10.00
11.00	SOCIAL SERVICE	17.00	4,856	0		11.00
12.00	PARAMEDICAL PRGM- EMS	23.00	1,408	0		12.00
13.00	ADULTS & PEDIATRICS	30.00	85,907	0		13.00
14.00	INTENSIVE CARE UNIT	31.00	47,759	0		14.00
15.00	SUBPROVIDER - IPF	40.00	27,364	0		15.00
16.00	NURSERY	43.00	7,870	0		16.00
17.00	OPERATING ROOM	50.00	60,087	0		17.00
18.00	RECOVERY ROOM	51.00	2,787	0		18.00

RECLASSIFICATIONS

Provider CCN: 14-0288

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

Worksheet A-6

Date/Time Prepared:  
5/31/2019 2:57 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
19.00	DELIVERY ROOM & LABOR ROOM	52.00	10,774	0	19.00
20.00	ANESTHESIOLOGY	53.00	1,149	0	20.00
21.00	RADIOLOGY-DIAGNOSTIC	54.00	47,447	0	21.00
22.00	RESPIRATORY THERAPY	65.00	9,021	0	22.00
23.00	PHYSICAL THERAPY	66.00	6,607	0	23.00
24.00	OCCUPATIONAL THERAPY	67.00	4,137	0	24.00
25.00	ELECTROCARDIOLOGY	69.00	7,183	0	25.00
26.00	ELECTROENCEPHALOGRAPHY	70.00	259	0	26.00
27.00	RENAL DIALYSIS	74.00	1,092	0	27.00
28.00	CARDIAC REHABILITATION	76.97	1,580	0	28.00
29.00	SPORTS MEDICINE	90.01	3,880	0	29.00
30.00	WOUND CARE CLINIC	90.02	431	0	30.00
31.00	EMERGENCY	91.00	40,364	0	31.00
32.00	CHEMOTHERAPY	91.01	8,637	0	32.00
33.00	OTHER NONREIMBURSABLE	190.01	19,489	0	33.00
	TOTALS		1,186,322	0	
<b>E - GL BLDG CAPITAL DEPRECIATION</b>					
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	13,196,292	1.00
	TOTALS		0	13,196,292	
<b>F - MEDICAL SUPPLIES</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	46,645,807	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
	TOTALS		0	46,645,807	
<b>G - IMPLANTS</b>					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	20,176,905	1.00
	TOTALS		0	20,176,905	
500.00	Grand Total: Increases		1,186,322	89,509,508	500.00

RECLASSIFICATIONS

Provider CCN: 14-0288

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

Worksheet A-6  
Date/Time Prepared:  
5/31/2019 2:57 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
<b>A - VACATION ACCRUAL</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	214,163	0	1.00
	TOTALS		0	214,163		
<b>B - LAUNDRY COSTS</b>						
1.00	OTHER ADMIN AND GENERAL	5.06	0	15	0	1.00
2.00	DIETARY	10.00	0	3,631	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	5,246	0	3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	52,397	0	4.00
5.00	PHYSICAL THERAPY	66.00	0	4,132	0	5.00
6.00	ELECTROCARDIOLOGY	69.00	0	7,126	0	6.00
7.00	SPORTS MEDICINE	90.01	0	23,761	0	7.00
8.00	EMERGENCY	91.00	0	14,011	0	8.00
	TOTALS		0	110,319		
<b>C - EQUIPMENT CAPITAL DEPRECIATION</b>						
1.00		0.00	0	0	9	1.00
2.00	NONPATIENT TELEPHONES	5.01	0	64	9	2.00
3.00	DATA PROCESSING	5.02	0	362,929	9	3.00
4.00		0.00	0	0	9	4.00
5.00	ADMINISTRATIVE	5.04	0	828	9	5.00
6.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	160	9	6.00
7.00	OTHER ADMIN AND GENERAL	5.06	0	346,967	9	7.00
8.00	MAINTENANCE & REPAIRS	6.00	0	60,614	9	8.00
9.00	RENAL DIALYSIS	74.00	0	2,708	9	9.00
10.00	HOUSEKEEPING	9.00	0	22,716	9	10.00
11.00	DIETARY	10.00	0	19,955	9	11.00
12.00	NURSING ADMINISTRATION	13.00	0	25,482	9	12.00
13.00	CENTRAL SERVICES & SUPPLY	14.00	0	43,369	9	13.00
14.00	PHARMACY	15.00	0	157,590	9	14.00
15.00	MEDICAL RECORDS & LIBRARY	16.00	0	927	9	15.00
16.00	SOCIAL SERVICE	17.00	0	1,212	9	16.00
17.00	PARAMEDICAL PRGM- EMS	23.00	0	189	9	17.00
18.00	ADULTS & PEDIATRICS	30.00	0	948,010	9	18.00
19.00	INTENSIVE CARE UNIT	31.00	0	767,305	9	19.00
20.00		0.00	0	0	9	20.00
21.00	NURSERY	43.00	0	126,162	9	21.00
22.00	OPERATING ROOM	50.00	0	2,128,011	9	22.00
23.00	RECOVERY ROOM	51.00	0	3,522	9	23.00
24.00	DELIVERY ROOM & LABOR ROOM	52.00	0	133,479	9	24.00
25.00	ANESTHESIOLOGY	53.00	0	102,502	9	25.00
26.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,098,001	9	26.00
27.00	LABORATORY	60.00	0	443	9	27.00
28.00	RESPIRATORY THERAPY	65.00	0	145,434	9	28.00
29.00	PHYSICAL THERAPY	66.00	0	17,893	9	29.00
30.00	OCCUPATIONAL THERAPY	67.00	0	18,684	9	30.00
31.00	ELECTROCARDIOLOGY	69.00	0	351,696	9	31.00
32.00	ELECTROENCEPHALOGRAPHY	70.00	0	29,845	9	32.00
33.00	EMERGENCY	91.00	0	224,217	9	33.00
34.00	WOUND CARE CLINIC	90.02	0	6,142	9	34.00
35.00	CHEMOTHERAPY	91.01	0	2,186	9	35.00
36.00	OTHER NONREIMBURSABLE	190.01	0	9,021	9	36.00
37.00	SPORTS MEDICINE	90.01	0	5,167	9	37.00
38.00	CARDIAC REHABILITATION	76.97	0	2,592	0	38.00
	TOTALS		0	9,166,022		
<b>D - INCENTIVE COMPENSATION</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,186,322	0	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
15.00		0.00	0	0	0	15.00
16.00		0.00	0	0	0	16.00
17.00		0.00	0	0	0	17.00
18.00		0.00	0	0	0	18.00
19.00		0.00	0	0	0	19.00

RECLASSIFICATIONS

Provider CCN: 14-0288

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

Worksheet A-6

Date/Time Prepared:  
5/31/2019 2:57 pm

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
20.00	0.00	0	0	0	0	20.00	
21.00	0.00	0	0	0	0	21.00	
22.00	0.00	0	0	0	0	22.00	
23.00	0.00	0	0	0	0	23.00	
24.00	0.00	0	0	0	0	24.00	
25.00	0.00	0	0	0	0	25.00	
26.00	0.00	0	0	0	0	26.00	
27.00	0.00	0	0	0	0	27.00	
28.00	0.00	0	0	0	0	28.00	
29.00	0.00	0	0	0	0	29.00	
30.00	0.00	0	0	0	0	30.00	
31.00	0.00	0	0	0	0	31.00	
32.00	0.00	0	0	0	0	32.00	
33.00	0.00	0	0	0	0	33.00	
TOTALS			1,186,322	0			
<b>E - GL BLDG CAPITAL DEPRECIATION</b>							
1.00	OTHER ADMIN AND GENERAL	5.06	0	13,196,292	9	1.00	
TOTALS			0	13,196,292			
<b>F - MEDICAL SUPPLIES</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	59	0	1.00	
2.00	NONPATIENT TELEPHONES	5.01	0	201	0	2.00	
3.00	ADMINISTRATIVE	5.04	0	134	0	3.00	
4.00	MAINTENANCE & REPAIRS	6.00	0	83,349	0	4.00	
5.00	LAUNDRY & LINEN SERVICE	8.00	0	12,138	0	5.00	
6.00	HOUSEKEEPING	9.00	0	9,996	0	6.00	
7.00	DIETARY	10.00	0	7,650	0	7.00	
8.00	NURSING ADMINISTRATION	13.00	0	1,090	0	8.00	
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	350,580	0	9.00	
10.00	PHARMACY	15.00	0	273,016	0	10.00	
11.00	PARAMEDICAL PRGM- EMS	23.00	0	452	0	11.00	
12.00	ADULTS & PEDIATRICS	30.00	0	1,773,624	0	12.00	
13.00	INTENSIVE CARE UNIT	31.00	0	1,381,315	0	13.00	
14.00	NURSERY	43.00	0	168,436	0	14.00	
15.00	OPERATING ROOM	50.00	0	25,316,306	0	15.00	
16.00	RECOVERY ROOM	51.00	0	43,685	0	16.00	
17.00	DELIVERY ROOM & LABOR ROOM	52.00	0	319,468	0	17.00	
18.00	ANESTHESIOLOGY	53.00	0	1,114,578	0	18.00	
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	12,618,798	0	19.00	
20.00	LABORATORY	60.00	0	1,113,092	0	20.00	
21.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	82,922	0	21.00	
22.00	RESPIRATORY THERAPY	65.00	0	547,990	0	22.00	
23.00	PHYSICAL THERAPY	66.00	0	1,092	0	23.00	
24.00	OCCUPATIONAL THERAPY	67.00	0	6,642	0	24.00	
25.00	ELECTROCARDIOLOGY	69.00	0	109,125	0	25.00	
26.00	ELECTROENCEPHALOGRAPHY	70.00	0	18,685	0	26.00	
27.00	RENAL DIALYSIS	74.00	0	126,792	0	27.00	
28.00	CARDIAC REHABILITATION	76.97	0	6,622	0	28.00	
29.00	SPORTS MEDICINE	90.01	0	4,913	0	29.00	
30.00	WOUND CARE CLINIC	90.02	0	232,757	0	30.00	
31.00	EMERGENCY	91.00	0	868,853	0	31.00	
32.00	CHEMOTHERAPY	91.01	0	44,342	0	32.00	
33.00	OTHER NONREIMBURSABLE	190.01	0	7,105	0	33.00	
TOTALS			0	46,645,807			
<b>G - IMPLANTS</b>							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	20,176,905	0	1.00	
TOTALS			0	20,176,905			
500.00	Grand Total: Decreases		1,186,322	89,509,508		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0288

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
5/31/2019 2:57 pm

		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	4,804,313	252,000	0	252,000	0	1.00
2.00	Land Improvements	10,431,603	517,246	0	517,246	0	2.00
3.00	Buildings and Fixtures	310,234,676	13,975,587	0	13,975,587	0	3.00
4.00	Building Improvements	4,734,804	827,866	0	827,866	0	4.00
5.00	Fixed Equipment	120,243,051	3,757,599	0	3,757,599	507,359	5.00
6.00	Movable Equipment	167,548	35,137	0	35,137	0	6.00
7.00	HIT designated Assets	544,031	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	451,160,026	19,365,435	0	19,365,435	507,359	8.00
9.00	Reconciling Items	-7,804,309	2,283,225	0	2,283,225	0	9.00
10.00	Total (line 8 minus line 9)	458,964,335	17,082,210	0	17,082,210	507,359	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	5,056,313	5,056,313				1.00
2.00	Land Improvements	10,948,849	10,948,849				2.00
3.00	Buildings and Fixtures	324,210,263	324,210,263				3.00
4.00	Building Improvements	5,562,670	5,562,670				4.00
5.00	Fixed Equipment	123,493,291	123,493,291				5.00
6.00	Movable Equipment	202,685	202,685				6.00
7.00	HIT designated Assets	544,031	544,030				7.00
8.00	Subtotal (sum of lines 1-7)	470,018,102	470,018,101				8.00
9.00	Reconciling Items	-5,521,084	-5,521,085				9.00
10.00	Total (line 8 minus line 9)	475,539,186	475,539,186				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0288

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
5/31/2019 2:57 pm

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0288

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
5/31/2019 2:57 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0.000000	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	5	0	5	1.000000	0	2.00
3.00	Total (sum of lines 1-2)	5	0	5	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	15,028,007	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	11,122,695	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	26,150,702	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	0	0	0	0	15,028,007	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	11,122,695	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	26,150,702	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0288

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

Worksheet A-8

Date/Time Prepared:  
5/31/2019 2:57 pm

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
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			0NEW CAP REL COSTS-BLDG & FIXT	1.00		0 1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			0NEW CAP REL COSTS-MVBLE EQUIP	2.00		0 2.00
3.00 Investment income - other (chapter 2)		0		0.00		0 3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00		0 4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00		0 5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00		0 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-490,737	NONPATIENT TELEPHONES	5.01		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	-9,693,936				0 10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00		0 11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-5,717,157				0 12.00
13.00 Laundry and linen service		0		0.00		0 13.00
14.00 Cafeteria-employees and guests		0		0.00		0 14.00
15.00 Rental of quarters to employee and others		0		0.00		0 15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00		0 16.00
17.00 Sale of drugs to other than patients		0		0.00		0 17.00
18.00 Sale of medical records and abstracts		0		0.00		0 18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)		0		0.00		0 19.00
20.00 Vending machines		0		0.00		0 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00		0 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00		0 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT	A	1,172,693	NEW CAP REL COSTS-BLDG & FIXT	1.00		9 26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	A	-5	NEW CAP REL COSTS-MVBLE EQUIP	2.00		9 27.00
28.00 Non-physician Anesthetist		0	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		0OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0*** Cost Center Deleted ***	68.00		31.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0288

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

Worksheet A-8

Date/Time Prepared:  
5/31/2019 2:57 pm

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A		Wkst. A-7 Ref.	Total
				To/From Which the Amount is to be Adjusted			
				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	OTHER ADJUSTMENTS (SPECIFY (3))		0			0.00	0 33.00
34.02	PERINATAL	A	-118,309	NURSERY	43.00		0 34.02
35.00	INTEREST EXPS	A	-4,362,144	OTHER ADMIN AND GENERAL	5.06		0 35.00
38.00	00R	B	-23	NONPATIENT TELEPHONES	5.01		0 38.00
39.00	00R	B	-34,616	CASHIERING/ACCOUNTS RECEIVABLE	5.05		0 39.00
40.00	00R	B	-1,589,982	OTHER ADMIN AND GENERAL	5.06		0 40.00
43.00	00R	B	-219,077	MAINTENANCE & REPAIRS	6.00		0 43.00
44.00	00R	B	-6,600	HOUSEKEEPING	9.00		0 44.00
44.01	00R	B	-625,096	DIETARY	10.00		0 44.01
44.02	00R	B	-15,792	NURSING ADMINISTRATION	13.00		0 44.02
44.03	00R	B	-136,423	PARAMED ED PRGM- EMS	23.00		0 44.03
44.04	00R	B	-309,561	ADULTS & PEDIATRICS	30.00		0 44.04
44.05	00R	B	-26,684	SUBPROVIDER - IPF	40.00		0 44.05
45.00	00R	B	-66,989	NURSERY	43.00		0 45.00
45.01	00R	B	-4,401	DELIVERY ROOM & LABOR ROOM	52.00		0 45.01
45.02	00R	B	-69,867	RADIOLOGY-DIAGNOSTIC	54.00		0 45.02
45.03	00R	B	-468,195	LABORATORY	60.00		0 45.03
45.04	00R	B	-3,237	RESPIRATORY THERAPY	65.00		0 45.04
45.05	00R	B	-500	OCCUPATIONAL THERAPY	67.00		0 45.05
45.06	00R	B	-595	SPORTS MEDICINE	90.01		0 45.06
45.07	00R	B	-218,409	EMERGENCY	91.00		0 45.07
45.08	00R	B	-2,197,376	OTHER NONREIMBURSABLE	190.01		0 45.08
45.09	00R	B	0		0.00		0 45.09
45.10	ORR	B	0		0.00		0 45.10
45.11	ORR	B	0		0.00		0 45.11
45.12	ORR	B	0		0.00		0 45.12
45.13	ORR	B	0		0.00		0 45.13
45.14	ORR	B	0		0.00		0 45.14
45.15	ORR	B	0		0.00		0 45.15
45.16	ORR	B	0		0.00		0 45.16
45.17	AHA LOBBYING	A	-46,123	OTHER ADMIN AND GENERAL	5.06		0 45.17
45.18	PA ASSESSMENT EXPENSE	A	-14,600,573	OTHER ADMIN AND GENERAL	5.06		0 45.18
45.19	PHO	A	-2,389,387	OTHER ADMIN AND GENERAL	5.06		0 45.19
45.20	NONALLOWABLE	A	-661	EMPLOYEE BENEFITS DEPARTMENT	4.00		0 45.20
45.21	NONALLOWABLE	A	-81	OTHER ADMIN AND GENERAL	5.06		0 45.21
45.22	NONALLOWABLE	A	-708,159	OTHER ADMIN AND GENERAL	5.06		0 45.22
45.23	NONALLOWABLE	A	-3,277	MAINTENANCE & REPAIRS	6.00		0 45.23
45.24	NONALLOWABLE	A	-2,279	HOUSEKEEPING	9.00		0 45.24
45.25	NONALLOWABLE	A	-2,770	DIETARY	10.00		0 45.25
45.26	NONALLOWABLE	A	-10,319	NURSING ADMINISTRATION	13.00		0 45.26
45.27	NONALLOWABLE	A	-2,281	CENTRAL SERVICES & SUPPLY	14.00		0 45.27
45.28	NONALLOWABLE	A	-7,218	PHARMACY	15.00		0 45.28
45.29	NONALLOWABLE	A	-54,441	SOCIAL SERVICE	17.00		0 45.29
45.30	NONALLOWABLE	A	-21,536	PARAMED ED PRGM- EMS	23.00		0 45.30
45.31	NONALLOWABLE	A	-11,497	ADULTS & PEDIATRICS	30.00		0 45.31
45.32	NONALLOWABLE	A	-20,967	INTENSIVE CARE UNIT	31.00		0 45.32
45.33	NONALLOWABLE	A	-2,060	SUBPROVIDER - IPF	40.00		0 45.33
45.34	NONALLOWABLE	A	-46,912	NURSERY	43.00		0 45.34
45.35	NONALLOWABLE	A	-22,767	OPERATING ROOM	50.00		0 45.35
45.36	NONALLOWABLE	A	-59	RECOVERY ROOM	51.00		0 45.36
45.37	NONALLOWABLE	A	-10,834	DELIVERY ROOM & LABOR ROOM	52.00		0 45.37
45.38	NONALLOWABLE	A	-5,576	RADIOLOGY-DIAGNOSTIC	54.00		0 45.38
45.39	NONALLOWABLE	A	-331	LABORATORY	60.00		0 45.39
45.41	NONALLOWABLE	A	-33,056	RESPIRATORY THERAPY	65.00		0 45.41
45.42	NONALLOWABLE	A	-6,296	ELECTROCARDIOLOGY	69.00		0 45.42
45.43	NONALLOWABLE	A	-37	ELECTROENCEPHALOGRAPHY	70.00		0 45.43
45.44	NONALLOWABLE	A	-364	RENAL DIALYSIS	74.00		0 45.44
45.46	NONALLOWABLE	A	-1,207	CARDIAC REHABILITATION	76.97		0 45.46
45.47	NONALLOWABLE	A	-171	SPORTS MEDICINE	90.01		0 45.47
45.48	NONALLOWABLE	A	-25,046	EMERGENCY	91.00		0 45.48
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-43,239,303				50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.  
 (2) Basis for adjustment (see instructions).

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0288

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

Worksheet A-8

Date/Time Prepared:  
5/31/2019 2:57 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
	1.00	2.00	3.00	4.00	5.00

- 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: 14-0288

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

Worksheet A-8-1

Date/Time Prepared:  
5/31/2019 2:57 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	PERSONNEL	4,486,718	0 1.00
2.00	5.02	DATA PROCESSING	DATA PROCESSING	7,944,118	0 2.00
3.00	5.06	OTHER ADMIN AND GENERAL	ADMINISTRATIVE	7,869,362	28,633,055 3.00
4.00	0.00		BUSINESS OFFICE	0	0 4.00
4.01	0.00		OLD ME	0	0 4.01
4.02	1.00	NEW CAP REL COSTS-BLDG & FIX	NEW B&F	659,022	0 4.02
4.03	2.00	NEW CAP REL COSTS-MVBLE EQUI	NEW ME	1,956,678	0 4.03
5.00	0		0	22,915,898	28,633,055 5.00

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

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

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

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

6.00	B	0.00	ADVOCATE HEALTHCARE	100.00	6.00
7.00		0.00		0.00	7.00
8.00		0.00		0.00	8.00
9.00		0.00		0.00	9.00
10.00		0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:				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: 14-0288

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

Worksheet A-8-1

Date/Time Prepared:  
5/31/2019 2:57 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	4,486,718	0		1.00
2.00	7,944,118	0		2.00
3.00	-20,763,693	0		3.00
4.00	0	0		4.00
4.01	0	0		4.01
4.02	659,022	9		4.02
4.03	1,956,678	9		4.03
5.00	-5,717,157			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	HEALTHCARE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0288

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

Worksheet A-8-2

Date/Time Prepared:  
5/31/2019 2:57 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	31.00	INTENSIVE CARE UNIT	384,720	0	384,720	154	1	1.00
2.00	40.00	SUBPROVIDER - IPF	0	0	0	208	1	2.00
3.00	43.00	NURSERY	1,014,298	0	1,014,298	200	1	3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	1,429,043	143,748	1,285,295	225	1	4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	208	1	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	66,500	47,600	18,900	208	1	6.00
7.00	74.00	RENAL DIALYSIS	0	0	0	208	1	7.00
8.00	69.00	ELECTROCARDIOLOGY	923,692	445,185	478,507	208	1	8.00
9.00	91.00	EMERGENCY	3,194,964	62,713	3,132,251	208	1	9.00
10.00	30.00	ADULTS & PEDIATRICS	2,674,933	713,176	1,961,757	208	1	10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	626	626	0	208	1	11.00
12.00	50.00	OPERATING ROOM	5,160	5,160	0	208	1	12.00
200.00			9,693,936	1,418,208	8,275,728		12	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	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	1.00
2.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	2.00
3.00	43.00	NURSERY	0	0	0	0	0	3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	6.00
7.00	74.00	RENAL DIALYSIS	0	0	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	8.00
9.00	91.00	EMERGENCY	0	0	0	0	0	9.00
10.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	11.00
12.00	50.00	OPERATING ROOM	0	0	0	0	0	12.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	31.00	INTENSIVE CARE UNIT	0	0	384,720	384,720		1.00
2.00	40.00	SUBPROVIDER - IPF	0	0	0	0		2.00
3.00	43.00	NURSERY	0	0	1,014,298	1,014,298		3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	1,285,295	1,429,043		4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	0		5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	18,900	66,500		6.00
7.00	74.00	RENAL DIALYSIS	0	0	0	0		7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	478,507	923,692		8.00
9.00	91.00	EMERGENCY	0	0	3,132,251	3,194,964		9.00
10.00	30.00	ADULTS & PEDIATRICS	0	0	1,961,757	2,674,933		10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	626		11.00
12.00	50.00	OPERATING ROOM	0	0	0	5,160		12.00
200.00			0	0	8,275,728	9,693,936		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0288

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/31/2019 2:57 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	15,028,007	15,028,007			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	11,122,695		11,122,695		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	28,123,765	27,833	20,600	28,172,198	4.00
5.01 00540	NONPATIENT TELEPHONES	492,689	90,692	67,124	87,193	737,698 5.01
5.02 00550	DATA PROCESSING	9,883,905	49,816	36,870	0	28,315 5.02
5.03 00560	PURCHASING RECEIVING AND STORES	0	15,869	11,745	0	378 5.03
5.04 00570	ADMINISTRATIVE	52,354	13,792	10,208	11	4,153 5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	28,191,711	18,760	13,885	107,177	3,398 5.05
5.06 00590	OTHER ADMIN AND GENERAL	11,222,663	2,293,182	1,697,255	2,344,081	130,247 5.06
6.00 00600	MAINTENANCE & REPAIRS	13,171,466	3,552,041	2,628,976	420,784	39,263 6.00
7.00 00700	OPERATION OF PLANT	5,871	0	0	1,288	1,133 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,064,755	10,169	7,527	0	755 8.00
9.00 00900	HOUSEKEEPING	3,468,930	71,484	52,907	646,505	6,041 9.00
10.00 01000	DIETARY	3,568,232	300,475	222,391	600,393	9,438 10.00
11.00 01100	CAFETERIA	0	0	0	0	0 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	5,230,363	97,671	72,290	888,021	12,836 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	2,035,586	354,179	262,139	348,554	7,173 14.00
15.00 01500	PHARMACY	20,767,497	97,356	72,056	1,272,232	15,101 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	724,406	45,662	33,796	158,075	0 16.00
17.00 01700	SOCIAL SERVICE	1,013,529	0	0	204,147	2,643 17.00
23.00 02300	PARAMED PRGM- EMS	540,839	0	0	110,782	0 23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	24,949,584	2,541,697	1,881,189	5,770,535	103,444 30.00
31.00 03100	INTENSIVE CARE UNIT	13,386,719	567,933	420,345	2,621,426	48,702 31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00 04000	SUBPROVIDER - IPF	4,869,006	359,862	266,345	1,055,090	22,652 40.00
41.00 04100	SUBPROVIDER - IIRF	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	2,999,173	69,490	51,432	656,445	4,530 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	13,260,229	1,318,679	975,995	2,380,269	79,659 50.00
50.01 05001	OPERATING ROOM	0	0	0	0	0 50.01
51.00 05100	RECOVERY ROOM	1,370,237	105,946	78,414	298,192	6,041 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	3,884,564	262,772	194,486	810,708	21,519 52.00
53.00 05300	ANESTHESIOLOGY	285,261	5,068	3,751	47,679	1,133 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	12,741,236	931,317	689,297	2,451,639	88,343 54.00
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	8,215,328	229,373	169,766	0	0 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	644,056	0	0	0	0 62.00
65.00 06500	RESPIRATORY THERAPY	2,759,866	23,961	17,734	585,729	4,153 65.00
66.00 06600	PHYSICAL THERAPY	2,152,239	38,749	28,680	463,173	2,265 66.00
67.00 06700	OCCUPATIONAL THERAPY	2,148,220	69,806	51,665	454,960	5,285 67.00
69.00 06900	ELECTROCARDIOLOGY	1,987,962	227,080	168,069	520,454	8,306 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	237,850	0	0	38,275	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	26,468,902	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	20,176,905	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	634,138	68,875	50,977	134,410	378 74.00
76.00 03140	CARDIOLOGY	0	0	0	0	0 76.00
76.97 07697	CARDIAC REHABILITATION	495,817	54,602	40,412	108,195	28,692 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	15,956	0	0	0	0 90.00
90.01 09001	SPORTS MEDICINE	1,505,903	0	0	260,599	1,510 90.01
90.02 09002	WOUND CARE CLINIC	240,608	43,219	31,988	51,622	12,081 90.02
91.00 09100	EMERGENCY	10,384,194	339,341	251,156	1,918,808	27,182 91.00
91.01 09101	CHEMOTHERAPY	1,042,262	59,570	44,090	106,426	378 91.01
91.02 09102	PAIN CLINIC	0	0	0	0	0 91.02
91.03 09103	INFUSION CLINIC	0	0	0	0	0 91.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0288

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/31/2019 2:57 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1.00	2.00	4.00	5.01	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	312,565,478	14,356,321	10,625,560	27,923,897	727,127	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 OTHER NONREIMBURSABLE	-241,980	671,686	497,135	248,301	10,571	190.01
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
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)	312,323,498	15,028,007	11,122,695	28,172,198	737,698	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0288

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/31/2019 2:57 pm

Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
<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
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING	9,998,906				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	27,992			5.03
5.04	00570	ADMINITTING	0	0	80,518		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	28,334,951	5.05
5.06	00590	OTHER ADMIN AND GENERAL	0	310	0	0	17,687,738
6.00	00600	MAINTENANCE & REPAIRS	0	599	0	0	19,813,129
7.00	00700	OPERATION OF PLANT	0	0	0	0	8,292
8.00	00800	LAUNDRY & LINEN SERVICE	0	19	0	0	1,083,225
9.00	00900	HOUSEKEEPING	0	189	0	0	4,246,056
10.00	01000	DIETARY	0	717	0	0	4,701,646
11.00	01100	CAFETERIA	0	0	0	0	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	17	0	0	6,301,198
14.00	01400	CENTRAL SERVICES & SUPPLY	0	211	0	0	3,007,842
15.00	01500	PHARMACY	0	162	0	0	22,224,404
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	961,939
17.00	01700	SOCIAL SERVICE	0	1	0	0	1,220,320
23.00	02300	PARAMED PRGM- EMS	0	2	0	0	651,623
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	948,747	1,034	12,788	2,688,607	38,897,625
31.00	03100	INTENSIVE CARE UNIT	343,355	819	4,491	973,018	18,366,808
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	260,915	31	3,413	739,395	7,576,709
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	171,796	211	2,247	486,844	4,442,168
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	1,035,235	13,962	7,122	2,933,702	22,004,852
50.01	05001	OPERATING ROOM	0	0	0	0	0
51.00	05100	RECOVERY ROOM	162,443	26	1,108	460,339	2,482,746
52.00	05200	DELIVERY ROOM & LABOR ROOM	170,001	203	1,746	481,757	5,827,756
53.00	05300	ANESTHESIOLOGY	146,737	604	1,167	415,832	907,232
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,007,610	6,882	9,864	5,688,802	24,614,990
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	695,358	602	5,335	1,970,542	11,286,304
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	94,211	45	1,011	266,980	1,006,303
65.00	06500	RESPIRATORY THERAPY	321,525	346	3,796	911,154	4,628,264
66.00	06600	PHYSICAL THERAPY	86,371	2	917	244,764	3,017,160
67.00	06700	OCCUPATIONAL THERAPY	78,126	24	392	221,397	3,029,875
69.00	06900	ELECTROCARDIOLOGY	189,903	72	1,032	538,158	3,641,036
70.00	07000	ELECTROENCEPHALOGRAPHY	42,264	11	305	119,770	438,475
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	279,020	0	2,666	790,700	27,541,288
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	657,340	0	6,229	1,862,803	22,703,277
73.00	07300	DRUGS CHARGED TO PATIENTS	1,075,869	0	9,632	3,048,854	4,134,355
74.00	07400	RENAL DIALYSIS	32,052	71	406	90,831	1,012,138
76.00	03140	CARDIOLOGY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	31,127	6	18	88,211	847,080
<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	313	0	0	886	17,155
90.01	09001	SPORTS MEDICINE	49,823	4	0	141,190	1,959,029
90.02	09002	WOUND CARE CLINIC	44,365	126	0	125,723	549,732
91.00	09100	EMERGENCY	1,011,750	515	4,745	2,867,150	16,804,841
91.01	09101	CHEMOTHERAPY	50,463	24	0	143,005	1,446,218
91.02	09102	PAIN CLINIC	0	0	0	0	0
91.03	09103	INFUSION CLINIC	0	0	0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0288

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/31/2019 2:57 pm

Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,986,719	27,847	80,430	28,300,414	311,090,828	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	12,187	145	88	34,537	1,232,670	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
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)	9,998,906	27,992	80,518	28,334,951	312,323,498	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0288		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part I Date/Time Prepared: 5/31/2019 2:57 pm	
Cost Center Description			OTHER ADMIN AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
<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
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN AND GENERAL	17,687,738					5.06
6.00	00600	MAINTENANCE & REPAIRS	1,189,442	21,002,571				6.00
7.00	00700	OPERATION OF PLANT	498	0	8,790			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	65,029	23,821	10	1,172,085		8.00
9.00	00900	HOUSEKEEPING	254,903	167,448	70	0	4,668,477	9.00
10.00	01000	DIETARY	282,254	703,851	295	0	157,891	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	378,280	228,791	96	0	51,323	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	180,570	829,651	347	5,677	186,111	14.00
15.00	01500	PHARMACY	1,334,198	228,052	95	0	51,158	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	57,748	106,961	45	0	23,994	16.00
17.00	01700	SOCIAL SERVICE	73,259	0	0	0	0	17.00
23.00	02300	PARAMED PRGM- EMS	39,119	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	2,335,008	5,953,834	2,491	374,566	1,335,586	30.00
31.00	03100	INTENSIVE CARE UNIT	1,102,615	1,330,361	557	148,564	298,432	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	454,853	842,963	353	57,814	189,097	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	266,677	162,777	68	21,736	36,515	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,321,017	3,088,957	1,293	151,212	692,928	50.00
50.01	05001	OPERATING ROOM	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	149,047	248,175	104	0	55,672	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	349,858	615,534	258	42,430	138,079	52.00
53.00	05300	ANESTHESIOLOGY	54,464	11,872	5	0	2,663	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,477,712	2,181,576	913	76,534	489,380	54.00
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	677,551	537,298	225	0	120,529	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	60,411	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	277,849	56,127	23	0	12,591	65.00
66.00	06600	PHYSICAL THERAPY	181,129	90,769	38	0	20,362	66.00
67.00	06700	OCCUPATIONAL THERAPY	181,892	163,517	68	0	36,681	67.00
69.00	06900	ELECTROCARDIOLOGY	218,582	531,926	223	35,316	119,324	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	26,323	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,653,386	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,362,946	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	248,198	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	60,762	161,337	68	0	36,192	74.00
76.00	03140	CARDIOLOGY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	50,853	127,902	54	6,489	28,692	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	1,030	0	0	0	0	90.00
90.01	09001	SPORTS MEDICINE	117,606	0	0	0	0	90.01
90.02	09002	WOUND CARE CLINIC	33,002	101,240	42	9,518	22,710	90.02
91.00	09100	EMERGENCY	1,008,845	794,893	333	242,229	178,314	91.00
91.01	09101	CHEMOTHERAPY	86,821	139,540	58	0	31,302	91.01
91.02	09102	PAIN CLINIC	0	0	0	0	0	91.02
91.03	09103	INFUSION CLINIC	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORE	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00

COST ALLOCATION - GENERAL SERVICE COSTS

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From 01/01/2018  
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Cost Center Description			OTHER ADMIN AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
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)	17,613,737	19,429,173	8,132	1,172,085	4,315,526	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	74,001	1,573,398	658	0	352,951	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
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)	17,687,738	21,002,571	8,790	1,172,085	4,668,477	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0288		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part I Date/Time Prepared: 5/31/2019 2:57 pm	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
<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
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	5,845,937					10.00
11.00	01100	CAFETERIA	2,673,199	2,673,199				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	30,987	30,987			12.00
13.00	01300	NURSING ADMINISTRATION	0	44,096	660	7,004,444		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	48,864	340	0	4,259,402	14.00
15.00	01500	PHARMACY	0	63,165	2,726	0	26,657	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	8,343	10	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	11,918	287	0	87	17.00
23.00	02300	PARAMED ED PRGM- EMS	0	39,329	84	0	273	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	2,005,853	411,170	4,477	2,694,017	169,676	30.00
31.00	03100	INTENSIVE CARE UNIT	661,129	168,043	2,160	1,209,314	134,337	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	386,783	73,891	1,084	251,442	5,113	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	36,946	450	323,282	34,640	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	139,440	2,621	634,591	2,295,096	50.00
50.01	05001	OPERATING ROOM	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	15,493	292	143,681	4,272	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	48,864	674	359,202	33,379	52.00
53.00	05300	ANESTHESIOLOGY	0	5,959	115	0	99,121	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	146,591	2,948	155,654	1,129,419	54.00
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	1,365	0	98,829	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	102	0	7,362	62.00
65.00	06500	RESPIRATORY THERAPY	0	40,521	544	0	56,820	65.00
66.00	06600	PHYSICAL THERAPY	0	28,603	362	0	373	66.00
67.00	06700	OCCUPATIONAL THERAPY	97,339	25,028	343	83,814	3,993	67.00
69.00	06900	ELECTROCARDIOLOGY	0	28,603	449	95,787	11,790	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,384	77	0	1,730	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	2,754	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	2,844	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	448	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	5,959	105	47,894	11,629	74.00
76.00	03140	CARDIOLOGY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	102	35,920	1,003	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	3	0	10	90.00
90.01	09001	SPORTS MEDICINE	0	14,302	218	0	736	90.01
90.02	09002	WOUND CARE CLINIC	0	3,575	56	0	20,742	90.02
91.00	09100	EMERGENCY	21,634	1,200,138	1,892	766,298	84,523	91.00
91.01	09101	CHEMOTHERAPY	0	14,302	32	143,681	3,938	91.01
91.02	09102	PAIN CLINIC	0	0	0	0	0	91.02
91.03	09103	INFUSION CLINIC	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0	0	0	99.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0288

Period:  
From 01/01/2018  
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Cost Center Description		DI ETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
<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					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,845,937	2,656,514	30,624	6,944,577	4,235,548 118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	0	16,685	363	59,867	23,854 190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
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)	5,845,937	2,673,199	30,987	7,004,444	4,259,402 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:  
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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM- EMS	Subtotal	
		15.00	16.00	17.00	23.00	24.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
12.00	01200						12.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500	23,930,455					15.00
16.00	01600	0	1,159,040				16.00
17.00	01700	0	0	1,305,871			17.00
23.00	02300	0	0	0	730,428		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	3,987,255	119,598	1,145,643	0	59,436,799	30.00
31.00	03100	2,678,945	0	24,761	0	26,126,026	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	5,145	211,589	0	0	10,056,836	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	153,718	39,866	36,936	0	5,555,779	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	4,049,667	70,740	0	0	34,452,414	50.00
50.01	05001	0	0	0	0	0	50.01
51.00	05100	254,772	1,088	0	0	3,355,342	51.00
52.00	05200	755,936	11,284	36,936	0	8,220,190	52.00
53.00	05300	1,416,701	2,062	0	0	2,500,194	53.00
54.00	05400	1,057,229	44,849	0	0	31,377,795	54.00
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	174	208,381	0	0	12,930,656	60.00
60.01	06001	0	0	0	0	0	60.01
62.00	06200	0	0	0	0	1,074,178	62.00
65.00	06500	23,749	3,838	0	0	5,100,326	65.00
66.00	06600	0	27,208	0	0	3,366,004	66.00
67.00	06700	0	916	0	0	3,623,466	67.00
69.00	06900	439,143	93,136	0	0	5,215,315	69.00
70.00	07000	0	286	0	0	469,275	70.00
71.00	07100	0	0	0	0	29,197,428	71.00
72.00	07200	0	0	0	0	24,069,067	72.00
73.00	07300	0	55,160	0	0	4,438,161	73.00
74.00	07400	254,055	1,146	0	0	1,591,285	74.00
76.00	03140	0	0	0	0	0	76.00
76.97	07697	174	0	0	0	1,098,269	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	18,198	90.00
90.01	09001	0	0	0	0	2,091,891	90.01
90.02	09002	27,136	0	12,278	0	780,031	90.02
91.00	09100	7,982,128	267,893	49,317	730,428	30,133,706	91.00
91.01	09101	703,683	0	0	0	2,569,575	91.01
91.02	09102	0	0	0	0	0	91.02
91.03	09103	0	0	0	0	0	91.03
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	0	0	0	0	0	99.10

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:  
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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM- EMS	Subtotal	
		15.00	16.00	17.00	23.00	24.00	
<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					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	23,789,610	1,159,040	1,305,871	730,428	308,848,206
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	140,845	0	0	0	3,475,292
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
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)	23,930,455	1,159,040	1,305,871	730,428	312,323,498

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0288

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/31/2019 2:57 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	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
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.04	00570	ADMITTING		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590	OTHER ADMIN AND GENERAL		5.06
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
23.00	02300	PARAMED ED PRGM- EMS		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	59,436,799	30.00
31.00	03100	INTENSIVE CARE UNIT	26,126,026	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000	SUBPROVIDER - I PF	10,056,836	40.00
41.00	04100	SUBPROVIDER - I RF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	5,555,779	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
45.00	04500	NURSING FACILITY	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	34,452,414	50.00
50.01	05001	OPERATING ROOM	0	50.01
51.00	05100	RECOVERY ROOM	3,355,342	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,220,190	52.00
53.00	05300	ANESTHESIOLOGY	2,500,194	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	31,377,795	54.00
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	12,930,656	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,074,178	62.00
65.00	06500	RESPIRATORY THERAPY	5,100,326	65.00
66.00	06600	PHYSICAL THERAPY	3,366,004	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,623,466	67.00
69.00	06900	ELECTROCARDIOLOGY	5,215,315	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	469,275	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	29,197,428	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	24,069,067	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,438,161	73.00
74.00	07400	RENAL DIALYSIS	1,591,285	74.00
76.00	03140	CARDIOLOGY	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,098,269	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	18,198	90.00
90.01	09001	SPORTS MEDICINE	2,091,891	90.01
90.02	09002	WOUND CARE CLINIC	780,031	90.02
91.00	09100	EMERGENCY	30,133,706	91.00
91.01	09101	CHEMOTHERAPY	2,569,575	91.01
91.02	09102	PAIN CLINIC	0	91.02
91.03	09103	INFUSION CLINIC	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0288

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/31/2019 2:57 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	09910 CORF	0	0	99.10
<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			113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	308,848,206	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001 OTHER NONREIMBURSABLE	0	3,475,292	190.01
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
200.00	Cross Foot Adjustments	0	0	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	0	312,323,498	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0288	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/31/2019 2:57 pm
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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			
<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	27,833	20,600	48,433	48,433 4.00
5.01 00540	NONPATIENT TELEPHONES	0	90,692	67,124	157,816	150 5.01
5.02 00550	DATA PROCESSING	0	49,816	36,870	86,686	0 5.02
5.03 00560	PURCHASING RECEIVING AND STORES	0	15,869	11,745	27,614	0 5.03
5.04 00570	ADMITTING	50,149	13,792	10,208	74,149	0 5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	35	18,760	13,885	32,680	184 5.05
5.06 00590	OTHER ADMIN AND GENERAL	2,501,727	2,293,182	1,697,255	6,492,164	4,030 5.06
6.00 00600	MAINTENANCE & REPAIRS	6,565	3,552,041	2,628,976	6,187,582	723 6.00
7.00 00700	OPERATION OF PLANT	0	0	0	0	2 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	10,169	7,527	17,696	0 8.00
9.00 00900	HOUSEKEEPING	0	71,484	52,907	124,391	1,111 9.00
10.00 01000	DIETARY	27,688	300,475	222,391	550,554	1,032 10.00
11.00 01100	CAFETERIA	0	0	0	0	0 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	0	97,671	72,290	169,961	1,527 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	162	354,179	262,139	616,480	599 14.00
15.00 01500	PHARMACY	955	97,356	72,056	170,367	2,187 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	6,917	45,662	33,796	86,375	272 16.00
17.00 01700	SOCIAL SERVICE	51,612	0	0	51,612	351 17.00
23.00 02300	PARAMED ED PRGM- EMS	99,442	0	0	99,442	190 23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	20,138	2,541,697	1,881,189	4,443,024	9,920 30.00
31.00 03100	INTENSIVE CARE UNIT	0	567,933	420,345	988,278	4,507 31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00 04000	SUBPROVIDER - IPF	0	359,862	266,345	626,207	1,814 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	69,490	51,432	120,922	1,129 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	7,950	1,318,679	975,995	2,302,624	4,092 50.00
50.01 05001	OPERATING ROOM	0	0	0	0	0 50.01
51.00 05100	RECOVERY ROOM	29	105,946	78,414	184,389	513 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	102,685	262,772	194,486	559,943	1,394 52.00
53.00 05300	ANESTHESIOLOGY	0	5,068	3,751	8,819	82 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	57,778	931,317	689,297	1,678,392	4,215 54.00
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	229,373	169,766	399,139	0 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0 62.00
65.00 06500	RESPIRATORY THERAPY	3,460	23,961	17,734	45,155	1,007 65.00
66.00 06600	PHYSICAL THERAPY	29,971	38,749	28,680	97,400	796 66.00
67.00 06700	OCCUPATIONAL THERAPY	43,232	69,806	51,665	164,703	782 67.00
69.00 06900	ELECTROCARDIOLOGY	183	227,080	168,069	395,332	895 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	66 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	3,355	68,875	50,977	123,207	231 74.00
76.00 03140	CARDIOLOGY	0	0	0	0	0 76.00
76.97 07697	CARDIAC REHABILITATION	183	54,602	40,412	95,197	186 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
90.01 09001	SPORTS MEDICINE	299,040	0	0	299,040	448 90.01
90.02 09002	WOUND CARE CLINIC	0	43,219	31,988	75,207	89 90.02
91.00 09100	EMERGENCY	436,630	339,341	251,156	1,027,127	3,299 91.00
91.01 09101	CHEMOTHERAPY	0	59,570	44,090	103,660	183 91.01
91.02 09102	PAIN CLINIC	0	0	0	0	0 91.02
91.03 09103	INFUSION CLINIC	0	0	0	0	0 91.03
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0288

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/31/2019 2:57 pm

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			
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910 CORF	0	0	0	0	0	99.10
<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)	3,749,886	14,356,321	10,625,560	28,731,767	48,006 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 OTHER NONREIMBURSABLE	87,006	671,686	497,135	1,255,827	427	190.01
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	3,836,892	15,028,007	11,122,695	29,987,594	48,433 202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0288		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/31/2019 2:57 pm	
Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
<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
5.01	00540	NONPATIENT TELEPHONES	157,966					5.01
5.02	00550	DATA PROCESSING	6,063	92,749				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	81	0	27,695			5.03
5.04	00570	ADMINISTRATIVE	889	0	0	75,038		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	728	0	0	0	33,592	5.05
5.06	00590	OTHER ADMIN AND GENERAL	27,887	0	307	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	8,408	0	592	0	0	6.00
7.00	00700	OPERATION OF PLANT	243	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	162	0	18	0	0	8.00
9.00	00900	HOUSEKEEPING	1,293	0	187	0	0	9.00
10.00	01000	DIETARY	2,021	0	709	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,749	0	17	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,536	0	209	0	0	14.00
15.00	01500	PHARMACY	3,234	0	161	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	566	0	1	0	0	17.00
23.00	02300	PARAMED PRGM- EMS	0	0	2	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	22,151	8,846	1,022	11,332	3,194	30.00
31.00	03100	INTENSIVE CARE UNIT	10,429	3,201	809	4,224	1,156	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	4,851	2,433	31	3,210	879	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	970	1,602	209	2,114	578	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	17,058	9,653	13,821	6,699	3,486	50.00
50.01	05001	OPERATING ROOM	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	1,293	1,515	26	1,042	547	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,608	1,585	201	1,642	572	52.00
53.00	05300	ANESTHESIOLOGY	243	1,368	597	1,098	494	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,917	18,236	6,805	9,278	6,687	54.00
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	6,484	596	5,018	2,341	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	878	44	951	317	62.00
65.00	06500	RESPIRATORY THERAPY	889	2,998	342	3,570	1,083	65.00
66.00	06600	PHYSICAL THERAPY	485	805	2	862	291	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,132	728	24	368	263	67.00
69.00	06900	ELECTROCARDIOLOGY	1,779	1,771	71	971	639	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	394	10	287	142	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,602	0	2,508	939	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	6,129	0	5,859	2,213	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	10,031	0	9,060	3,622	73.00
74.00	07400	RENAL DIALYSIS	81	299	70	382	108	74.00
76.00	03140	CARDIOLOGY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	6,144	290	6	17	105	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	3	0	0	1	90.00
90.01	09001	SPORTS MEDICINE	323	465	4	0	168	90.01
90.02	09002	WOUND CARE CLINIC	2,587	414	125	0	149	90.02
91.00	09100	EMERGENCY	5,821	9,434	509	4,463	3,407	91.00
91.01	09101	CHEMOTHERAPY	81	471	24	0	170	91.01
91.02	09102	PAIN CLINIC	0	0	0	0	0	91.02
91.03	09103	INFUSION CLINIC	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0	0	0	99.10

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0288		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/31/2019 2:57 pm	
Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACC OUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
<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)	155,702	92,635	27,551	74,955	33,551	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	2,264	114	144	83	41	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
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)	157,966	92,749	27,695	75,038	33,592	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0288	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/31/2019 2:57 pm		
Cost Center Description			OTHER ADMIN AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
			5.06	6.00	7.00	8.00	9.00
<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
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMIN AND GENERAL	6,524,388				5.06
6.00	00600	MAINTENANCE & REPAIRS	438,742	6,636,047			6.00
7.00	00700	OPERATION OF PLANT	184	0	429		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	23,987	7,527	0	49,390	8.00
9.00	00900	HOUSEKEEPING	94,025	52,908	3	0	273,918
10.00	01000	DIETARY	104,113	222,391	14	0	9,264
11.00	01100	CAFETERIA	0	0	0	0	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	139,534	72,290	5	0	3,011
14.00	01400	CENTRAL SERVICES & SUPPLY	66,606	262,140	17	239	10,920
15.00	01500	PHARMACY	492,137	72,056	5	0	3,002
16.00	01600	MEDICAL RECORDS & LIBRARY	21,301	33,796	2	0	1,408
17.00	01700	SOCIAL SERVICE	27,023	0	0	0	0
23.00	02300	PARAMED PRGM- EMS	14,430	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	861,321	1,881,192	123	15,785	78,364
31.00	03100	INTENSIVE CARE UNIT	406,715	420,346	27	6,260	17,510
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	167,779	266,346	17	2,436	11,095
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	98,367	51,432	3	916	2,142
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	487,275	975,998	63	6,372	40,657
50.01	05001	OPERATING ROOM	0	0	0	0	0
51.00	05100	RECOVERY ROOM	54,978	78,414	5	0	3,266
52.00	05200	DELIVERY ROOM & LABOR ROOM	129,050	194,486	13	1,788	8,102
53.00	05300	ANESTHESIOLOGY	20,090	3,751	0	0	156
54.00	05400	RADIOLOGY-DIAGNOSTIC	545,074	689,298	45	3,225	28,714
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	249,924	169,767	11	0	7,072
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	22,284	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	102,488	17,734	1	0	739
66.00	06600	PHYSICAL THERAPY	66,812	28,680	2	0	1,195
67.00	06700	OCCUPATIONAL THERAPY	67,094	51,665	3	0	2,152
69.00	06900	ELECTROCARDIOLOGY	80,627	168,069	11	1,488	7,001
70.00	07000	ELECTROENCEPHALOGRAPHY	9,710	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	609,874	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	502,741	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	91,551	0	0	0	0
74.00	07400	RENAL DIALYSIS	22,413	50,977	3	0	2,124
76.00	03140	CARDIOLOGY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	18,758	40,412	3	273	1,683
<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	380	0	0	0	0
90.01	09001	SPORTS MEDICINE	43,381	0	0	0	0
90.02	09002	WOUND CARE CLINIC	12,173	31,988	2	401	1,333
91.00	09100	EMERGENCY	372,126	251,157	16	10,207	10,462
91.01	09101	CHEMOTHERAPY	32,025	44,090	3	0	1,837
91.02	09102	PAIN CLINIC	0	0	0	0	0
91.03	09103	INFUSION CLINIC	0	0	0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORE	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0288

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/31/2019 2:57 pm

Cost Center Description			OTHER ADMIN AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
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)	6,497,092	6,138,910	397	49,390	253,209	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	27,296	497,137	32	0	20,709	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
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)	6,524,388	6,636,047	429	49,390	273,918	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0288		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/31/2019 2:57 pm	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
<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
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	890,098					10.00
11.00	01100	CAFETERIA	407,019	407,019				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	4,718	4,718			12.00
13.00	01300	NURSING ADMINISTRATION	0	6,714	102	395,910		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	7,440	52	0	966,238	14.00
15.00	01500	PHARMACY	0	9,617	419	0	6,047	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,270	2	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	1,815	44	0	20	17.00
23.00	02300	PARAMED ED PRGM- EMS	0	5,988	13	0	62	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	305,410	62,604	635	152,274	38,490	30.00
31.00	03100	INTENSIVE CARE UNIT	100,663	25,586	332	68,354	30,474	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	58,891	11,251	167	14,212	1,160	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	5,625	69	18,273	7,858	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	21,231	403	35,869	520,646	50.00
50.01	05001	OPERATING ROOM	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	2,359	45	8,121	969	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	7,440	104	20,303	7,572	52.00
53.00	05300	ANESTHESIOLOGY	0	907	18	0	22,485	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	22,320	454	8,798	256,202	54.00
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	210	0	22,419	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	16	0	1,670	62.00
65.00	06500	RESPIRATORY THERAPY	0	6,170	84	0	12,889	65.00
66.00	06600	PHYSICAL THERAPY	0	4,355	56	0	85	66.00
67.00	06700	OCCUPATIONAL THERAPY	14,821	3,811	53	4,737	906	67.00
69.00	06900	ELECTROCARDIOLOGY	0	4,355	69	5,414	2,675	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	363	12	0	392	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	424	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	438	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	69	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	907	16	2,707	2,638	74.00
76.00	03140	CARDIOLOGY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	16	2,030	227	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	1	0	2	90.00
90.01	09001	SPORTS MEDICINE	0	2,178	34	0	167	90.01
90.02	09002	WOUND CARE CLINIC	0	544	9	0	4,705	90.02
91.00	09100	EMERGENCY	3,294	182,733	291	43,313	19,174	91.00
91.01	09101	CHEMOTHERAPY	0	2,178	5	8,121	893	91.01
91.02	09102	PAIN CLINIC	0	0	0	0	0	91.02
91.03	09103	INFUSION CLINIC	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0	0	0	99.10

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0288			Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/31/2019 2:57 pm	
Cost Center Description		DI ETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY		
		10.00	11.00	12.00	13.00	14.00		
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	890,098	404,479	4,662	392,526	960,827	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	0	2,540	56	3,384	5,411	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
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)	890,098	407,019	4,718	395,910	966,238	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0288		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/31/2019 2:57 pm	
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM- EMS	Subtotal	
			15.00	16.00	17.00	23.00	24.00	
<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
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINISTRATIVE						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	759,232					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	144,426				16.00
17.00	01700	SOCIAL SERVICE	0	0	81,432			17.00
23.00	02300	PARAMED ED PRGM- EMS	0	0	0	120,127		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	126,502	14,903	71,441		8,108,533	30.00
31.00	03100	INTENSIVE CARE UNIT	84,994	0	1,544		2,175,409	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0		0	34.00
40.00	04000	SUBPROVIDER - I/PF	163	26,366	0		1,199,308	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	4,877	4,968	2,303		324,357	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0		0	44.00
45.00	04500	NURSING FACILITY	0	0	0		0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	128,482	8,815	0		4,583,244	50.00
50.01	05001	OPERATING ROOM	0	0	0		0	50.01
51.00	05100	RECOVERY ROOM	8,083	136	0		345,701	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,983	1,406	2,303		966,495	52.00
53.00	05300	ANESTHESIOLOGY	44,947	257	0		105,312	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	33,542	5,589	0		3,335,791	54.00
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	6	25,966	0		888,953	60.00
60.01	06001	BLOOD LABORATORY	0	0	0		0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		26,160	62.00
65.00	06500	RESPIRATORY THERAPY	753	478	0		196,380	65.00
66.00	06600	PHYSICAL THERAPY	0	3,390	0		205,216	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	114	0		313,356	67.00
69.00	06900	ELECTROCARDIOLOGY	13,933	11,605	0		696,705	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	36	0		11,412	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		616,347	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0		517,380	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,873	0		121,206	73.00
74.00	07400	RENAL DIALYSIS	8,060	143	0		214,366	74.00
76.00	03140	CARDIOLOGY	0	0	0		0	76.00
76.97	07697	CARDIAC REHABILITATION	6	0	0		165,353	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	0	0	0		387	90.00
90.01	09001	SPORTS MEDICINE	0	0	0		346,208	90.01
90.02	09002	WOUND CARE CLINIC	861	0	766		131,353	90.02
91.00	09100	EMERGENCY	253,246	33,381	3,075		2,236,535	91.00
91.01	09101	CHEMOTHERAPY	22,325	0	0		216,066	91.01
91.02	09102	PAIN CLINIC	0	0	0		0	91.02
91.03	09103	INFUSION CLINIC	0	0	0		0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0		0	99.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0288

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/31/2019 2:57 pm

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM- EMS	Subtotal	
		15.00	16.00	17.00	23.00	24.00	
<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					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	754,763	144,426	81,432	0	28,047,533
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	4,469	0	0		1,819,934
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0		0
200.00		Cross Foot Adjustments				120,127	120,127
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	759,232	144,426	81,432	120,127	29,987,594

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0288	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/31/2019 2:57 pm
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	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
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.04	00570	ADMITTING		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590	OTHER ADMIN AND GENERAL		5.06
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
23.00	02300	PARAMED ED PRGM- EMS		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	8,108,533	31.00
32.00	03200	CORONARY CARE UNIT	2,175,409	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000	SUBPROVIDER - I PF	1,199,308	40.00
41.00	04100	SUBPROVIDER - I RF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	324,357	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
45.00	04500	NURSING FACILITY	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	4,583,244	50.00
50.01	05001	OPERATING ROOM	0	50.01
51.00	05100	RECOVERY ROOM	345,701	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	966,495	52.00
53.00	05300	ANESTHESIOLOGY	105,312	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,335,791	54.00
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	888,953	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	26,160	62.00
65.00	06500	RESPIRATORY THERAPY	196,380	65.00
66.00	06600	PHYSICAL THERAPY	205,216	66.00
67.00	06700	OCCUPATIONAL THERAPY	313,356	67.00
69.00	06900	ELECTROCARDIOLOGY	696,705	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	11,412	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	616,347	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	517,380	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	121,206	73.00
74.00	07400	RENAL DIALYSIS	214,366	74.00
76.00	03140	CARDIOLOGY	0	76.00
76.97	07697	CARDIAC REHABILITATION	165,353	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	387	90.00
90.01	09001	SPORTS MEDICINE	346,208	90.01
90.02	09002	WOUND CARE CLINIC	131,353	90.02
91.00	09100	EMERGENCY	2,236,535	91.00
91.01	09101	CHEMOTHERAPY	216,066	91.01
91.02	09102	PAIN CLINIC	0	91.02
91.03	09103	INFUSION CLINIC	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0288

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/31/2019 2:57 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	09910 CORF	0	0	99.10
<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			113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	28,047,533	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001 OTHER NONREIMBURSABLE	0	1,819,934	190.01
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
200.00	Cross Foot Adjustments	0	120,127	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	0	29,987,594	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0288

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

Worksheet B-1  
Date/Time Prepared:  
5/31/2019 2:57 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (SALARIES)	NONPATIENT TELEPHONES (#OF PHONES)	DATA PROCESSING (REVENUE)	
	NEW BLDG & FIXT (SQUARE FEET 2)	NEW MVBLE EQUIP (SQUARE FEET 2)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	904,407					1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		904,407				2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	1,675	1,675	118,710,100			4.00
5.01 00540 NONPATIENT TELEPHONES	5,458	5,458	367,407	1,954		5.01
5.02 00550 DATA PROCESSING	2,998	2,998	0	75	1,294,832,866	5.02
5.03 00560 PURCHASING RECEIVING AND STORES	955	955	0	1	0	5.03
5.04 00570 ADMITTING	830	830	48	11	0	5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	1,129	1,129	451,699	9	0	5.05
5.06 00590 OTHER ADMIN AND GENERAL	138,007	138,007	9,877,343	345	0	5.06
6.00 00600 MAINTENANCE & REPAIRS	213,767	213,767	1,773,073	104	0	6.00
7.00 00700 OPERATION OF PLANT	0	0	5,429	3	0	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	612	612	0	2	0	8.00
9.00 00900 HOUSEKEEPING	4,302	4,302	2,724,202	16	0	9.00
10.00 01000 DIETARY	18,083	18,083	2,529,898	25	0	10.00
11.00 01100 CAFETERIA	0	0	0	0	0	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	5,878	5,878	3,741,887	34	0	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	21,315	21,315	1,468,714	19	0	14.00
15.00 01500 PHARMACY	5,859	5,859	5,360,851	40	0	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	2,748	2,748	666,086	0	0	16.00
17.00 01700 SOCIAL SERVICE	0	0	860,222	7	0	17.00
23.00 02300 PARAMEDICAL PRGM- EMS	0	0	466,807	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	152,963	152,963	24,315,379	274	122,862,802	30.00
31.00 03100 INTENSIVE CARE UNIT	34,179	34,179	11,046,001	129	44,464,560	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	21,657	21,657	4,445,872	60	33,788,535	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	4,182	4,182	2,766,089	12	22,247,590	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	79,360	79,360	10,029,828	211	134,063,083	50.00
50.01 05001 OPERATING ROOM	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	6,376	6,376	1,256,501	16	21,036,355	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	15,814	15,814	3,416,111	57	22,015,139	52.00
53.00 05300 ANESTHESIOLOGY	305	305	200,906	3	19,002,496	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	56,048	56,048	10,330,564	234	259,958,854	54.00
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	13,804	13,804	0	0	90,048,976	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	12,200,345	62.00
65.00 06500 RESPIRATORY THERAPY	1,442	1,442	2,468,110	11	41,637,544	65.00
66.00 06600 PHYSICAL THERAPY	2,332	2,332	1,951,691	6	11,185,113	66.00
67.00 06700 OCCUPATIONAL THERAPY	4,201	4,201	1,917,080	14	10,117,308	67.00
69.00 06900 ELECTROCARDIOLOGY	13,666	13,666	2,193,055	22	24,592,527	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	161,279	0	5,473,214	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	36,133,078	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	85,125,573	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	139,325,216	73.00
74.00 07400 RENAL DIALYSIS	4,145	4,145	566,368	1	4,150,755	74.00
76.00 03140 RADIOLOGY	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	3,286	3,286	455,904	76	4,031,015	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	40,485	90.00
90.01 09001 SPORTS MEDICINE	0	0	1,098,095	4	6,452,035	90.01
90.02 09002 WOUND CARE CLINIC	2,601	2,601	217,522	32	5,745,236	90.02
91.00 09100 EMERGENCY	20,422	20,422	8,085,355	72	131,021,804	91.00
91.01 09101 CHEMOTHERAPY	3,585	3,585	448,450	1	6,534,988	91.01
91.02 09102 PAIN CLINIC	0	0	0	0	0	91.02
91.03 09103 INFUSION CLINIC	0	0	0	0	0	91.03
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0288

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

Worksheet B-1

Date/Time Prepared:  
5/31/2019 2:57 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (SALARIES)	NONPATIENT TELEPHONES (#OF PHONES)	DATA PROCESSING (REVENUE)			
	NEW BLDG & FIXT (SQUARE FEET 2)	NEW MVBLE EQUIP (SQUARE FEET 2)						
	1.00	2.00						
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10 09910 CORF	0	0	0	0	0	99.10		
<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)		863,984	863,984	117,663,826	1,926	1,293,254,626	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00		
190.01 19001 OTHER NONREIMBURSABLE	40,423	40,423	1,046,274	28	1,578,240	190.01		
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00		
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)					202.00		
203.00	15,028,007	11,122,695	28,172,198	737,698	9,998,906	202.00		
204.00	Unit cost multiplier (Wkst. B, Part I)					203.00		
204.00	16.616420	12.298329	0.237319	377.532242	0.007722	203.00		
205.00	Cost to be allocated (per Wkst. B, Part II)					204.00		
205.00	Unit cost multiplier (Wkst. B, Part II)					205.00		
205.00			0.000408	80.842375	0.000072	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: 14-0288

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

Worksheet B-1

Date/Time Prepared:  
5/31/2019 2:57 pm

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLY COSTS)	ADMINING (I/P REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (REVENUE)	Reconciliation	OTHER ADMIN AND GENERAL (ACCU. COST)	
		5.03	5.04	5.05	5A.06	5.06	
<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
5.01	00540 NONPATIENT TELEPHONES						5.01
5.02	00550 DATA PROCESSING						5.02
5.03	00560 PURCHASING RECEIVING AND STORES	51,786,456					5.03
5.04	00570 ADMINING	233	793,445,034				5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE	847	0	1,294,832,866			5.05
5.06	00590 OTHER ADMIN AND GENERAL	573,577	0	0	-17,687,738	294,635,760	5.06
6.00	00600 MAINTENANCE & REPAIRS	1,106,669	0	0	0	19,813,129	6.00
7.00	00700 OPERATION OF PLANT	42	0	0	0	8,292	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	34,363	0	0	0	1,083,225	8.00
9.00	00900 HOUSEKEEPING	349,771	0	0	0	4,246,056	9.00
10.00	01000 DIETARY	1,325,954	0	0	0	4,701,646	10.00
11.00	01100 CAFETERIA	0	0	0	0	0	11.00
12.00	01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300 NURSING ADMINISTRATION	31,785	0	0	0	6,301,198	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	390,527	0	0	0	3,007,842	14.00
15.00	01500 PHARMACY	300,227	0	0	0	22,224,404	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	0	0	0	961,939	16.00
17.00	01700 SOCIAL SERVICE	983	0	0	0	1,220,320	17.00
23.00	02300 PARAMED PRGM- EMS	3,070	0	0	0	651,623	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	1,911,020	122,862,802	122,862,802	0	38,897,625	30.00
31.00	03100 INTENSIVE CARE UNIT	1,513,014	44,464,560	44,464,560	0	18,366,808	31.00
32.00	03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000 SUBPROVIDER - I/P	57,586	33,788,535	33,788,535	0	7,576,709	40.00
41.00	04100 SUBPROVIDER - I/R	0	0	0	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300 NURSERY	390,148	22,247,590	22,247,590	0	4,442,168	43.00
44.00	04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500 NURSING FACILITY	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	25,849,117	70,511,417	134,063,083	0	22,004,852	50.00
50.01	05001 OPERATING ROOM	0	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	48,116	10,970,385	21,036,355	0	2,482,746	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	375,943	17,282,276	22,015,139	0	5,827,756	52.00
53.00	05300 ANESTHESIOLOGY	1,116,373	11,558,473	19,002,496	0	907,232	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	12,720,405	97,661,867	259,958,854	0	24,614,990	54.00
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	1,113,092	52,817,600	90,048,976	0	11,286,304	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	82,922	10,010,435	12,200,345	0	1,006,303	62.00
65.00	06500 RESPIRATORY THERAPY	639,954	37,583,943	41,637,544	0	4,628,264	65.00
66.00	06600 PHYSICAL THERAPY	4,203	9,076,225	11,185,113	0	3,017,160	66.00
67.00	06700 OCCUPATIONAL THERAPY	44,975	3,876,933	10,117,308	0	3,029,875	67.00
69.00	06900 ELECTROCARDIOLOGY	132,793	10,217,960	24,592,527	0	3,641,036	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	19,481	3,020,384	5,473,214	0	438,475	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	26,400,327	36,133,078	0	27,541,288	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	61,670,725	85,125,573	0	22,703,277	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	95,367,950	139,325,216	0	4,134,355	73.00
74.00	07400 RENAL DIALYSIS	130,971	4,022,750	4,150,755	0	1,012,138	74.00
76.00	03140 RADIOLOGY	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	11,295	178,080	4,031,015	0	847,080	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	115	0	40,485	0	17,155	90.00
90.01	09001 SPORTS MEDICINE	8,284	0	6,452,035	0	1,959,029	90.01
90.02	09002 WOUND CARE CLINIC	233,614	0	5,745,236	0	549,732	90.02
91.00	09100 EMERGENCY	951,966	46,983,922	131,021,804	0	16,804,841	91.00
91.01	09101 CHEMOTHERAPY	44,355	0	6,534,988	0	1,446,218	91.01
91.02	09102 PAIN CLINIC	0	0	0	0	0	91.02
91.03	09103 INFUSION CLINIC	0	0	0	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0288

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

Worksheet B-1

Date/Time Prepared:  
5/31/2019 2:57 pm

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLY COSTS)	ADMINISTRATIVE (I/P REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910 CORF	0	0	0	0	0	99.10
<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)	51,517,790	792,575,139	1,293,254,626	-17,687,738	293,403,090	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 OTHER NONREIMBURSABLE	268,666	869,895	1,578,240	0	1,232,670	190.01
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
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)	27,992	80,518	28,334,951		17,687,738	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000541	0.000101	0.021883		0.060033	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	27,695	75,038	33,592		6,524,388	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000535	0.000095	0.000026		0.022144	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: 14-0288

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

Worksheet B-1

Date/Time Prepared:  
5/31/2019 2:57 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQARE FEET 2)	OPERATION OF PLANT (SQARE FEET 2)	LAUNDRY & LINEN SERVICE (#OF POUNDS)	HOUSEKEEPING (SQUARE FEET 2)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600	539,588					6.00
7.00	00700	0	539,588				7.00
8.00	00800	612	612	1,541,924			8.00
9.00	00900	4,302	4,302	0	534,674		9.00
10.00	01000	18,083	18,083	0	18,083	386,411	10.00
11.00	01100	0	0	0	0	176,696	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	5,878	5,878	0	5,878	0	13.00
14.00	01400	21,315	21,315	7,468	21,315	0	14.00
15.00	01500	5,859	5,859	0	5,859	0	15.00
16.00	01600	2,748	2,748	0	2,748	0	16.00
17.00	01700	0	0	0	0	0	17.00
23.00	02300	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	152,963	152,963	492,757	152,963	132,585	30.00
31.00	03100	34,179	34,179	195,442	34,179	43,700	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	21,657	21,657	76,056	21,657	25,566	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	4,182	4,182	28,594	4,182	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	79,360	79,360	198,926	79,360	0	50.00
50.01	05001	0	0	0	0	0	50.01
51.00	05100	6,376	6,376	0	6,376	0	51.00
52.00	05200	15,814	15,814	55,818	15,814	0	52.00
53.00	05300	305	305	0	305	0	53.00
54.00	05400	56,048	56,048	100,684	56,048	0	54.00
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	13,804	13,804	0	13,804	0	60.00
60.01	06001	0	0	0	0	0	60.01
62.00	06200	0	0	0	0	0	62.00
65.00	06500	1,442	1,442	0	1,442	0	65.00
66.00	06600	2,332	2,332	0	2,332	0	66.00
67.00	06700	4,201	4,201	0	4,201	6,434	67.00
69.00	06900	13,666	13,666	46,460	13,666	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	4,145	4,145	0	4,145	0	74.00
76.00	03140	0	0	0	0	0	76.00
76.97	07697	3,286	3,286	8,536	3,286	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
90.01	09001	0	0	0	0	0	90.01
90.02	09002	2,601	2,601	12,521	2,601	0	90.02
91.00	09100	20,422	20,422	318,662	20,422	1,430	91.00
91.01	09101	3,585	3,585	0	3,585	0	91.01
91.02	09102	0	0	0	0	0	91.02
91.03	09103	0	0	0	0	0	91.03
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	0	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0288

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

Worksheet B-1

Date/Time Prepared:  
5/31/2019 2:57 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET 2)	OPERATION OF PLANT (SQUARE FEET 2)	LAUNDRY & LINEN SERVICE (#OF POUNDS)	HOUSEKEEPING (SQUARE FEET 2)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
<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					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	499,165	499,165	1,541,924	494,251	386,411
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	40,423	40,423	0	40,423	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
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)	21,002,571	8,790	1,172,085	4,668,477	5,845,937
203.00		Unit cost multiplier (Wkst. B, Part I)	38.923347	0.016290	0.760144	8.731446	15.128806
204.00		Cost to be allocated (per Wkst. B, Part II)	6,636,047	429	49,390	273,918	890,098
205.00		Unit cost multiplier (Wkst. B, Part II)	12.298359	0.000795	0.032031	0.512308	2.303501
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: 14-0288

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

Worksheet B-1  
Date/Time Prepared:  
5/31/2019 2:57 pm

Cost Center Description		CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (ACC COST)	NURSING ADMINISTRATION (FTE'S)	CENTRAL SERVICES & SUPPLY (COSTS)	PHARMACY (COSTS)	
		11.00	12.00	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
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	2,243					11.00
12.00	01200	26	264,990,901				12.00
13.00	01300	37	5,639,977	585			13.00
14.00	01400	41	2,907,120	0	47,972,688		14.00
15.00	01500	53	23,296,312	0	300,227	1,102,351	15.00
16.00	01600	7	86,304	0	0	0	16.00
17.00	01700	10	2,456,708	0	983	0	17.00
23.00	02300	33	719,345	0	3,070	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	345	38,405,032	225	1,911,020	183,672	30.00
31.00	03100	141	18,458,237	101	1,513,014	123,405	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	62	9,267,971	21	57,586	237	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	31	3,844,707	27	390,148	7,081	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	117	22,402,070	53	25,849,117	186,547	50.00
50.01	05001	0	0	0	0	0	50.01
51.00	05100	13	2,497,417	12	48,116	11,736	51.00
52.00	05200	41	5,758,463	30	375,943	34,822	52.00
53.00	05300	5	981,826	0	1,116,373	65,260	53.00
54.00	05400	123	25,197,734	13	12,720,405	48,701	54.00
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	11,663,060	0	1,113,092	8	60.00
60.01	06001	0	0	0	0	0	60.01
62.00	06200	0	870,414	0	82,922	0	62.00
65.00	06500	34	4,650,881	0	639,954	1,094	65.00
66.00	06600	24	3,093,596	0	4,203	0	66.00
67.00	06700	21	2,932,441	7	44,975	0	67.00
69.00	06900	24	3,834,251	8	132,793	20,229	69.00
70.00	07000	2	653,878	0	19,481	0	70.00
71.00	07100	0	23,540,355	0	0	0	71.00
72.00	07200	0	24,309,708	0	0	0	72.00
73.00	07300	0	3,831,285	0	0	0	73.00
74.00	07400	5	896,752	4	130,971	11,703	74.00
76.00	03140	0	0	0	0	0	76.00
76.97	07697	0	870,509	3	11,295	8	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	29,016	0	115	0	90.00
90.01	09001	12	1,867,416	0	8,284	0	90.01
90.02	09002	3	482,579	0	233,614	1,250	90.02
91.00	09100	1,007	16,167,385	64	951,966	367,695	91.00
91.01	09101	12	276,796	12	44,355	32,415	91.01
91.02	09102	0	0	0	0	0	91.02
91.03	09103	0	0	0	0	0	91.03
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	0	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0288

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

Worksheet B-1

Date/Time Prepared:  
5/31/2019 2:57 pm

Cost Center Description		CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (ACC COST)	NURSING ADMINISTRATION (FTE'S)	CENTRAL SERVICES & SUPPLY (COSTS)	PHARMACY (COSTS)	
		11.00	12.00	13.00	14.00	15.00	
<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					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,229	261,889,545	580	47,704,022	1,095,863
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	14	3,101,356	5	268,666	6,488
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,673,199	30,987	7,004,444	4,259,402	23,930,455
203.00		Unit cost multiplier (Wkst. B, Part I)	1,191.796255	0.000117	11,973.408547	0.088788	21.708562
204.00		Cost to be allocated (per Wkst. B, Part II)	407,019	4,718	395,910	966,238	759,232
205.00		Unit cost multiplier (Wkst. B, Part II)	181.461881	0.000018	676.769231	0.020141	0.688739
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: 14-0288

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

Worksheet B-1  
Date/Time Prepared:  
5/31/2019 2:57 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (PATIENTS DAYS)	PARAMED ED PRGM- EMS (ASSIGNED TIME)	
		16.00	17.00	23.00	
<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
5.01	00540 NONPATIENT TELEPHONES				5.01
5.02	00550 DATA PROCESSING				5.02
5.03	00560 PURCHASING RECEIVING AND STORES				5.03
5.04	00570 ADMITTING				5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590 OTHER ADMIN AND GENERAL				5.06
6.00	00600 MAINTENANCE & REPAIRS				6.00
7.00	00700 OPERATION OF PLANT				7.00
8.00	00800 LAUNDRY & LINEN SERVICE				8.00
9.00	00900 HOUSEKEEPING				9.00
10.00	01000 DIETARY				10.00
11.00	01100 CAFETERIA				11.00
12.00	01200 MAINTENANCE OF PERSONNEL				12.00
13.00	01300 NURSING ADMINISTRATION				13.00
14.00	01400 CENTRAL SERVICES & SUPPLY				14.00
15.00	01500 PHARMACY				15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	20,235			16.00
17.00	01700 SOCIAL SERVICE	0	12,763		17.00
23.00	02300 PARAMED ED PRGM- EMS	0	0	28,740	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS	2,088	11,197	0	30.00
31.00	03100 INTENSIVE CARE UNIT	0	242	0	31.00
32.00	03200 CORONARY CARE UNIT	0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
40.00	04000 SUBPROVIDER - I PF	3,694	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	696	361	0	43.00
44.00	04400 SKILLED NURSING FACILITY	0	0	0	44.00
45.00	04500 NURSING FACILITY	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	1,235	0	0	50.00
50.01	05001 OPERATING ROOM	0	0	0	50.01
51.00	05100 RECOVERY ROOM	19	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	197	361	0	52.00
53.00	05300 ANESTHESIOLOGY	36	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	783	0	0	54.00
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	3,638	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	67	0	0	65.00
66.00	06600 PHYSICAL THERAPY	475	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	16	0	0	67.00
69.00	06900 ELECTROCARDIOLOGY	1,626	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	5	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	963	0	0	73.00
74.00	07400 RENAL DIALYSIS	20	0	0	74.00
76.00	03140 RADIOLOGY	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	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	0	0	0	90.00
90.01	09001 SPORTS MEDICINE	0	0	0	90.01
90.02	09002 WOUND CARE CLINIC	0	120	0	90.02
91.00	09100 EMERGENCY	4,677	482	28,740	91.00
91.01	09101 CHEMOTHERAPY	0	0	0	91.01
91.02	09102 PAIN CLINIC	0	0	0	91.02
91.03	09103 INFUSION CLINIC	0	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0288

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

Worksheet B-1

Date/Time Prepared:  
5/31/2019 2:57 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (PATIENTS DAYS)	PARAMED ED PRGM- EMS (ASSIGNED TIME)	
		16.00	17.00	23.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10	09910 CORF	0	0	0	99.10
<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
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	20,235	12,763	28,740	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
190.01	19001 OTHER NONREIMBURSABLE	0	0	0	190.01
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
200.00	Cross Foot Adjustments				200.00
201.00	Negative Cost Centers				201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,159,040	1,305,871	730,428	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	57.278972	102.316932	25.415031	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	144,426	81,432	120,127	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	7.137435	6.380318	4.179784	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)			0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)			0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0288	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/31/2019 2:57 pm
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		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	59,436,799		59,436,799	1,961,757	61,398,556
31.00	03100 INTENSIVE CARE UNIT	26,126,026		26,126,026	384,720	26,510,746
32.00	03200 CORONARY CARE UNIT	0		0	0	0
33.00	03300 BURN INTENSIVE CARE UNIT	0		0	0	0
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0		0	0	0
40.00	04000 SUBPROVIDER - I/PF	10,056,836		10,056,836	0	10,056,836
41.00	04100 SUBPROVIDER - I/RF	0		0	0	0
42.00	04200 SUBPROVIDER	0		0	0	0
43.00	04300 NURSERY	5,555,779		5,555,779	1,014,298	6,570,077
44.00	04400 SKILLED NURSING FACILITY	0		0	0	0
45.00	04500 NURSING FACILITY	0		0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	34,452,414		34,452,414	0	34,452,414
50.01	05001 OPERATING ROOM	0		0	0	0
51.00	05100 RECOVERY ROOM	3,355,342		3,355,342	0	3,355,342
52.00	05200 DELIVERY ROOM & LABOR ROOM	8,220,190		8,220,190	1,285,295	9,505,485
53.00	05300 ANESTHESIOLOGY	2,500,194		2,500,194	0	2,500,194
54.00	05400 RADIOLOGY-DIAGNOSTIC	31,377,795		31,377,795	18,900	31,396,695
57.00	05700 CT SCAN	0		0	0	0
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0
59.00	05900 CARDIAC CATHETERIZATION	0		0	0	0
60.00	06000 LABORATORY	12,930,656		12,930,656	0	12,930,656
60.01	06001 BLOOD LABORATORY	0		0	0	0
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,074,178		1,074,178	0	1,074,178
65.00	06500 RESPIRATORY THERAPY	5,100,326	0	5,100,326	0	5,100,326
66.00	06600 PHYSICAL THERAPY	3,366,004	0	3,366,004	0	3,366,004
67.00	06700 OCCUPATIONAL THERAPY	3,623,466	0	3,623,466	0	3,623,466
69.00	06900 ELECTROCARDIOLOGY	5,215,315		5,215,315	478,507	5,693,822
70.00	07000 ELECTROENCEPHALOGRAPHY	469,275		469,275	0	469,275
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	29,197,428		29,197,428	0	29,197,428
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	24,069,067		24,069,067	0	24,069,067
73.00	07300 DRUGS CHARGED TO PATIENTS	4,438,161		4,438,161	0	4,438,161
74.00	07400 RENAL DIALYSIS	1,591,285		1,591,285	0	1,591,285
76.00	03140 RADIOLOGY	0		0	0	0
76.97	07697 CARDIAC REHABILITATION	1,098,269		1,098,269	0	1,098,269
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0
90.00	09000 CLINIC	18,198		18,198	0	18,198
90.01	09001 SPORTS MEDICINE	2,091,891		2,091,891	0	2,091,891
90.02	09002 WOUND CARE CLINIC	780,031		780,031	0	780,031
91.00	09100 EMERGENCY	30,133,706		30,133,706	3,132,251	33,265,957
91.01	09101 CHEMOTHERAPY	2,569,575		2,569,575	0	2,569,575
91.02	09102 PAIN CLINIC	0		0	0	0
91.03	09103 INFUSION CLINIC	0		0	0	0
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,711,225		2,711,225	0	2,711,225
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	09910 CORF	0		0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	10900 PANCREAS ACQUISITION	0		0	0	0
110.00	11000 INTESTINAL ACQUISITION	0		0	0	0
111.00	11100 ISLET ACQUISITION	0		0	0	0
113.00	11300 INTEREST EXPENSE	0		0	0	0
200.00	Subtotal (see instructions)	311,559,431	0	311,559,431	8,275,728	319,835,159
201.00	Less Observation Beds	2,711,225	0	2,711,225	0	2,711,225
202.00	Total (see instructions)	308,848,206	0	308,848,206	8,275,728	317,123,934

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0288		Period: From 01/01/2018 To 12/31/2018		Worksheet C Part I Date/Time Prepared: 5/31/2019 2:57 pm		
			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	122,862,802		122,862,802				30.00
31.00	03100	INTENSIVE CARE UNIT	44,464,560		44,464,560				31.00
32.00	03200	CORONARY CARE UNIT	0		0				32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0				34.00
40.00	04000	SUBPROVIDER - IPF	33,788,535		33,788,535				40.00
41.00	04100	SUBPROVIDER - IRF	0		0				41.00
42.00	04200	SUBPROVIDER	0		0				42.00
43.00	04300	NURSERY	22,247,590		22,247,590				43.00
44.00	04400	SKILLED NURSING FACILITY	0		0				44.00
45.00	04500	NURSING FACILITY	0		0				45.00
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	70,511,417	63,551,666	134,063,083	0.256987	0.000000		50.00
50.01	05001	OPERATING ROOM	0	0	0	0.000000	0.000000		50.01
51.00	05100	RECOVERY ROOM	10,907,385	10,128,970	21,036,355	0.159502	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	17,282,276	4,732,863	22,015,139	0.373388	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	11,558,473	7,444,023	19,002,496	0.131572	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	97,661,867	162,296,987	259,958,854	0.120703	0.000000		54.00
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000		59.00
60.00	06000	LABORATORY	52,817,600	37,231,376	90,048,976	0.143596	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	10,010,435	2,189,910	12,200,345	0.088045	0.000000		62.00
65.00	06500	RESPIRATORY THERAPY	37,583,943	4,053,601	41,637,544	0.122493	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	9,076,225	2,108,888	11,185,113	0.300936	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	3,876,933	6,240,375	10,117,308	0.358145	0.000000		67.00
69.00	06900	ELECTROCARDIOLOGY	10,217,960	14,374,567	24,592,527	0.212069	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,020,384	2,452,830	5,473,214	0.085740	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	26,400,327	9,732,751	36,133,078	0.808053	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	61,670,725	23,454,849	85,125,574	0.282748	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	95,367,950	43,957,266	139,325,216	0.031855	0.000000		73.00
74.00	07400	RENAL DIALYSIS	4,150,755	0	4,150,755	0.383372	0.000000		74.00
76.00	03140	CARDIOLOGY	0	0	0	0.000000	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	178,080	3,852,935	4,031,015	0.272455	0.000000		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	0	40,485	40,485	0.449500	0.000000		90.00
90.01	09001	SPORTS MEDICINE	0	6,452,035	6,452,035	0.324222	0.000000		90.01
90.02	09002	WOUND CARE CLINIC	0	5,745,236	5,745,236	0.135770	0.000000		90.02
91.00	09100	EMERGENCY	46,983,922	84,037,882	131,021,804	0.229990	0.000000		91.00
91.01	09101	CHEMOTHERAPY	0	6,534,988	6,534,988	0.393203	0.000000		91.01
91.02	09102	PAIN CLINIC	0	0	0	0.000000	0.000000		91.02
91.03	09103	INFUSION CLINIC	0	0	0	0.000000	0.000000		91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	7,560,245	17,003,025	24,563,270	0.110377	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>									
99.10	09910	CORF	0	0	0				99.10
<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)	800,200,389	517,617,508	1,317,817,897				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	800,200,389	517,617,508	1,317,817,897				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0288	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/31/2019 2:57 pm
Cost Center Description			PPS Inpatient Ratio 11.00	Title XVIII	Hospital PPS
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000	SUBPROVIDER - I PF			40.00
41.00	04100	SUBPROVIDER - I RF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
45.00	04500	NURSING FACILITY			45.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.256987		50.00
50.01	05001	OPERATING ROOM	0.000000		50.01
51.00	05100	RECOVERY ROOM	0.159502		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.431770		52.00
53.00	05300	ANESTHESIOLOGY	0.131572		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.120776		54.00
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	0.143596		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.088045		62.00
65.00	06500	RESPIRATORY THERAPY	0.122493		65.00
66.00	06600	PHYSICAL THERAPY	0.300936		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.358145		67.00
69.00	06900	ELECTROCARDIOLOGY	0.231527		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.085740		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.808053		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.282748		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.031855		73.00
74.00	07400	RENAL DIALYSIS	0.383372		74.00
76.00	03140	CARDIOLOGY	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.272455		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	0.449500		90.00
90.01	09001	SPORTS MEDICINE	0.324222		90.01
90.02	09002	WOUND CARE CLINIC	0.135770		90.02
91.00	09100	EMERGENCY	0.253896		91.00
91.01	09101	CHEMOTHERAPY	0.393203		91.01
91.02	09102	PAIN CLINIC	0.000000		91.02
91.03	09103	INFUSION CLINIC	0.000000		91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.110377		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10	09910	CORF			99.10
<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: 14-0288

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/31/2019 2:57 pm

		Title XIX		Hospital		Cost
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS		59,436,799	1,961,757	61,398,556	30.00
31.00	03100 INTENSIVE CARE UNIT		26,126,026	384,720	26,510,746	31.00
32.00	03200 CORONARY CARE UNIT		0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0	0	0	34.00
40.00	04000 SUBPROVIDER - I/PF		10,056,836	0	10,056,836	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		5,555,779	1,014,298	6,570,077	43.00
44.00	04400 SKILLED NURSING FACILITY		0	0	0	44.00
45.00	04500 NURSING FACILITY		0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM		34,452,414	0	34,452,414	50.00
50.01	05001 OPERATING ROOM		0	0	0	50.01
51.00	05100 RECOVERY ROOM		3,355,342	0	3,355,342	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		8,220,190	1,285,295	9,505,485	52.00
53.00	05300 ANESTHESIOLOGY		2,500,194	0	2,500,194	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		31,377,795	18,900	31,396,695	54.00
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		12,930,656	0	12,930,656	60.00
60.01	06001 BLOOD LABORATORY		0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		1,074,178	0	1,074,178	62.00
65.00	06500 RESPIRATORY THERAPY	0	5,100,326	0	5,100,326	65.00
66.00	06600 PHYSICAL THERAPY	0	3,366,004	0	3,366,004	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	3,623,466	0	3,623,466	67.00
69.00	06900 ELECTROCARDIOLOGY		5,215,315	478,507	5,693,822	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		469,275	0	469,275	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		29,197,428	0	29,197,428	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		24,069,067	0	24,069,067	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		4,438,161	0	4,438,161	73.00
74.00	07400 RENAL DIALYSIS		1,591,285	0	1,591,285	74.00
76.00	03140 RADIOLOGY		0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION		1,098,269	0	1,098,269	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		18,198	0	18,198	90.00
90.01	09001 SPORTS MEDICINE		2,091,891	0	2,091,891	90.01
90.02	09002 WOUND CARE CLINIC		780,031	0	780,031	90.02
91.00	09100 EMERGENCY		30,133,706	3,132,251	33,265,957	91.00
91.01	09101 CHEMOTHERAPY		2,569,575	0	2,569,575	91.01
91.02	09102 PAIN CLINIC		0	0	0	91.02
91.03	09103 INFUSION CLINIC		0	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		2,711,225	0	2,711,225	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	09910 CORF		0	0	0	99.10
<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)		311,559,431	8,275,728	319,835,159	200.00
201.00	Less Observation Beds		2,711,225	0	2,711,225	201.00
202.00	Total (see instructions)		308,848,206	8,275,728	317,123,934	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0288		Period: From 01/01/2018 To 12/31/2018		Worksheet C Part I Date/Time Prepared: 5/31/2019 2:57 pm		
			Title XIX			Hospital		Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	122,862,802		122,862,802				30.00
31.00	03100	INTENSIVE CARE UNIT	44,464,560		44,464,560				31.00
32.00	03200	CORONARY CARE UNIT	0		0				32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0				34.00
40.00	04000	SUBPROVIDER - I PF	33,788,535		33,788,535				40.00
41.00	04100	SUBPROVIDER - I RF	0		0				41.00
42.00	04200	SUBPROVIDER	0		0				42.00
43.00	04300	NURSERY	22,247,590		22,247,590				43.00
44.00	04400	SKILLED NURSING FACILITY	0		0				44.00
45.00	04500	NURSING FACILITY	0		0				45.00
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	70,511,417	63,551,666	134,063,083	0.256987	0.000000		50.00
50.01	05001	OPERATING ROOM	0	0	0	0.000000	0.000000		50.01
51.00	05100	RECOVERY ROOM	10,907,385	10,128,970	21,036,355	0.159502	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	17,282,276	4,732,863	22,015,139	0.373388	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	11,558,473	7,444,023	19,002,496	0.131572	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	97,661,867	162,296,987	259,958,854	0.120703	0.000000		54.00
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000		59.00
60.00	06000	LABORATORY	52,817,600	37,231,376	90,048,976	0.143596	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	10,010,435	2,189,910	12,200,345	0.088045	0.000000		62.00
65.00	06500	RESPIRATORY THERAPY	37,583,943	4,053,601	41,637,544	0.122493	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	9,076,225	2,108,888	11,185,113	0.300936	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	3,876,933	6,240,375	10,117,308	0.358145	0.000000		67.00
69.00	06900	ELECTROCARDIOLOGY	10,217,960	14,374,567	24,592,527	0.212069	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,020,384	2,452,830	5,473,214	0.085740	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	26,400,327	9,732,751	36,133,078	0.808053	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	61,670,725	23,454,849	85,125,574	0.282748	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	95,367,950	43,957,266	139,325,216	0.031855	0.000000		73.00
74.00	07400	RENAL DIALYSIS	4,150,755	0	4,150,755	0.383372	0.000000		74.00
76.00	03140	CARDIOLOGY	0	0	0	0.000000	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	178,080	3,852,935	4,031,015	0.272455	0.000000		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000		89.00
90.00	09000	CLINIC	0	40,485	40,485	0.449500	0.000000		90.00
90.01	09001	SPORTS MEDICINE	0	6,452,035	6,452,035	0.324222	0.000000		90.01
90.02	09002	WOUND CARE CLINIC	0	5,745,236	5,745,236	0.135770	0.000000		90.02
91.00	09100	EMERGENCY	46,983,922	84,037,882	131,021,804	0.229990	0.000000		91.00
91.01	09101	CHEMOTHERAPY	0	6,534,988	6,534,988	0.393203	0.000000		91.01
91.02	09102	PAIN CLINIC	0	0	0	0.000000	0.000000		91.02
91.03	09103	INFUSION CLINIC	0	0	0	0.000000	0.000000		91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	7,560,245	17,003,025	24,563,270	0.110377	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>									
99.10	09910	CORF	0	0	0				99.10
<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)	800,200,389	517,617,508	1,317,817,897				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	800,200,389	517,617,508	1,317,817,897				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0288	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/31/2019 2:57 pm
Cost Center Description			PPS Inpatient Ratio 11.00	Title XIX	Hospital Cost
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000	SUBPROVIDER - I PF			40.00
41.00	04100	SUBPROVIDER - I RF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
45.00	04500	NURSING FACILITY			45.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.000000		50.00
50.01	05001	OPERATING ROOM	0.000000		50.01
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
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
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
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 PATIENT	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
76.00	03140	CARDIOLOGY	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.000000		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	0.000000		90.00
90.01	09001	SPORTS MEDICINE	0.000000		90.01
90.02	09002	WOUND CARE CLINIC	0.000000		90.02
91.00	09100	EMERGENCY	0.000000		91.00
91.01	09101	CHEMOTHERAPY	0.000000		91.01
91.02	09102	PAIN CLINIC	0.000000		91.02
91.03	09103	INFUSION CLINIC	0.000000		91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10	09910	CORF			99.10
<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

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 14-0288	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part I Date/Time Prepared: 5/31/2019 2:57 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	8,108,533	0	8,108,533	62,979	128.75	30.00
31.00	INTENSIVE CARE UNIT	2,175,409		2,175,409	7,728	281.50	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	1,199,308	0	1,199,308	8,622	139.10	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	324,357		324,357	2,327	139.39	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30 through 199)	11,807,607		11,807,607	81,656		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	21,952	2,826,320				
31.00	INTENSIVE CARE UNIT	2,872	808,468				
32.00	CORONARY CARE UNIT	0	0				
33.00	BURN INTENSIVE CARE UNIT	0	0				
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				
40.00	SUBPROVIDER - IPF	831	115,592				
41.00	SUBPROVIDER - IRF	0	0				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	0	0				
45.00	NURSING FACILITY	0	0				
200.00	Total (lines 30 through 199)	25,655	3,750,380				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0288	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part II Date/Time Prepared: 5/31/2019 2:57 pm
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Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	4,583,244	134,063,083	0.034187	25,571,327	874,207	50.00
50.01	05001	OPERATING ROOM	0	0	0.000000	0	0	50.01
51.00	05100	RECOVERY ROOM	345,701	21,036,355	0.016434	4,007,217	65,855	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	966,495	22,015,139	0.043901	30,918	1,357	52.00
53.00	05300	ANESTHESIOLOGY	105,312	19,002,496	0.005542	3,424,319	18,978	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,335,791	259,958,854	0.012832	44,229,628	567,555	54.00
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	888,953	90,048,976	0.009872	20,396,624	201,355	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	26,160	12,200,345	0.002144	3,830,473	8,213	62.00
65.00	06500	RESPIRATORY THERAPY	196,380	41,637,544	0.004716	17,442,852	82,260	65.00
66.00	06600	PHYSICAL THERAPY	205,216	11,185,113	0.018347	4,531,114	83,132	66.00
67.00	06700	OCCUPATIONAL THERAPY	313,356	10,117,308	0.030972	1,998,763	61,906	67.00
69.00	06900	ELECTROCARDIOLOGY	696,705	24,592,527	0.028330	5,146,045	145,787	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	11,412	5,473,214	0.002085	1,244,606	2,595	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	616,347	36,133,078	0.017058	9,620,583	164,108	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	517,380	85,125,574	0.006078	24,086,318	146,397	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	121,206	139,325,216	0.000870	37,967,398	33,032	73.00
74.00	07400	RENAL DIALYSIS	214,366	4,150,755	0.051645	2,609,160	134,750	74.00
76.00	03140	CARDIOLOGY	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	165,353	4,031,015	0.041020	63,470	2,604	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	387	40,485	0.009559	0	0	90.00
90.01	09001	SPORTS MEDICINE	346,208	6,452,035	0.053659	0	0	90.01
90.02	09002	WOUND CARE CLINIC	131,353	5,745,236	0.022863	0	0	90.02
91.00	09100	EMERGENCY	2,236,535	131,021,804	0.017070	19,692,488	336,151	91.00
91.01	09101	CHEMOTHERAPY	216,066	6,534,988	0.033063	0	0	91.01
91.02	09102	PAIN CLINIC	0	0	0.000000	0	0	91.02
91.03	09103	INFUSION CLINIC	0	0	0.000000	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	358,055	24,563,270	0.014577	3,169,060	46,195	92.00
200.00		Total (lines 50 through 199)	16,597,981	1,094,454,410		229,062,363	2,976,437	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0288	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part III Date/Time Prepared: 5/31/2019 2:57 pm
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Cost Center Description	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost
	1A	1.00	2A	2.00	3.00

INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	45.00
200.00		Total (lines 30 through 199)	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	62,979	0.00	21,952	30.00
31.00	03100	INTENSIVE CARE UNIT	0	7,728	0.00	2,872	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0.00	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0.00	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	8,622	0.00	831	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0.00	0	41.00
42.00	04200	SUBPROVIDER	0	0	0.00	0	42.00
43.00	04300	NURSERY	0	2,327	0.00	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0.00	0	44.00
45.00	04500	NURSING FACILITY	0	0	0.00	0	45.00
200.00		Total (lines 30 through 199)	0	81,656		25,655	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
32.00	03200	CORONARY CARE UNIT	0			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0			34.00
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
44.00	04400	SKILLED NURSING FACILITY	0			44.00
45.00	04500	NURSING FACILITY	0			45.00
200.00		Total (lines 30 through 199)	0			200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0288	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/31/2019 2:57 pm
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Cost Center Description	Title XVIII				Hospital		PPS
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.01	05001	OPERATING ROOM	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
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	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	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 PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03140	CARDIOLOGY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	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	0	0	0	0	90.00
90.01	09001	SPORTS MEDICINE	0	0	0	0	90.01
90.02	09002	WOUND CARE CLINIC	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	730,428	91.00
91.01	09101	CHEMOTHERAPY	0	0	0	0	91.01
91.02	09102	PAIN CLINIC	0	0	0	0	91.02
91.03	09103	INFUSION CLINIC	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	730,428	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0288	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/31/2019 2:57 pm
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Cost Center Description		Title XVIII				Hospital	PPS	
		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	134,063,083	0.000000	50.00
50.01	05001	OPERATING ROOM	0	0	0	0	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	21,036,355	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	22,015,139	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	19,002,496	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	259,958,854	0.000000	54.00
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	90,048,976	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	12,200,345	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	41,637,544	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	11,185,113	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	10,117,308	0.000000	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	24,592,527	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	5,473,214	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	36,133,078	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	85,125,574	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	139,325,216	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	4,150,755	0.000000	74.00
76.00	03140	CARDIOLOGY	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	4,031,015	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	40,485	0.000000	90.00
90.01	09001	SPORTS MEDICINE	0	0	0	6,452,035	0.000000	90.01
90.02	09002	WOUND CARE CLINIC	0	0	0	5,745,236	0.000000	90.02
91.00	09100	EMERGENCY	0	730,428	730,428	131,021,804	0.005575	91.00
91.01	09101	CHEMOTHERAPY	0	0	0	6,534,988	0.000000	91.01
91.02	09102	PAIN CLINIC	0	0	0	0	0.000000	91.02
91.03	09103	INFUSION CLINIC	0	0	0	0	0.000000	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	24,563,270	0.000000	92.00
200.00		Total (lines 50 through 199)	0	730,428	730,428	1,094,454,410		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0288	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/31/2019 2:57 pm
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Cost Center Description		Title XVIII					Hospital	PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	25,571,327	0	14,425,670	0	50.00
50.01	05001	OPERATING ROOM	0.000000	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.000000	4,007,217	0	1,970,565	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	30,918	0	10,400	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	3,424,319	0	1,512,262	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	44,229,628	0	52,860,619	0	54.00
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	20,396,624	0	11,454,128	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	3,830,473	0	719,922	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.000000	17,442,852	0	1,203,615	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	4,531,114	0	610,403	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	1,998,763	0	1,019,539	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	5,146,045	0	4,981,344	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	1,244,606	0	589,570	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	9,620,583	0	2,970,166	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000	24,086,318	0	10,604,544	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	37,967,398	0	14,757,042	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	2,609,160	0	0	0	74.00
76.00	03140	CARDIOLOGY	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	63,470	0	1,585,845	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	0	0	0	0	90.00
90.01	09001	SPORTS MEDICINE	0.000000	0	0	1,488,008	0	90.01
90.02	09002	WOUND CARE CLINIC	0.000000	0	0	2,670,630	0	90.02
91.00	09100	EMERGENCY	0.005575	19,692,488	109,786	19,392,698	108,114	91.00
91.01	09101	CHEMOTHERAPY	0.000000	0	0	2,586,599	0	91.01
91.02	09102	PAIN CLINIC	0.000000	0	0	0	0	91.02
91.03	09103	INFUSION CLINIC	0.000000	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	3,169,060	0	5,289,705	0	92.00
200.00		Total (lines 50 through 199)		229,062,363	109,786	152,703,274	108,114	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0288	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/31/2019 2:57 pm
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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
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.256987	14,425,670	0	0	3,707,210	50.00
50.01	05001	OPERATING ROOM	0.000000	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.159502	1,970,565	0	0	314,309	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.373388	10,400	0	0	3,883	52.00
53.00	05300	ANESTHESIOLOGY	0.131572	1,512,262	0	0	198,971	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.120703	52,860,619	0	0	6,380,435	54.00
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	0.143596	11,454,128	0	0	1,644,767	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.088045	719,922	0	0	63,386	62.00
65.00	06500	RESPIRATORY THERAPY	0.122493	1,203,615	0	0	147,434	65.00
66.00	06600	PHYSICAL THERAPY	0.300936	610,403	0	0	183,692	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.358145	1,019,539	0	0	365,143	67.00
69.00	06900	ELECTROCARDIOLOGY	0.212069	4,981,344	0	0	1,056,389	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.085740	589,570	0	0	50,550	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.808053	2,970,166	0	0	2,400,052	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.282748	10,604,544	0	0	2,998,414	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.031855	14,757,042	0	103,672	470,086	73.00
74.00	07400	RENAL DIALYSIS	0.383372	0	0	0	0	74.00
76.00	03140	CARDIOLOGY	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.272455	1,585,845	0	0	432,071	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	0.449500	0	0	0	0	90.00
90.01	09001	SPORTS MEDICINE	0.324222	1,488,008	0	0	482,445	90.01
90.02	09002	WOUND CARE CLINIC	0.135770	2,670,630	0	0	362,591	90.02
91.00	09100	EMERGENCY	0.229990	19,392,698	0	0	4,460,127	91.00
91.01	09101	CHEMOTHERAPY	0.393203	2,586,599	0	0	1,017,058	91.01
91.02	09102	PAIN CLINIC	0.000000	0	0	0	0	91.02
91.03	09103	INFUSION CLINIC	0.000000	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.110377	5,289,705	0	0	583,862	92.00
200.00		Subtotal (see instructions)		152,703,274	0	103,672	27,322,875	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00		Net Charges (line 200 - line 201)		152,703,274	0	103,672	27,322,875	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0288	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/31/2019 2:57 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 05001 OPERATING ROOM	0	0		50.01
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
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
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 PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	3,302		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03140 RADIOLOGY	0	0		76.00
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
90.01 09001 SPORTS MEDICINE	0	0		90.01
90.02 09002 WOUND CARE CLINIC	0	0		90.02
91.00 09100 EMERGENCY	0	0		91.00
91.01 09101 CHEMOTHERAPY	0	0		91.01
91.02 09102 PAIN CLINIC	0	0		91.02
91.03 09103 INFUSION CLINIC	0	0		91.03
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	0	3,302		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	0	3,302		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0288 Component CCN: 14-S288		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part II Date/Time Prepared: 5/31/2019 2:57 pm	
Title XVIII				Subprovider - IPF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	4,583,244	134,063,083	0.034187	0	0 50.00
50.01	05001	OPERATING ROOM	0	0	0.000000	0	0 50.01
51.00	05100	RECOVERY ROOM	345,701	21,036,355	0.016434	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	966,495	22,015,139	0.043901	0	0 52.00
53.00	05300	ANESTHESIOLOGY	105,312	19,002,496	0.005542	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,335,791	259,958,854	0.012832	0	0 54.00
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	888,953	90,048,976	0.009872	0	0 60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	26,160	12,200,345	0.002144	0	0 62.00
65.00	06500	RESPIRATORY THERAPY	196,380	41,637,544	0.004716	0	0 65.00
66.00	06600	PHYSICAL THERAPY	205,216	11,185,113	0.018347	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	313,356	10,117,308	0.030972	0	0 67.00
69.00	06900	ELECTROCARDIOLOGY	696,705	24,592,527	0.028330	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	11,412	5,473,214	0.002085	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	616,347	36,133,078	0.017058	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	517,380	85,125,574	0.006078	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	121,206	139,325,216	0.000870	0	0 73.00
74.00	07400	RENAL DIALYSIS	214,366	4,150,755	0.051645	0	0 74.00
76.00	03140	CARDIOLOGY	0	0	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	165,353	4,031,015	0.041020	0	0 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	387	40,485	0.009559	0	0 90.00
90.01	09001	SPORTS MEDICINE	346,208	6,452,035	0.053659	0	0 90.01
90.02	09002	WOUND CARE CLINIC	131,353	5,745,236	0.022863	0	0 90.02
91.00	09100	EMERGENCY	2,236,535	131,021,804	0.017070	0	0 91.00
91.01	09101	CHEMOTHERAPY	216,066	6,534,988	0.033063	0	0 91.01
91.02	09102	PAIN CLINIC	0	0	0.000000	0	0 91.02
91.03	09103	INFUSION CLINIC	0	0	0.000000	0	0 91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	24,563,270	0.000000	0	0 92.00
200.00		Total (lines 50 through 199)	16,239,926	1,094,454,410		0	0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0288 Component CCN: 14-S288	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/31/2019 2:57 pm
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Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001 OPERATING ROOM	0	0	0	0	0	50.01
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
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
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
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 PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03140 RADIOLOGY	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 SPORTS MEDICINE	0	0	0	0	0	90.01
90.02	09002 WOUND CARE CLINIC	0	0	0	0	0	90.02
91.00	09100 EMERGENCY	0	0	0	0	730,428	91.00
91.01	09101 CHEMOTHERAPY	0	0	0	0	0	91.01
91.02	09102 PAIN CLINIC	0	0	0	0	0	91.02
91.03	09103 INFUSION CLINIC	0	0	0	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (Lines 50 through 199)	0	0	0	0	730,428	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0288 Component CCN: 14-S288	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/31/2019 2:57 pm
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Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 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	134,063,083	0.000000 50.00
50.01	05001	OPERATING ROOM	0	0	0	0	0.000000 50.01
51.00	05100	RECOVERY ROOM	0	0	0	21,036,355	0.000000 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	22,015,139	0.000000 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	19,002,496	0.000000 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	259,958,854	0.000000 54.00
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	90,048,976	0.000000 60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	12,200,345	0.000000 62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	41,637,544	0.000000 65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	11,185,113	0.000000 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	10,117,308	0.000000 67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	24,592,527	0.000000 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	5,473,214	0.000000 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	36,133,078	0.000000 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	85,125,574	0.000000 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	139,325,216	0.000000 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	4,150,755	0.000000 74.00
76.00	03140	CARDIOLOGY	0	0	0	0	0.000000 76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	4,031,015	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	40,485	0.000000 90.00
90.01	09001	SPORTS MEDICINE	0	0	0	6,452,035	0.000000 90.01
90.02	09002	WOUND CARE CLINIC	0	0	0	5,745,236	0.000000 90.02
91.00	09100	EMERGENCY	0	730,428	730,428	131,021,804	0.005575 91.00
91.01	09101	CHEMOTHERAPY	0	0	0	6,534,988	0.000000 91.01
91.02	09102	PAIN CLINIC	0	0	0	0	0.000000 91.02
91.03	09103	INFUSION CLINIC	0	0	0	0	0.000000 91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	24,563,270	0.000000 92.00
200.00		Total (lines 50 through 199)	0	730,428	730,428	1,094,454,410	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0288 Component CCN: 14-S288	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/31/2019 2:57 pm
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Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	0	0	0	0	50.00
50.01	05001 OPERATING ROOM	0.000000	0	0	0	0	50.01
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
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
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
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
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 PATIENT	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
76.00	03140 RADIOLOGY	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
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
90.01	09001 SPORTS MEDICINE	0.000000	0	0	0	0	90.01
90.02	09002 WOUND CARE CLINIC	0.000000	0	0	0	0	90.02
91.00	09100 EMERGENCY	0.005575	0	0	0	0	91.00
91.01	09101 CHEMOTHERAPY	0.000000	0	0	0	0	91.01
91.02	09102 PAIN CLINIC	0.000000	0	0	0	0	91.02
91.03	09103 INFUSION CLINIC	0.000000	0	0	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
200.00	Total (lines 50 through 199)		0	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0288	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/31/2019 2:57 pm
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		Title XIX		Hospital		Cost		
Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		PPS Services (see inst.)	
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.256987	0	558,527	0	0	50.00
50.01	05001	OPERATING ROOM	0.000000	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.159502	0	97,120	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.373388	0	282,364	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.131572	0	70,737	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.120703	0	2,485,841	0	0	54.00
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	0.143596	0	1,019,514	0	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.088045	0	34,790	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.122493	0	107,732	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.300936	0	17,812	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.358145	0	117,468	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0.212069	0	220,810	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.085740	0	37,225	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.808053	0	44,753	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.282748	0	103,304	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.031855	0	1,064,941	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.383372	0	0	0	0	74.00
76.00	03140	CARDIOLOGY	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.272455	0	29,930	0	0	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	0.449500	0	0	0	0	90.00
90.01	09001	SPORTS MEDICINE	0.324222	0	33,942	0	0	90.01
90.02	09002	WOUND CARE CLINIC	0.135770	0	224,960	0	0	90.02
91.00	09100	EMERGENCY	0.229990	0	3,070,580	0	0	91.00
91.01	09101	CHEMOTHERAPY	0.393203	0	247,323	0	0	91.01
91.02	09102	PAIN CLINIC	0.000000	0	0	0	0	91.02
91.03	09103	INFUSION CLINIC	0.000000	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.110377	0	672,740	0	0	92.00
200.00		Subtotal (see instructions)		0	10,542,413	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00		Net Charges (line 200 - line 201)		0	10,542,413	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0288	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/31/2019 2:57 pm
	Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	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	143,534	0		50.00
50.01 05001 OPERATING ROOM	0	0		50.01
51.00 05100 RECOVERY ROOM	15,491	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	105,431	0		52.00
53.00 05300 ANESTHESIOLOGY	9,307	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	300,048	0		54.00
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	146,398	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	3,063	0		62.00
65.00 06500 RESPIRATORY THERAPY	13,196	0		65.00
66.00 06600 PHYSICAL THERAPY	5,360	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	42,071	0		67.00
69.00 06900 ELECTROCARDIOLOGY	46,827	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	3,192	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	36,163	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	29,209	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	33,924	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03140 RADIOLOGY	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	8,155	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
90.01 09001 SPORTS MEDICINE	11,005	0		90.01
90.02 09002 WOUND CARE CLINIC	30,543	0		90.02
91.00 09100 EMERGENCY	706,203	0		91.00
91.01 09101 CHEMOTHERAPY	97,248	0		91.01
91.02 09102 PAIN CLINIC	0	0		91.02
91.03 09103 INFUSION CLINIC	0	0		91.03
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	74,255	0		92.00
200.00 Subtotal (see instructions)	1,860,623	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	1,860,623	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0288	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/31/2019 2:57 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		62,979	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		62,979	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)		60,198	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)		21,952	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)		61,398,556	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)		61,398,556	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)		61,398,556	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)		974.91	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		21,401,224	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		21,401,224	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0288		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/31/2019 2:57 pm	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	26,510,746	7,728	3,430.48	2,872	9,852,339		43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					43,957,724		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					75,211,287		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)					3,634,788		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					3,086,223		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					6,721,011		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					68,490,276		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)					2,781		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					974.91		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					2,711,225		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0288		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/31/2019 2:57 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	8,108,533	61,398,556	0.132064	2,711,225	358,055	90.00
91.00	Nursing School cost	0	61,398,556	0.000000	2,711,225	0	91.00
92.00	Allied health cost	0	61,398,556	0.000000	2,711,225	0	92.00
93.00	All other Medical Education	0	61,398,556	0.000000	2,711,225	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0288 Component CCN: 14-S288	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/31/2019 2:57 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		8,622	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		8,622	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)		8,622	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)		831	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)		10,056,836	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)		10,056,836	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)		10,056,836	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)		1,166.42	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		969,295	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)		969,295	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0288		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1		
		Component CCN: 14-S288				Date/Time Prepared: 5/31/2019 2:57 pm		
		Title XVIII		Subprovider - IPF		PPS		
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)			
	1.00	2.00	3.00	4.00	5.00			
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00	
<b>Intensive Care Type Inpatient Hospital Units</b>								
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00	
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00	
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00	
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00	
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00	
Cost Center Description					1.00			
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						0		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						969,295		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>								
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						115,592		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						115,592		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						853,703		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>								
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>								
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>								
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
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>								
87.00 Total observation bed days (see instructions)						0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0288 Component CCN: 14-S288		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/31/2019 2:57 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,199,308	10,056,836	0.119253	0	0	90.00
91.00	Nursing School cost	0	10,056,836	0.000000	0	0	91.00
92.00	Allied health cost	0	10,056,836	0.000000	0	0	92.00
93.00	All other Medical Education	0	10,056,836	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0288	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/31/2019 2:57 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		49,893,782	30.00
31.00	03100	INTENSIVE CARE UNIT		18,179,793	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
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	0.256987	25,571,327	6,571,499 50.00
50.01	05001	OPERATING ROOM	0.000000	0	0 50.01
51.00	05100	RECOVERY ROOM	0.159502	4,007,217	639,159 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.431770	30,918	13,349 52.00
53.00	05300	ANESTHESIOLOGY	0.131572	3,424,319	450,544 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.120776	44,229,628	5,341,878 54.00
57.00	05700	CT SCAN	0.000000	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	06000	LABORATORY	0.143596	20,396,624	2,928,874 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.088045	3,830,473	337,254 62.00
65.00	06500	RESPIRATORY THERAPY	0.122493	17,442,852	2,136,627 65.00
66.00	06600	PHYSICAL THERAPY	0.300936	4,531,114	1,363,575 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.358145	1,998,763	715,847 67.00
69.00	06900	ELECTROCARDIOLOGY	0.231527	5,146,045	1,191,448 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.085740	1,244,606	106,713 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.808053	9,620,583	7,773,941 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.282748	24,086,318	6,810,358 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.031855	37,967,398	1,209,451 73.00
74.00	07400	RENAL DIALYSIS	0.383372	2,609,160	1,000,279 74.00
76.00	03140	CARDIOLOGY	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.272455	63,470	17,293 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	0.449500	0	0 90.00
90.01	09001	SPORTS MEDICINE	0.324222	0	0 90.01
90.02	09002	WOUND CARE CLINIC	0.135770	0	0 90.02
91.00	09100	EMERGENCY	0.253896	19,692,488	4,999,844 91.00
91.01	09101	CHEMOTHERAPY	0.393203	0	0 91.01
91.02	09102	PAIN CLINIC	0.000000	0	0 91.02
91.03	09103	INFUSION CLINIC	0.000000	0	0 91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.110377	3,169,060	349,791 92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		229,062,363	43,957,724 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		229,062,363	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0288 Component CCN: 14-S288	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/31/2019 2:57 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
32.00	03200 CORONARY CARE UNIT		0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000 SUBPROVIDER - IPF		5,921,595	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	0.256987	0	50.00
50.01	05001 OPERATING ROOM	0.000000	0	50.01
51.00	05100 RECOVERY ROOM	0.159502	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.431770	0	52.00
53.00	05300 ANESTHESIOLOGY	0.131572	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.120776	0	54.00
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	0.143596	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.088045	0	62.00
65.00	06500 RESPIRATORY THERAPY	0.122493	0	65.00
66.00	06600 PHYSICAL THERAPY	0.300936	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.358145	0	67.00
69.00	06900 ELECTROCARDIOLOGY	0.231527	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.085740	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.808053	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.282748	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.031855	0	73.00
74.00	07400 RENAL DIALYSIS	0.383372	0	74.00
76.00	03140 RADIOLOGY	0.000000	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.272455	0	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	0.449500	0	90.00
90.01	09001 SPORTS MEDICINE	0.324222	0	90.01
90.02	09002 WOUND CARE CLINIC	0.135770	0	90.02
91.00	09100 EMERGENCY	0.253896	0	91.00
91.01	09101 CHEMOTHERAPY	0.393203	0	91.01
91.02	09102 PAIN CLINIC	0.000000	0	91.02
91.03	09103 INFUSION CLINIC	0.000000	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.110377	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		0	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)		0	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0288	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/31/2019 2:57 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		4,101,642	30.00
31.00	03100	INTENSIVE CARE UNIT		2,343,695	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		3,741,725	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		4,672,385	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.256987	1,757,572	451,673 50.00
50.01	05001	OPERATING ROOM	0.000000	0	0 50.01
51.00	05100	RECOVERY ROOM	0.159502	176,570	28,163 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.373388	582,542	217,514 52.00
53.00	05300	ANESTHESIOLOGY	0.131572	319,140	41,990 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.120703	3,391,238	409,333 54.00
57.00	05700	CT SCAN	0.000000	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	06000	LABORATORY	0.143596	2,705,159	388,450 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.088045	316,795	27,892 62.00
65.00	06500	RESPIRATORY THERAPY	0.122493	1,330,413	162,966 65.00
66.00	06600	PHYSICAL THERAPY	0.300936	392,146	118,011 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.358145	102,255	36,622 67.00
69.00	06900	ELECTROCARDIOLOGY	0.212069	297,900	63,175 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.085740	147,392	12,637 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.808053	604,631	488,574 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.282748	713,592	201,767 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.031855	4,374,950	139,364 73.00
74.00	07400	RENAL DIALYSIS	0.383372	67,730	25,966 74.00
76.00	03140	CARDIOLOGY	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.272455	4,745	1,293 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	09000	CLINIC	0.449500	0	0 90.00
90.01	09001	SPORTS MEDICINE	0.324222	0	0 90.01
90.02	09002	WOUND CARE CLINIC	0.135770	0	0 90.02
91.00	09100	EMERGENCY	0.229990	2,240,155	515,213 91.00
91.01	09101	CHEMOTHERAPY	0.393203	0	0 91.01
91.02	09102	PAIN CLINIC	0.000000	0	0 91.02
91.03	09103	INFUSION CLINIC	0.000000	0	0 91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.110377	328,030	36,207 92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		19,852,955	3,366,810 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		19,852,955	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0288	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/31/2019 2:57 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		43,351,766	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		14,450,589	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)		2,028,579	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)		235.38	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)		1.83	30.00
31.00	Percentage of Medicaid patient days (see instructions)		16.09	31.00
32.00	Sum of lines 30 and 31		17.92	32.00
33.00	Allowable disproportionate share percentage (see instructions)		4.40	33.00
34.00	Disproportionate share adjustment (see instructions)		635,827	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0288	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/31/2019 2:57 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
<b>Uncompensated Care Adjustment</b>				
35.00	Total uncompensated care amount (see instructions)	6,766,695,164	0	35.00
35.01	Factor 3 (see instructions)	0.000280873	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,900,584	2,348,007	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,421,532	591,827	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	2,013,359		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	495.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	46.00
47.00	Subtotal (see instructions)	62,480,120		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
				<b>Amount</b>
				<b>1.00</b>
49.00	Total payment for inpatient operating costs (see instructions)		62,480,120	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		5,226,539	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		73,413	53.00
54.00	Special add-on payments for new technologies		0	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		109,786	58.00
59.00	Total (sum of amounts on lines 49 through 58)		67,889,858	59.00
60.00	Primary payer payments		25,898	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		67,863,960	61.00
62.00	Deductibles billed to program beneficiaries		5,345,328	62.00
63.00	Coinurance billed to program beneficiaries		274,753	63.00
64.00	Allowable bad debts (see instructions)		534,268	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		347,274	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		321,932	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		62,591,153	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)		269,017	70.93
70.94	HRR adjustment amount (see instructions)		-481,237	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0288	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/31/2019 2:57 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	1.00	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)		62,378,933	71.00
71.01	Sequestration adjustment (see instructions)		1,247,579	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		60,968,933	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)		162,421	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		626,800	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)		2,874,943	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0288	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part B Date/Time Prepared: 5/31/2019 2:57 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		3,302	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		27,214,761	2.00
3.00	OPPS payments		24,839,581	3.00
4.00	Outlier payment (see instructions)		79,539	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		108,114	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		3,302	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		103,672	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)		103,672	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)		103,672	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		100,370	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		3,302	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)		25,027,234	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)		4,312,755	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)		20,717,781	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)		20,717,781	30.00
31.00	Primary payer payments		1,608	31.00
32.00	Subtotal (line 30 minus line 31)		20,716,173	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)		430,650	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		279,923	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		293,308	36.00
37.00	Subtotal (see instructions)		20,996,096	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)		20,996,096	40.00
40.01	Sequestration adjustment (see instructions)		419,922	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		20,556,404	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		19,770	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		74,560	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: 14-0288		Period: From 01/01/2018 To 12/31/2018		Worksheet E-1 Part I Date/Time Prepared: 5/31/2019 2:57 pm	
		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		60,900,686		20,574,385	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	07/16/2018	68,247		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	07/16/2018	17,981	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)		68,247		-17,981	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)		60,968,933		20,556,404	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		162,421		19,770	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		61,131,354		20,576,174	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor	Stephen Booth		00130		8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0288  
Component CCN: 14-S288

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/31/2019 2:57 pm

Title XVIII

Subprovider -  
IPF

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		1		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		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)		1		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		1		0	6.02
7.00	Total Medicare program liability (see instructions)		0		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				0	1.00	2.00
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-0288

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

Worksheet E-1  
Part II  
Date/Time Prepared:  
5/31/2019 2:57 pm

Title XVIII		Hospital	PPS
			1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS</b>			
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>			
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14		1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168		7.00
8.00	Calculation of the HIT incentive payment (see instructions)		8.00
9.00	Sequestration adjustment amount (see instructions)		9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		10.00
<b>INPATIENT HOSPITAL SERVICES UNDER THE IPPS &amp; CAH</b>			
30.00	Initial/interim HIT payment adjustment (see instructions)		30.00
31.00	Other Adjustment (specify)		31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)		32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0288 Component CCN: 14-S288	Period: From 01/01/2018 To 12/31/2018	Worksheet E-3 Part II Date/Time Prepared: 5/31/2019 2:57 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
<b>PART II - MEDICARE PART A SERVICES - IPF PPS</b>				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			0 1.00
2.00	Net IPF PPS Outlier Payments			0 2.00
3.00	Net IPF PPS ECT Payments			0 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			23.62198 9.00
10.00	Teaching Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$ .			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			0 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			0 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			0 18.00
19.00	Deductibles			0 19.00
20.00	Subtotal (line 18 minus line 19)			0 20.00
21.00	Coinurance			0 21.00
22.00	Subtotal (line 20 minus line 21)			0 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			0 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 25.00
26.00	Subtotal (sum of lines 22 and 24)			0 26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			0 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Demonstration payment adjustment amount before sequestration			0 30.99
31.00	Total amount payable to the provider (see instructions)			0 31.00
31.01	Sequestration adjustment (see instructions)			0 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			1 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)			-1 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			0 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

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

Provider CCN: 14-0288

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

Worksheet G  
Date/Time Prepared:  
5/31/2019 2:57 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	584,887,000	0	0	0	1.00
2.00	Temporary investments	106,244,000	1,002,000	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	1,504,053,000	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	531,425,000	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	2,726,609,000	1,002,000	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	473,862,000	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	7,409,153,000	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	2,956,722,000	0	0	0	23.00
24.00	Accumulated depreciation	-5,213,262,000	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	5,626,475,000	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	7,712,087,000	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	667,618,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	8,379,705,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	16,732,789,000	1,002,000	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	1,671,124,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	656,815,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	2,327,939,000	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	2,796,906,000	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	1,364,967,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	4,161,873,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	6,489,812,000	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	10,242,977,000				52.00
53.00	Specific purpose fund		1,002,000			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	10,242,977,000	1,002,000	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	16,732,789,000	1,002,000	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0288

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

Worksheet G-1

Date/Time Prepared:  
5/31/2019 2:57 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		10,196,630,550		1,002,000	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		46,346,450			2.00
3.00	Total (sum of line 1 and line 2)		10,242,977,000		1,002,000	3.00
4.00	FUNDING RECEIVED	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		10,242,977,000		1,002,000	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		10,242,977,000		1,002,000	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	FUNDING RECEIVED		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0288

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/31/2019 2:57 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	122,862,802		122,862,802	1.00
2.00	SUBPROVIDER - IPF	33,788,535		33,788,535	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	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	156,651,337		156,651,337	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	44,464,560		44,464,560	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	44,464,560		44,464,560	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	201,115,897		201,115,897	17.00
18.00	Ancillary services	551,972,565	414,934,887	966,907,452	18.00
19.00	Outpatient services	47,853,817	103,518,971	151,372,788	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				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	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	800,942,279	518,453,858	1,319,396,137	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		355,562,801		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		355,562,801		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0288

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

Worksheet G-3

Date/Time Prepared:  
5/31/2019 2:57 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,319,396,137	1.00
2.00	Less contractual allowances and discounts on patients' accounts	923,482,666	2.00
3.00	Net patient revenues (line 1 minus line 2)	395,913,471	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	355,562,801	4.00
5.00	Net income from service to patients (line 3 minus line 4)	40,350,670	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	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	5,995,780	24.00
25.00	Total other income (sum of lines 6-24)	5,995,780	25.00
26.00	Total (line 5 plus line 25)	46,346,450	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	46,346,450	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 14-0288	Period: From 01/01/2018 To 12/31/2018	Worksheet 1-5 Date/Time Prepared: 5/31/2019 2:57 pm
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		1.00	2.00	
<b>PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B</b>				
1.00	Total expenses related to care of program beneficiaries (see instructions)	0		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	0	0	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	0	0	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	0	0	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012	0	0	5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013	0	0	5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014	0	0	5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Allowable bad debts (sum of lines 5 through line 5.04)	0	0	5.05
6.00	Adjusted reimbursable bad debts (see instructions)	0		6.00
7.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	8.00
9.00	Program payment (see instructions)	0	0	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
<b>PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE</b>				
12.00	Total allowable expenses (see instructions)	0		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	0		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.000000		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0288	Period: From 01/01/2018 To 12/31/2018	Worksheet L Parts I-III Date/Time Prepared: 5/31/2019 2:57 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		5,040,057	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		0	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		187.86	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)		1.83	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		16.09	8.00
9.00	Sum of lines 7 and 8		17.92	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.70	10.00
11.00	Disproportionate share adjustment (see instructions)		186,482	11.00
12.00	Total prospective capital payments (see instructions)		5,226,539	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