

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: 14-0290	Period: From 07/01/2017 To 06/30/2018	Worksheet S Parts I-III Date/Time Prepared: 11/29/2018 8:10 pm
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**PART I - COST REPORT STATUS**

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 11/29/2018 Time: 8:10 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

**PART II - CERTIFICATION**

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST. ALEXIUS MEDICAL CENTER ( 14-0290 ) for the cost reporting period beginning 07/01/2017 and ending 06/30/2018 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) HENRY ZEISEL  
Officer or Administrator of Provider(s)

CHIEF FINANCIAL OFFICER  
Title

(Dated when report is electronically signed.)  
Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	613,426	167,874	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0	0	0		0	6.00
200.00 Total	0	613,426	167,874	0	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0290		Period: From 07/01/2017 To 06/30/2018		Worksheet S-2 Part I Date/Time Prepared: 11/29/2018 8:07 pm				
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 1555 BARRINGTON ROAD			PO Box:				1.00				
2.00	City: HOFFMAN ESTATES			State: IL		Zip Code: 60194		County: COOK				
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:												
3.00	Hospital			ST. ALEXIUS MEDICAL CENTER	140290	16974	1	09/16/1979	N	P	O	3.00
4.00	Subprovider - IPF											4.00
5.00	Subprovider - IRF											5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF											7.00
8.00	Swing Beds - NF											8.00
9.00	Hospital-Based SNF											9.00
10.00	Hospital-Based NF											10.00
11.00	Hospital-Based OLTC											11.00
12.00	Hospital-Based HHA											12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice											14.00
15.00	Hospital-Based Health Clinic - RHC											15.00
16.00	Hospital-Based Health Clinic - FQHC											16.00
17.00	Hospital-Based (CMHC) I											17.00
18.00	Renal Dialysis											18.00
19.00	Other											19.00
							From:	To:				
							1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2017	06/30/2018		20.00		
21.00	Type of Control (see instructions)						1			21.00		
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) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N		22.03		
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.							3	N	23.00		
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
				1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			5,905	2,861	39	0	11,730	0		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	0		25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0290	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part I Date/Time Prepared: 11/29/2018 8:07 pm		
		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	07/01/2016			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) or (ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N			39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	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)	N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
<b>Teaching Hospitals</b>						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification 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)	N				60.00
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)					61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)					61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)					61.03

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	Y/N	IME	Direct GME	IME	Direct GME			
	1.00	2.00	3.00	4.00	5.00			
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04	
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05	
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06	
	Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count			
	1.00		2.00	3.00	4.00			
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.						61.10	0.00 0.00
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.						61.20	0.00 0.00
							1.00	
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>								
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)						62.00	0.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)						62.01	0.00
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>								
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)						63.00	N
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))			
			1.00	2.00	3.00			
<u>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.</u>								
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)						64.00	0.00 0.00 0.000000
		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		

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

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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 1.00	XIX 2.00		
<b>Title V and XIX Services</b>						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	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	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.06	
<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)				106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.				107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00	
			Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					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: 14-0290	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part I Date/Time Prepared: 11/29/2018 8:07 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:	4,526,776	0			118.01
		1.00	2.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02
119.00	DO NOT USE THIS LINE					119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N				122.00
<b>Transplant Center Information</b>						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00
<b>All Providers</b>						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		149019		140.00



HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0290		Period: From 07/01/2017 To 06/30/2018		Worksheet S-2 Part II Date/Time Prepared: 11/29/2018 8:07 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)	N					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.	N					4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					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	10/18/2018	N	10/18/2018		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0290	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part II Date/Time Prepared: 11/29/2018 8:07 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?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
<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.	MARY JO	MACKNI SKAS		41.00
42.00	Enter the employer/company name of the cost report preparer.	AMITA HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	630-312-7270	MARYJO.MACKNISKAS@AMITAHEALTH.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0290	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part II Date/Time Prepared: 11/29/2018 8:07 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.	DIRECTOR OF REIMBURSEMENT		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: 14-0290

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/29/2018 8:07 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	Title V
	Line Number				Visits / Trips	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	267	97,455	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)		267	97,455	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	35	12,775	0.00	0	8.00
8.01 NEONATAL NICU	31.01	16	5,840	0.00	0	8.01
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		318	116,070	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		318				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: 14-0290

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/29/2018 8:07 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)	21,545	2,949	58,764			1.00
2.00 HMO and other (see instructions)	6,150	15,036				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	21,545	2,949	58,764			7.00
8.00 INTENSIVE CARE UNIT	1,876	406	4,578			8.00
8.01 NEONATAL NICU	0	0	7,648			8.01
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		2,144	6,795			13.00
14.00 Total (see instructions)	23,421	5,499	77,785	0.00	1,505.90	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	1,505.90	27.00
28.00 Observation Bed Days		0	11,096			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	0	1			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: 14-0290

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/29/2018 8:07 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	4,581	864	16,570	1.00
2.00 HMO and other (see instructions)			1,129	1,238		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
8.01 NEONATAL NICU						8.01
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	4,581	864	16,570	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						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: 14-0290		Period: From 07/01/2017 To 06/30/2018		Worksheet S-3 Part II Date/Time Prepared: 11/29/2018 8:07 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	98,434,146	0	98,434,146	3,132,262.00	31.43	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		389,668	0	389,668	24,459.00	15.93	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11.00	Contract Labor: Direct Patient Care		1,358,393	0	1,358,393	23,446.00	57.94	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract Labor: Physician-Part A - Administrative		2,726,721	0	2,726,721	18,178.00	150.00	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		10,608,503	0	10,608,503	175,302.00	60.52	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
<b>WAGE-RELATED COSTS</b>								
17.00	Wage-related costs (core) (see instructions)		20,951,386	0	20,951,386			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		82,000	0	82,000			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related (core)		0	0	0			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26.00	Employee Benefits Department	4.00	807,830	0	807,830	1.68	480,851.19	26.00
27.00	Administrative & General	5.00	5,049,144	0	5,049,144	117.23	43,070.41	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0290

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
11/29/2018 8:07 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	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		3,837,932	0	3,837,932	154,050.00	24.91	33.00
34.00	Dietary	10.00	68,270	-20,481	47,789	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		3,818,213	0	3,818,213	145,298.00	26.28	35.00
36.00	Cafeteria	11.00	0	20,481	20,481	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	1,588,353	0	1,588,353	32,846.00	48.36	38.00
39.00	Central Services and Supply	14.00	435,049	0	435,049	21,603.00	20.14	39.00
40.00	Pharmacy	15.00	3,820,055	0	3,820,055	89,573.00	42.65	40.00
41.00	Medical Records & Medical Records Library	16.00	1,026,571	0	1,026,571	51,792.00	19.82	41.00
42.00	Social Service	17.00	2,310,845	0	2,310,845	58,844.00	39.27	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0290

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
11/29/2018 8:07 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)	106,090,291	0	106,090,291	3,431,610.00	30.92	1.00
2.00	Excluded area salaries (see instructions)	389,668	0	389,668	24,459.00	15.93	2.00
3.00	Subtotal salaries (line 1 minus line 2)	105,700,623	0	105,700,623	3,407,151.00	31.02	3.00
4.00	Subtotal other wages & related costs (see inst.)	14,693,617	0	14,693,617	216,926.00	67.74	4.00
5.00	Subtotal wage-related costs (see inst.)	20,951,386	0	20,951,386	0.00	19.82	5.00
6.00	Total (sum of lines 3 thru 5)	141,345,626	0	141,345,626	3,624,077.00	39.00	6.00
7.00	Total overhead cost (see instructions)	22,762,262	0	22,762,262	554,124.91	41.08	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 14-0290	Period: From 07/01/2017 To 06/30/2018	Worksheet S-3 Part IV Date/Time Prepared: 11/29/2018 8:07 pm
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		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	1,941,444	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)	72,798	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
<b>HEALTH AND INSURANCE COST</b>			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	10,644,109	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	-93,195	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	-134,317	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)	279,068	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	799,744	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	7,217,507	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
<b>OTHER</b>			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	224,228	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	20,951,386	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: 14-0290	Period: From 07/01/2017 To 06/30/2018	Worksheet S-3 Part V Date/Time Prepared: 11/29/2018 8:07 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		1,358,393	0
2.00	Hospital		1,358,393	0
3.00	Subprovider - IPF			
4.00	Subprovider - IRF			
5.00	Subprovider - (Other)		0	0
6.00	Swing Beds - SNF		0	0
7.00	Swing Beds - NF		0	0
8.00	Hospital-Based SNF			
9.00	Hospital-Based NF			
10.00	Hospital-Based OLTC			
11.00	Hospital-Based HHA			
12.00	Separately Certified ASC			
13.00	Hospital-Based Hospice			
14.00	Hospital-Based Health Clinic RHC			
15.00	Hospital-Based Health Clinic FQHC			
16.00	Hospital-Based-CMHC			
17.00	Renal Dialysis		0	0
18.00	Other		0	0

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-0290	Period: From 07/01/2017 To 06/30/2018	Worksheet S-10 Date/Time Prepared: 11/29/2018 8:07 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)		0.189344	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		55,478,855	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		319,274,540	6.00	
7.00	Medicaid cost (line 1 times line 6)		60,452,719	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)		4,973,864	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)		4,973,864	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)	22,300,895	1,397,444	23,698,339	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	4,222,541	1,397,444	5,619,985	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)	4,222,541	1,397,444	5,619,985	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)			15,508,253	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			1,103,218	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			1,697,259	27.01
28.00	Non-Medicare bad debt expense (see instructions)			13,810,994	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			3,209,070	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			8,829,055	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			13,802,919	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES					Provider CCN: 14-0290	Period: From 07/01/2017 To 06/30/2018	Worksheet A Date/Time Prepared: 11/29/2018 8:07 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 CAP REL COSTS-BLDG & FIXT		10,136,079	10,136,079	10,339,862	20,475,941	1.00	
2.00 00200 CAP REL COSTS-MVBLE EQUIP		5,482,534	5,482,534	3,688,299	9,170,833	2.00	
3.00 00300 OTHER CAP REL COSTS		0	0	0	0	3.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	807,830	13,467,565	14,275,395	450,600	14,725,995	4.00	
5.00 00500 ADMIN STRATIVE & GENERAL	5,049,144	88,401,179	93,450,323	-1,751,480	91,698,843	5.00	
7.00 00700 OPERATION OF PLANT	0	7,505,341	7,505,341	0	7,505,341	7.00	
8.00 00800 LAUNDRY & LINEN SERVICE	0	0	0	638,994	638,994	8.00	
9.00 00900 HOUSEKEEPING	0	5,484,252	5,484,252	-649,155	4,835,097	9.00	
10.00 01000 DIETARY	68,270	4,858,134	4,926,404	-1,477,921	3,448,483	10.00	
11.00 01100 CAFETERIA	0	660,789	660,789	1,477,921	2,138,710	11.00	
13.00 01300 NURSING ADMINISTRATION	1,588,353	803,942	2,392,295	-321,388	2,070,907	13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY	435,049	616,621	1,051,670	-507,451	544,219	14.00	
15.00 01500 PHARMACY	3,820,055	13,794,646	17,614,701	-13,164,632	4,450,069	15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	1,026,571	362,341	1,388,912	-2,112	1,386,800	16.00	
17.00 01700 SOCIAL SERVICE	2,310,845	284,214	2,595,059	0	2,595,059	17.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000 ADULTS & PEDIATRICS	30,039,297	5,127,148	35,166,445	-1,483,459	33,682,986	30.00	
31.00 03100 INTENSIVE CARE UNIT	4,741,397	1,152,613	5,894,010	-504,733	5,389,277	31.00	
31.01 02060 NEONATAL NICU	6,859,546	1,862,938	8,722,484	-677,356	8,045,128	31.01	
43.00 04300 NURSERY	821,014	96,293	917,307	-27,743	889,564	43.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	5,469,356	19,912,183	25,381,539	-18,578,628	6,802,911	50.00	
50.01 05001 ENDOSCOPY	1,071,927	1,335,261	2,407,188	-1,186,972	1,220,216	50.01	
51.00 05100 RECOVERY ROOM	1,067,844	162,076	1,229,920	-56,461	1,173,459	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	4,219,923	1,245,110	5,465,033	-626,932	4,838,101	52.00	
53.00 05300 ANESTHESIOLOGY	104,226	482,029	586,255	-367,985	218,270	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,937,544	605,507	2,543,051	-161,763	2,381,288	54.00	
54.01 03630 ULTRASOUND	1,135,492	198,545	1,334,037	-52,799	1,281,238	54.01	
54.02 05401 RADIOLOGY-SPECIAL PROCEDURES	594,808	663,331	1,258,139	-601,457	656,682	54.02	
54.03 03440 MAMMOGRAPHY	1,133,247	438,929	1,572,176	-144,163	1,428,013	54.03	
55.00 05500 RADIOLOGY-THERAPEUTIC	619,892	258,831	878,723	-212,656	666,067	55.00	
56.00 05600 RADIOISOTOPE	424,856	1,486,156	1,911,012	-1,438,530	472,482	56.00	
57.00 05700 CT SCAN	1,119,866	485,478	1,605,344	-301,012	1,304,332	57.00	
58.00 05800 MRI	797,206	619,618	1,416,824	-521,740	895,084	58.00	
59.00 05900 CARDIAC CATHETERIZATION	1,297,820	2,463,964	3,761,784	-2,307,116	1,454,668	59.00	
60.00 06000 LABORATORY	2,539,617	5,439,573	7,979,190	-125,542	7,853,648	60.00	
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	338,262	839,768	1,178,030	-1,999	1,176,031	63.00	
64.00 06400 INTRAVENOUS THERAPY	313,853	311,849	625,702	-291,090	334,612	64.00	
65.00 06500 RESPIRATORY THERAPY	1,585,569	1,219,355	2,804,924	-557,740	2,247,184	65.00	
66.00 06600 PHYSICAL THERAPY	2,460,292	220,895	2,681,187	-8,473	2,672,714	66.00	
66.01 06601 REHAB OUTPATIENT	1,673,547	519,451	2,192,998	-19,705	2,173,293	66.01	
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00	
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	917,070	116,464	1,033,534	-32,032	1,001,502	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	179,004	31,053	210,057	-14,339	195,718	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	19,560,925	19,560,925	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	10,890,187	10,890,187	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	11,314,502	11,314,502	73.00	
74.00 07400 RENAL DIALYSIS	716	876,283	876,999	-4,772	872,227	74.00	
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000 CLINIC	0	0	0	0	0	90.00	
90.01 09005 CONGESTIVE HEART FAILURE CLINIC	0	15	15	0	15	90.01	
90.02 09001 PROCEDURE CLINIC	1,851,725	281,768	2,133,493	-109,424	2,024,069	90.02	
90.04 09002 EPILEPSY MONITORING UNIT	198,164	23,909	222,073	-4,190	217,883	90.04	
90.05 09003 OFFSITE IMAGING CENTER	399,306	283,895	683,201	-41,265	641,936	90.05	
91.00 09100 EMERGENCY	7,025,975	3,200,718	10,226,693	-1,064,579	9,162,114	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00 11300 INTEREST EXPENSE		8,960,496	8,960,496	-8,960,496	0	113.00	
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	98,044,478	212,779,139	310,823,617	0	310,823,617	118.00	
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	98,637	647,320	745,957	0	745,957	190.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	119,113	56,100	175,213	0	175,213	192.00	
192.01 19201 POB	0	4,293,552	4,293,552	0	4,293,552	192.01	
194.00 07950 COMMUNITY PROGRAMS	0	0	0	0	0	194.00	
194.01 07951 RETAIL PHARMACY	171,918	20,664	192,582	0	192,582	194.01	
194.02 07952 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02	
200.00 TOTAL (SUM OF LINES 118 through 199)	98,434,146	217,796,775	316,230,921	0	316,230,921	200.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0290

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

Worksheet A  
Date/Time Prepared:  
11/29/2018 8:07 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	CAP REL COSTS-BLDG & FIXT	-9,131,606	11,344,335	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2,415,366	11,586,199	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	14,725,995	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-8,396,762	83,302,081	5.00
7.00	00700	OPERATION OF PLANT	127,867	7,633,208	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	638,994	8.00
9.00	00900	HOUSEKEEPING	0	4,835,097	9.00
10.00	01000	DIETARY	0	3,448,483	10.00
11.00	01100	CAFETERIA	-1,039,596	1,099,114	11.00
13.00	01300	NURSING ADMINISTRATION	0	2,070,907	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	544,219	14.00
15.00	01500	PHARMACY	0	4,450,069	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-9,754	1,377,046	16.00
17.00	01700	SOCIAL SERVICE	0	2,595,059	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	325,637	34,008,623	30.00
31.00	03100	INTENSIVE CARE UNIT	0	5,389,277	31.00
31.01	02060	NEONATAL NICU	0	8,045,128	31.01
43.00	04300	NURSERY	0	889,564	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0	6,802,911	50.00
50.01	05001	ENDOSCOPY	0	1,220,216	50.01
51.00	05100	RECOVERY ROOM	0	1,173,459	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,838,101	52.00
53.00	05300	ANESTHESIOLOGY	0	218,270	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,381,288	54.00
54.01	03630	ULTRASOUND	0	1,281,238	54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	0	656,682	54.02
54.03	03440	MAMMOGRAPHY	0	1,428,013	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	666,067	55.00
56.00	05600	RADIOISOTOPE	0	472,482	56.00
57.00	05700	CT SCAN	0	1,304,332	57.00
58.00	05800	MRI	0	895,084	58.00
59.00	05900	CARDIAC CATHETERIZATION	-4,913	1,449,755	59.00
60.00	06000	LABORATORY	-14,217	7,839,431	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,176,031	63.00
64.00	06400	INTRAVENOUS THERAPY	0	334,612	64.00
65.00	06500	RESPIRATORY THERAPY	0	2,247,184	65.00
66.00	06600	PHYSICAL THERAPY	0	2,672,714	66.00
66.01	06601	REHAB OUTPATIENT	0	2,173,293	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,001,502	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	195,718	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	19,560,925	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	10,890,187	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	11,314,502	73.00
74.00	07400	RENAL DIALYSIS	0	872,227	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0	0	90.00
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	0	15	90.01
90.02	09001	PROCEDURE CLINIC	0	2,024,069	90.02
90.04	09002	EPILEPSY MONITORING UNIT	0	217,883	90.04
90.05	09003	OFFSITE IMAGING CENTER	0	641,936	90.05
91.00	09100	EMERGENCY	-945,380	8,216,734	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-16,673,358	294,150,259	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	-437,975	307,982	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	175,213	192.00
192.01	19201	POB	-4,663,054	-369,502	192.01
194.00	07950	COMMUNITY PROGRAMS	0	0	194.00
194.01	07951	RETAIL PHARMACY	0	192,582	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.02
200.00		TOTAL (SUM OF LINES 118 through 199)	-21,774,387	294,456,534	200.00

RECLASSIFICATIONS

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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - RECLASS LEASE EXPENSE</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,379,366	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,688,299	2.00
3.00	RADIOLOGY-THERAPEUTIC	55.00	0	35,250	3.00
4.00	CARDIAC CATHETERIZATION	59.00	0	6,884	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
0			0	5,109,799	
<b>B - RECLASS MEDICAL SUPPLIES</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	19,560,925	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	130,432	2.00
3.00	NURSING ADMINISTRATION	13.00	0	167,012	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
0			0	19,858,369	
<b>C - RECLASS CHARGEABLE DRUGS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	11,314,502	1.00
0			0	11,314,502	
<b>E - RECLASS LAUNDRY COSTS</b>					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	638,994	1.00
0			0	638,994	
<b>F - RECLASS CAFETERIA COSTGS</b>					
1.00	CAFETERIA	11.00	20,481	1,457,440	1.00
0			20,481	1,457,440	
<b>G - RECLASS WORKERS COMPENSATION</b>					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	450,600	1.00
0			0	450,600	
<b>H - RECLASS INTEREST EXPENSE</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	8,960,496	1.00
0			0	8,960,496	
<b>J - IMPLANT RECLASS</b>					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	10,890,187	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

Provider CCN: 14-0290

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

Worksheet A-6  
Date/Time Prepared:  
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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	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
	0		0	10,890,187		
500.00	Grand Total: Increases		20,481	58,680,387		500.00

RECLASSIFICATIONS

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

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Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
<b>A - RECLASS LEASE EXPENSE</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,379,140	10		1.00
2.00	HOUSEKEEPING	9.00	0	10,161	10		2.00
3.00	NURSING ADMINISTRATION	13.00	0	488,364	0		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	264,154	0		4.00
5.00	PHARMACY	15.00	0	847,893	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	9,823	0		6.00
7.00	NEONATAL NICU	31.01	0	163,958	0		7.00
8.00	OPERATING ROOM	50.00	0	683,202	0		8.00
9.00	ENDOSCOPY	50.01	0	529,422	0		9.00
10.00	MAMMOGRAPHY	54.03	0	67,437	0		10.00
11.00	CT SCAN	57.00	0	85,460	0		11.00
12.00	MRI	58.00	0	303,532	0		12.00
13.00	RESPIRATORY THERAPY	65.00	0	244,781	0		13.00
14.00	OFFSITE IMAGING CENTER	90.05	0	32,472	0		14.00
	O		0	5,109,799			
<b>B - RECLASS MEDICAL SUPPLIES</b>							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	239,477	0		1.00
2.00	PHARMACY	15.00	0	1,002,237	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	1,468,471	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	497,559	0		4.00
5.00	NEONATAL NICU	31.01	0	512,566	0		5.00
6.00	NURSERY	43.00	0	27,743	0		6.00
7.00	OPERATING ROOM	50.00	0	8,113,048	0		7.00
8.00	ENDOSCOPY	50.01	0	596,871	0		8.00
9.00	RECOVERY ROOM	51.00	0	56,427	0		9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	591,000	0		10.00
11.00	ANESTHESIOLOGY	53.00	0	367,985	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	161,763	0		12.00
13.00	ULTRASOUND	54.01	0	52,799	0		13.00
14.00	RADIOLOGY-SPECIAL PROCEDURES	54.02	0	502,508	0		14.00
15.00	MAMMOGRAPHY	54.03	0	76,726	0		15.00
16.00	RADIOLOGY-THERAPEUTIC	55.00	0	247,906	0		16.00
17.00	RADIOISOTOPE	56.00	0	1,438,530	0		17.00
18.00	CT SCAN	57.00	0	214,255	0		18.00
19.00	MRI	58.00	0	218,208	0		19.00
20.00	CARDIAC CATHETERIZATION	59.00	0	1,488,597	0		20.00
21.00	LABORATORY	60.00	0	125,542	0		21.00
22.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	1,999	0		22.00
23.00	INTRAVENOUS THERAPY	64.00	0	291,090	0		23.00
24.00	RESPIRATORY THERAPY	65.00	0	312,959	0		24.00
25.00	PHYSICAL THERAPY	66.00	0	8,473	0		25.00
26.00	REHAB OUTPATIENT	66.01	0	19,648	0		26.00
27.00	ELECTROCARDIOLOGY	69.00	0	32,032	0		27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0	14,339	0		28.00
29.00	RENAL DIALYSIS	74.00	0	4,647	0		29.00
30.00	PROCEDURE CLINIC	90.02	0	106,119	0		30.00
31.00	EPILEPSY MONITORING UNIT	90.04	0	4,190	0		31.00
32.00	OFFSITE IMAGING CENTER	90.05	0	8,793	0		32.00
33.00	EMERGENCY	91.00	0	1,053,862	0		33.00
	O		0	19,858,369			
<b>C - RECLASS CHARGEABLE DRUGS</b>							
1.00	PHARMACY	15.00	0	11,314,502	0		1.00
	O		0	11,314,502			
<b>E - RECLASS LAUNDRY COSTS</b>							
1.00	HOUSEKEEPING	9.00	0	638,994	0		1.00
	O		0	638,994			
<b>F - RECLASS CAFETERIA COSTGS</b>							
1.00	DIETARY	10.00	20,481	1,457,440	0		1.00
	O		20,481	1,457,440			
<b>G - RECLASS WORKERS COMPENSATION</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	450,600	0		1.00
	O		0	450,600			
<b>H - RECLASS INTEREST EXPENSE</b>							
1.00	INTEREST EXPENSE	113.00	0	8,960,496	11		1.00
	O		0	8,960,496			
<b>J - IMPLANT RECLASS</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	52,172	0		1.00
2.00	NURSING ADMINISTRATION	13.00	0	36	0		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	3,820	0		3.00
4.00	MEDICAL RECORDS & LIBRARY	16.00	0	2,112	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	5,165	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	7,174	0		6.00

RECLASSIFICATIONS

Provider CCN: 14-0290

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

Worksheet A-6

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Decreases								
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.				
6.00	7.00	8.00	9.00	10.00				
7.00	NEONATAL NICU	31.01	0	832	0		7.00	
8.00	OPERATING ROOM	50.00	0	9,782,378	0		8.00	
9.00	ENDOSCOPY	50.01	0	60,679	0		9.00	
10.00	RECOVERY ROOM	51.00	0	34	0		10.00	
11.00	DELIVERY ROOM & LABOR ROOM	52.00	0	35,932	0		11.00	
12.00	RADIOLOGY-SPECIAL PROCEDURES	54.02	0	98,949	0		12.00	
13.00	CT SCAN	57.00	0	1,297	0		13.00	
14.00	CARDIAC CATHETERIZATION	59.00	0	825,403	0		14.00	
15.00	REHAB OUTPATIENT	66.01	0	57	0		15.00	
16.00	RENAL DIALYSIS	74.00	0	125	0		16.00	
17.00	PROCEDURE CLINIC	90.02	0	3,305	0		17.00	
18.00	EMERGENCY	91.00	0	10,717	0		18.00	
	0		0	10,890,187				
500.00	Grand Total: Decreases		20,481	58,680,387			500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0290

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
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		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	12,220,000	0	0	0	0	1.00
2.00	Land Improvements	192,467	0	0	0	0	2.00
3.00	Buildings and Fixtures	223,679,530	829,261	0	829,261	0	3.00
4.00	Building Improvements	32,996,867	184,241	0	184,241	0	4.00
5.00	Fixed Equipment	1,463,246	0	0	0	0	5.00
6.00	Movable Equipment	46,226,019	10,692,684	0	10,692,684	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	316,778,129	11,706,186	0	11,706,186	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	316,778,129	11,706,186	0	11,706,186	0	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	12,220,000	0				1.00
2.00	Land Improvements	192,467	0				2.00
3.00	Buildings and Fixtures	224,508,791	0				3.00
4.00	Building Improvements	33,181,108	0				4.00
5.00	Fixed Equipment	1,463,246	0				5.00
6.00	Movable Equipment	56,918,703	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	328,484,315	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	328,484,315	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0290

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
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Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	10,136,079	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	5,482,534	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	15,618,613	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	10,136,079				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	5,482,534				2.00
3.00	Total (sum of lines 1-2)	0	15,618,613				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0290

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	271,565,612	0	271,565,612	0.826723	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	56,918,703	0	56,918,703	0.173277	0	2.00
3.00	Total (sum of lines 1-2)	328,484,315	0	328,484,315	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	CAP REL COSTS-BLDG & FIXT	0	0	0	9,964,969	1,379,366	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	7,897,900	3,688,299	2.00
3.00	Total (sum of lines 1-2)	0	0	0	17,862,869	5,067,665	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	11,344,335	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	11,586,199	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	22,930,534	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0290

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

Worksheet A-8

Date/Time Prepared:  
11/29/2018 8:07 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
			Cost Center	Line #			
			1.00	2.00			3.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0	ADMINISTRATIVE & GENERAL	5.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00	0	7.00
8.00 Television and radio service (chapter 21)			0		0.00	0	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-3,310,677				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)			0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-8,829,286				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-946,898	CAFETERIA		11.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts	B	-9,754	MEDICAL RECORDS & LIBRARY		16.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines	B	-92,698	CAFETERIA		11.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT	A	-997,724	CAP REL COSTS-BLDG & FIXT		1.00	9	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP	A	-7,840	CAP REL COSTS-MVBLE EQUIP		2.00	9	27.00
28.00 Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0290

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

Worksheet A-8

Date/Time Prepared:  
11/29/2018 8:07 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	
33.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0 33.00
34.01 CAFETERIA REVENUE	B	-437,975	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0 34.01
34.02 LAB OTHER REVENUE	B	-14,217	LABORATORY	60.00	0 34.02
34.03 LAB OTHER REVENUE	B		LABORATORY	60.00	0 34.03
34.04 LAB OTHER REVENUE	B		LABORATORY	60.00	0 34.04
34.05 LAB OTHER REVENUE	B		LABORATORY	60.00	0 34.05
34.06 LAB OTHER REVENUE	B		LABORATORY	60.00	0 34.06
35.00 ITC RENT REV ABSG	B	-949,171	POB	192.01	0 35.00
36.00 ITC RENT REV ABAG	B		POB	192.01	0 36.00
37.00 ITC RENT REV ABSG	B		POB	192.01	0 37.00
40.00 PERINATAL CLASS TUITION	B	-50,557	ADMINISTRATIVE & GENERAL	5.00	0 40.00
41.00 OTHER EDUCATION	B		ADMINISTRATIVE & GENERAL	5.00	0 41.00
43.00 AUDIT RECOVERIES	B		ADMINISTRATIVE & GENERAL	5.00	0 43.00
43.01 ITC RENT REV	B	-514,590	ADMINISTRATIVE & GENERAL	5.00	0 43.01
43.02 ITC RENT REV ABSG	B		ADMINISTRATIVE & GENERAL	5.00	0 43.02
43.03 MEDICAID TAXES		0		0.00	0 43.03
43.04 MISCELLANEOUS INCOME	B	-136,186	OPERATION OF PLANT	7.00	0 43.04
43.06 RENT PHYS OFFICE	B	-372,185	POB	192.01	0 43.06
43.07 RENT PHYS OFFICE	B		POB	192.01	0 43.07
43.11 RENT PHYS OFFICE	B		POB	192.01	0 43.11
43.12 RENT PHYS OFFICE	B		POB	192.01	0 43.12
43.13 MISC INCOME	B	-424,372	ADMINISTRATIVE & GENERAL	5.00	0 43.13
43.14 COMMUNITY TRANSPORT	A		ADMINISTRATIVE & GENERAL	5.00	0 43.14
43.15 R/E TAXES	A	-293,677	ADMINISTRATIVE & GENERAL	5.00	0 43.15
43.16 CONTRIBUTIONS	A		ADMINISTRATIVE & GENERAL	5.00	0 43.16
43.17 ER DIRECT PT SVSC	A	-945,380	EMERGENCY	91.00	0 43.17
43.18 NON PATIENT RELATED COSTS	A	-49,502	ADMINISTRATIVE & GENERAL	5.00	0 43.18
43.19 OFFSET PHYSICIAN FEES	A		PHYSICIANS' PRIVATE OFFICES	192.00	0 43.19
43.20 OFFSET PHYSICIAN FEES	A	-3,341,698	POB	192.01	0 43.20
43.21 OFFSET PHYSICIAN FEES	A		POB	192.01	0 43.21
43.22 OFFSET PHYSICIAN FEES	A		POB	192.01	0 43.22
43.23 LOBBY DUES	A	-50,000	ADMINISTRATIVE & GENERAL	5.00	0 43.23
43.24 NON PATIENT RELATED COSTS	A		ADMINISTRATIVE & GENERAL	5.00	0 43.24
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-21,774,387			50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS  
 Provider CCN: 14-0290  
 Period: From 07/01/2017 To 06/30/2018  
 Worksheet A-8-1  
 Date/Time Prepared: 11/29/2018 8:07 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	INTEREST CAP	0	8,960,496 1.00
2.00	1.00	CAP REL COSTS-BLDG & FIXT	ABHN CAP BUILDING	826,614	0 2.00
3.00	2.00	CAP REL COSTS-MVBLE EQUIP	ABHN CAP EQUIPMENT	2,423,206	0 3.00
3.01	5.00	ADMINISTRATIVE & GENERAL	ADMIN COSTS	54,277,668	57,985,968 3.01
3.02	7.00	OPERATION OF PLANT	CLINICAL ENG AND FACILITY AD	264,053	0 3.02
3.03	30.00	ADULTS & PEDIATRICS	PEDIATRIC	325,637	0 3.03
3.04	0.00			0	0 3.04
3.05	0.00			0	0 3.05
3.06	0.00			0	0 3.06
4.00	0.00			0	0 4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			58,117,178	66,946,464 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	PRESENCE ABHS	100.00	6.00
7.00	B		0.00	ABHN	100.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 14-0290

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

Worksheet A-8-1

Date/Time Prepared:  
11/29/2018 8:07 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	-8,960,496	11		1.00
2.00	826,614	9		2.00
3.00	2,423,206	9		3.00
3.01	-3,708,300	0		3.01
3.02	264,053	0		3.02
3.03	325,637	0		3.03
3.04	0	0		3.04
3.05	0	0		3.05
3.06	0	0		3.06
4.00	0	0		4.00
5.00	-8,829,286			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	HEALTHCARE		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: 14-0290

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

Worksheet A-8-2

Date/Time Prepared:  
11/29/2018 8:07 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	3,305,764	3,305,764	0	0	0	1.00
2.00	59.00	CARDIAC CATHETERIZATION	4,913	4,913	0	0	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			3,310,677	3,310,677	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	1.00
2.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
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	5.00	ADMINISTRATIVE & GENERAL	0	0	0	3,305,764	1.00
2.00	59.00	CARDIAC CATHETERIZATION	0	0	0	4,913	2.00
3.00	0.00		0	0	0	0	3.00
4.00	0.00		0	0	0	0	4.00
5.00	0.00		0	0	0	0	5.00
6.00	0.00		0	0	0	0	6.00
7.00	0.00		0	0	0	0	7.00
8.00	0.00		0	0	0	0	8.00
9.00	0.00		0	0	0	0	9.00
10.00	0.00		0	0	0	0	10.00
200.00			0	0	0	3,310,677	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0290

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/29/2018 8:07 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	11,344,335	11,344,335			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	11,586,199		11,586,199		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	14,725,995	8,060	8,317	14,742,372	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	83,302,081	1,039,036	951,912	762,461	5.00
7.00 00700	OPERATION OF PLANT	7,633,208	3,094,198	3,192,978	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	638,994	0	0	0	8.00
9.00 00900	HOUSEKEEPING	4,835,097	130,090	134,243	0	9.00
10.00 01000	DIETARY	3,448,483	115,653	119,345	7,217	10.00
11.00 01100	CAFETERIA	1,099,114	83,942	86,622	3,093	11.00
13.00 01300	NURSING ADMINISTRATION	2,070,907	184,669	190,564	239,854	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	544,219	58,198	60,056	65,696	14.00
15.00 01500	PHARMACY	4,450,069	84,470	87,167	576,859	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,377,046	129,209	133,334	155,020	16.00
17.00 01700	SOCIAL SERVICE	2,595,059	5,654	5,834	348,956	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	34,008,623	2,593,716	2,676,518	4,536,192	30.00
31.00 03100	INTENSIVE CARE UNIT	5,389,277	211,039	217,776	715,989	31.00
31.01 02060	NEONATAL NICU	8,045,128	384,655	396,935	1,035,846	31.01
43.00 04300	NURSERY	889,564	25,040	25,839	123,980	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	6,802,911	644,463	665,037	825,917	50.00
50.01 05001	ENDOSCOPY	1,220,216	207,537	214,163	161,870	50.01
51.00 05100	RECOVERY ROOM	1,173,459	110,801	114,338	161,253	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	4,838,101	293,259	302,622	637,242	52.00
53.00 05300	ANESTHESIOLOGY	218,270	10,348	10,679	15,739	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,381,288	287,704	296,888	292,585	54.00
54.01 03630	ULTRASOUND	1,281,238	21,949	22,650	171,468	54.01
54.02 05401	RADIOLOGY-SPECIAL PROCEDURES	656,682	20,149	20,792	89,821	54.02
54.03 03440	MAMMOGRAPHY	1,428,013	95,993	99,057	171,129	54.03
55.00 05500	RADIOLOGY-THERAPEUTIC	666,067	243,121	250,883	93,609	55.00
56.00 05600	RADIOISOTOPE	472,482	41,609	42,937	64,157	56.00
57.00 05700	CT SCAN	1,304,332	52,114	53,778	169,109	57.00
58.00 05800	MRI	895,084	40,103	41,383	120,384	58.00
59.00 05900	CARDIAC CATHETERIZATION	1,449,755	130,638	134,808	195,981	59.00
60.00 06000	LABORATORY	7,839,431	263,544	271,958	383,502	60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	1,176,031	10,622	10,961	51,080	63.00
64.00 06400	INTRAVENOUS THERAPY	334,612	0	0	47,394	64.00
65.00 06500	RESPIRATORY THERAPY	2,247,184	28,111	29,009	239,434	65.00
66.00 06600	PHYSICAL THERAPY	2,672,714	104,600	107,939	371,524	66.00
66.01 06601	REHAB OUTPATIENT	2,173,293	2,328	2,402	252,719	66.01
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	1,001,502	0	0	138,485	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	195,718	10,877	11,224	27,031	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	19,560,925	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	10,890,187	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	11,314,502	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	872,227	0	0	108	74.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09005	CONGESTIVE HEART FAILURE CLINIC	15	0	0	0	90.01
90.02 09001	PROCEDURE CLINIC	2,024,069	124,651	128,631	279,625	90.02
90.04 09002	EPILEPSY MONITORING UNIT	217,883	0	0	29,924	90.04
90.05 09003	OFFSITE IMAGING CENTER	641,936	0	0	60,298	90.05
91.00 09100	EMERGENCY	8,216,734	405,724	418,676	1,060,978	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	294,150,259	11,297,874	11,538,255	14,683,529	293,997,011
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	307,982	46,461	47,944	14,895	417,282
192.00 19200	PHYSICIANS' PRIVATE OFFICES	175,213	0	0	17,987	193,200
192.01 19201	POB	-369,502	0	0	0	-369,502
194.00 07950	COMMUNITY PROGRAMS	0	0	0	0	0
194.01 07951	RETAIL PHARMACY	192,582	0	0	25,961	218,543
194.02 07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0290

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/29/2018 8:07 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
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)	294,456,534	11,344,335	11,586,199	14,742,372	294,456,534	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 14-0290	Period: From 07/01/2017 To 06/30/2018	Worksheet B Part I Date/Time Prepared: 11/29/2018 8:07 pm		
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
		5.00	7.00	8.00	9.00	10.00
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL	86,055,490			5.00
7.00	00700	OPERATION OF PLANT	5,737,996	19,658,380		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	263,394	0	902,388	8.00
9.00	00900	HOUSEKEEPING	2,101,990	355,038	0	7,556,458
10.00	01000	DIETARY	1,521,309	315,637	0	123,559
11.00	01100	CAFETERIA	524,637	229,093	0	89,680
13.00	01300	NURSING ADMINISTRATION	1,107,169	503,994	0	197,293
14.00	01400	CENTRAL SERVICES & SUPPLY	300,152	158,833	0	62,176
15.00	01500	PHARMACY	2,142,854	230,535	0	90,245
16.00	01600	MEDICAL RECORDS & LIBRARY	739,740	352,636	0	138,042
17.00	01700	SOCIAL SERVICE	1,218,261	15,429	0	6,040
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	18,060,669	7,078,712	514,167	2,771,021
31.00	03100	INTENSIVE CARE UNIT	2,693,355	575,963	45,086	225,465
31.01	02060	NEONATAL NICU	4,065,359	1,049,792	7,731	410,950
43.00	04300	NURSERY	438,756	68,338	0	26,752
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	3,684,388	1,758,853	106,745	688,518
50.01	05001	ENDOSCOPY	743,522	566,406	0	221,724
51.00	05100	RECOVERY ROOM	642,972	302,396	0	118,376
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,502,565	800,357	57,627	313,307
53.00	05300	ANESTHESIOLOGY	105,126	28,243	0	11,056
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,343,143	785,195	2,220	307,371
54.01	03630	ULTRASOUND	617,191	59,903	25,717	23,449
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	324,585	54,991	0	21,527
54.03	03440	MAMMOGRAPHY	739,568	261,981	0	102,555
55.00	05500	RADIOLOGY-THERAPEUTIC	516,768	663,521	6,860	259,741
56.00	05600	RADIOISOTOPE	256,053	113,559	0	44,454
57.00	05700	CT SCAN	651,003	142,229	31,565	55,677
58.00	05800	MRI	452,166	109,448	0	42,844
59.00	05900	CARDIAC CATHETERIZATION	787,791	356,533	0	139,568
60.00	06000	LABORATORY	3,610,236	719,259	0	281,560
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	514,713	28,990	0	11,349
64.00	06400	INTRAVENOUS THERAPY	157,463	0	0	0
65.00	06500	RESPIRATORY THERAPY	1,048,531	76,720	0	30,033
66.00	06600	PHYSICAL THERAPY	1,342,447	285,472	0	111,750
66.01	06601	REHAB OUTPATIENT	1,001,954	6,353	0	2,487
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	469,904	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	100,927	29,684	0	11,620
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,063,033	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,488,946	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	4,663,849	0	0	0
74.00	07400	RENAL DIALYSIS	359,577	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000	CLINIC	0	0	0	0
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	6	0	0	0
90.02	09001	PROCEDURE CLINIC	1,053,988	340,196	0	133,173
90.04	09002	EPILEPSY MONITORING UNIT	102,146	0	0	0
90.05	09003	OFFSITE IMAGING CENTER	289,462	0	0	0
91.00	09100	EMERGENCY	4,164,101	1,107,292	104,670	433,459
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300	INTEREST EXPENSE				
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	85,713,765	19,531,581	902,388	7,506,821
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	172,004	126,799	0	49,637
192.00	19200	PHYSICIANS' PRIVATE OFFICES	79,637	0	0	0
192.01	19201	POB	0	0	0	0
194.00	07950	COMMUNITY PROGRAMS	0	0	0	0
194.01	07951	RETAIL PHARMACY	90,084	0	0	0
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0
200.00		Cross Foot Adjustments				
201.00		Negative Cost Centers	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	86,055,490	19,658,380	902,388	7,556,458

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 14-0290		Period: From 07/01/2017 To 06/30/2018		Worksheet B Part I Date/Time Prepared: 11/29/2018 8:07 pm	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	2,116,181					11.00
13.00	01300	26,629	4,521,079				13.00
14.00	01400	17,522	0	1,266,852			14.00
15.00	01500	72,618	0	0	7,734,817		15.00
16.00	01600	41,992	0	0	0	3,067,019	16.00
17.00	01700	47,709	0	0	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	755,476	2,352,247	0	0	360,979	30.00
31.00	03100	94,727	294,943	0	0	43,846	31.00
31.01	02060	131,880	410,621	0	0	104,283	31.01
43.00	04300	17,050	53,087	0	0	21,770	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	117,697	366,460	0	0	271,535	50.00
50.01	05001	22,952	71,465	0	0	72,793	50.01
51.00	05100	20,355	63,378	0	0	41,915	51.00
52.00	05200	87,864	273,572	0	0	49,257	52.00
53.00	05300	4,098	0	0	0	69,742	53.00
54.00	05400	53,089	0	0	0	86,291	54.00
54.01	03630	20,996	0	0	0	68,053	54.01
54.02	05401	10,827	0	0	0	20,877	54.02
54.03	03440	25,432	0	0	0	36,369	54.03
55.00	05500	10,962	0	0	0	51,478	55.00
56.00	05600	7,370	0	0	0	50,945	56.00
57.00	05700	21,688	0	0	0	188,853	57.00
58.00	05800	15,819	0	0	0	90,298	58.00
59.00	05900	19,428	0	0	0	60,247	59.00
60.00	06000	82,045	0	0	0	347,624	60.00
62.30	06250	0	0	0	0	0	62.30
63.00	06300	8,011	0	0	0	15,321	63.00
64.00	06400	5,936	0	0	0	7,578	64.00
65.00	06500	35,989	0	0	0	67,363	65.00
66.00	06600	42,633	0	0	0	41,552	66.00
66.01	06601	36,006	0	0	0	25,401	66.01
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	22,278	0	0	0	82,013	69.00
70.00	07000	5,700	0	0	0	10,448	70.00
71.00	07100	0	0	814,245	0	132,144	71.00
72.00	07200	0	0	452,607	0	51,819	72.00
73.00	07300	0	0	0	7,734,817	275,071	73.00
74.00	07400	0	0	0	0	8,543	74.00
76.97	07697	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	0	0	0	0	90.00
90.01	09005	0	0	0	0	135	90.01
90.02	09001	35,027	109,061	0	0	22,924	90.02
90.04	09002	4,216	13,127	0	0	1,822	90.04
90.05	09003	9,512	0	0	0	22,646	90.05
91.00	09100	164,799	513,118	0	0	265,084	91.00
92.00	09200						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
118.00		2,096,332	4,521,079	1,266,852	7,734,817	3,067,019	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	13,154	0	0	0	0	190.00
192.00	19200	3,575	0	0	0	0	192.00
192.01	19201	3,120	0	0	0	0	192.01
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		2,116,181	4,521,079	1,266,852	7,734,817	3,067,019	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0290

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/29/2018 8:07 pm

Cost Center Description		SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		17.00	24.00	25.00	26.00		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00	
5.00	00500	ADMINISTRATIVE & GENERAL				5.00	
7.00	00700	OPERATION OF PLANT				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE				8.00	
9.00	00900	HOUSEKEEPING				9.00	
10.00	01000	DIETARY				10.00	
11.00	01100	CAFETERIA				11.00	
13.00	01300	NURSING ADMINISTRATION				13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00	
15.00	01500	PHARMACY				15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00	
17.00	01700	SOCIAL SERVICE	4,242,942			17.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	3,205,403	84,054,153	0	84,054,153	30.00
31.00	03100	INTENSIVE CARE UNIT	249,716	11,267,955	0	11,267,955	31.00
31.01	02060	NEONATAL NICU	417,176	16,460,356	0	16,460,356	31.01
43.00	04300	NURSERY	370,647	2,060,823	0	2,060,823	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	15,932,524	0	15,932,524	50.00
50.01	05001	ENDOSCOPY	0	3,502,648	0	3,502,648	50.01
51.00	05100	RECOVERY ROOM	0	2,749,243	0	2,749,243	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	10,155,773	0	10,155,773	52.00
53.00	05300	ANESTHESIOLOGY	0	473,301	0	473,301	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,835,774	0	5,835,774	54.00
54.01	03630	ULTRASOUND	0	2,312,614	0	2,312,614	54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	0	1,220,251	0	1,220,251	54.02
54.03	03440	MAMMOGRAPHY	0	2,960,097	0	2,960,097	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,763,010	0	2,763,010	55.00
56.00	05600	RADIOISOTOPE	0	1,093,566	0	1,093,566	56.00
57.00	05700	CT SCAN	0	2,670,348	0	2,670,348	57.00
58.00	05800	MRI	0	1,807,529	0	1,807,529	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,274,749	0	3,274,749	59.00
60.00	06000	LABORATORY	0	13,799,159	0	13,799,159	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,827,078	0	1,827,078	63.00
64.00	06400	INTRAVENOUS THERAPY	0	552,983	0	552,983	64.00
65.00	06500	RESPIRATORY THERAPY	0	3,802,374	0	3,802,374	65.00
66.00	06600	PHYSICAL THERAPY	0	5,080,631	0	5,080,631	66.00
66.01	06601	REHAB OUTPATIENT	0	3,502,943	0	3,502,943	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,714,182	0	1,714,182	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	403,229	0	403,229	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	28,570,347	0	28,570,347	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	15,883,559	0	15,883,559	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	23,988,239	0	23,988,239	73.00
74.00	07400	RENAL DIALYSIS	0	1,240,455	0	1,240,455	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	0	156	0	156	90.01
90.02	09001	PROCEDURE CLINIC	0	4,251,345	0	4,251,345	90.02
90.04	09002	EPILEPSY MONITORING UNIT	0	369,118	0	369,118	90.04
90.05	09003	OFFSITE IMAGING CENTER	0	1,023,854	0	1,023,854	90.05
91.00	09100	EMERGENCY	0	16,854,635	0	16,854,635	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,242,942	293,459,001	0	293,459,001	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	778,876	0	778,876	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	276,412	0	276,412	192.00
192.01	19201	POB	0	-366,382	0	-366,382	192.01
194.00	07950	COMMUNITY PROGRAMS	0	0	0	0	194.00
194.01	07951	RETAIL PHARMACY	0	308,627	0	308,627	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.02
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0290

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/29/2018 8:07 pm

Cost Center Description	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		17.00	24.00	25.00	26.00	
202.00   TOTAL (sum lines 118 through 201)	4,242,942	294,456,534	0	294,456,534		202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0290		Period: From 07/01/2017 To 06/30/2018		Worksheet B Part II Date/Time Prepared: 11/29/2018 8:07 pm	
Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT			
		BLDG & FIXT	MVBLE EQUIP					
	0	1.00	2.00	2A	4.00			
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	8,060	8,317	16,377	16,377	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	1,039,036	951,912	1,990,948	848	5.00
7.00	00700	OPERATION OF PLANT	0	3,094,198	3,192,978	6,287,176	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	130,090	134,243	264,333	0	9.00
10.00	01000	DIETARY	0	115,653	119,345	234,998	8	10.00
11.00	01100	CAFETERIA	0	83,942	86,622	170,564	3	11.00
13.00	01300	NURSING ADMINISTRATION	0	184,669	190,564	375,233	267	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	58,198	60,056	118,254	73	14.00
15.00	01500	PHARMACY	0	84,470	87,167	171,637	642	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	129,209	133,334	262,543	172	16.00
17.00	01700	SOCIAL SERVICE	0	5,654	5,834	11,488	388	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	2,593,716	2,676,518	5,270,234	5,024	30.00
31.00	03100	INTENSIVE CARE UNIT	0	211,039	217,776	428,815	797	31.00
31.01	02060	NEONATAL NICU	0	384,655	396,935	781,590	1,152	31.01
43.00	04300	NURSERY	0	25,040	25,839	50,879	138	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	644,463	665,037	1,309,500	919	50.00
50.01	05001	ENDOSCOPY	0	207,537	214,163	421,700	180	50.01
51.00	05100	RECOVERY ROOM	0	110,801	114,338	225,139	179	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	293,259	302,622	595,881	709	52.00
53.00	05300	ANESTHESIOLOGY	0	10,348	10,679	21,027	18	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	287,704	296,888	584,592	326	54.00
54.01	03630	ULTRASOUND	0	21,949	22,650	44,599	191	54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	0	20,149	20,792	40,941	100	54.02
54.03	03440	MAMMOGRAPHY	0	95,993	99,057	195,050	190	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	243,121	250,883	494,004	104	55.00
56.00	05600	RADIOISOTOPE	0	41,609	42,937	84,546	71	56.00
57.00	05700	CT SCAN	0	52,114	53,778	105,892	188	57.00
58.00	05800	MRI	0	40,103	41,383	81,486	134	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	130,638	134,808	265,446	218	59.00
60.00	06000	LABORATORY	0	263,544	271,958	535,502	427	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	10,622	10,961	21,583	57	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	53	64.00
65.00	06500	RESPIRATORY THERAPY	0	28,111	29,009	57,120	266	65.00
66.00	06600	PHYSICAL THERAPY	0	104,600	107,939	212,539	413	66.00
66.01	06601	REHAB OUTPATIENT	0	2,328	2,402	4,730	281	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	154	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	10,877	11,224	22,101	30	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	0	0	0	0	0	90.01
90.02	09001	PROCEDURE CLINIC	0	124,651	128,631	253,282	311	90.02
90.04	09002	EPILEPSY MONITORING UNIT	0	0	0	0	33	90.04
90.05	09003	OFFSITE IMAGING CENTER	0	0	0	0	67	90.05
91.00	09100	EMERGENCY	0	405,724	418,676	824,400	1,180	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	11,297,874	11,538,255	22,836,129	16,311	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	46,461	47,944	94,405	17	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	20	192.00
192.01	19201	POB	0	0	0	0	0	192.01
194.00	07950	COMMUNITY PROGRAMS	0	0	0	0	0	194.00
194.01	07951	RETAIL PHARMACY	0	0	0	0	29	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
200.00		Cross Foot Adjustments				0		200.00

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	2A	4.00	
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	0	11,344,335	11,586,199	22,930,534	16,377	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0290	Period: From 07/01/2017 To 06/30/2018	Worksheet B Part II Date/Time Prepared: 11/29/2018 8:07 pm		
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
		5.00	7.00	8.00	9.00	10.00
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,991,796			5.00
7.00	00700	OPERATION OF PLANT	132,814	6,419,990		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	6,097	0	6,097	8.00
9.00	00900	HOUSEKEEPING	48,654	115,948	0	428,935
10.00	01000	DIETARY	35,213	103,080	0	7,014
11.00	01100	CAFETERIA	12,144	74,817	0	5,091
13.00	01300	NURSING ADMINISTRATION	25,627	164,593	0	11,199
14.00	01400	CENTRAL SERVICES & SUPPLY	6,947	51,871	0	3,529
15.00	01500	PHARMACY	49,600	75,287	0	5,123
16.00	01600	MEDICAL RECORDS & LIBRARY	17,122	115,163	0	7,836
17.00	01700	SOCIAL SERVICE	28,198	5,039	0	343
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	417,954	2,311,749	3,475	157,295
31.00	03100	INTENSIVE CARE UNIT	62,342	188,097	305	12,798
31.01	02060	NEONATAL NICU	94,099	342,839	52	23,327
43.00	04300	NURSERY	10,156	22,318	0	1,519
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	85,281	574,402	721	39,083
50.01	05001	ENDOSCOPY	17,210	184,976	0	12,586
51.00	05100	RECOVERY ROOM	14,883	98,756	0	6,719
52.00	05200	DELIVERY ROOM & LABOR ROOM	57,926	261,379	389	17,785
53.00	05300	ANESTHESIOLOGY	2,433	9,223	0	628
54.00	05400	RADIOLOGY-DIAGNOSTIC	31,089	256,427	15	17,448
54.01	03630	ULTRASOUND	14,286	19,563	174	1,331
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	7,513	17,959	0	1,222
54.03	03440	MAMMOGRAPHY	17,118	85,557	0	5,821
55.00	05500	RADIOLOGY-THERAPEUTIC	11,961	216,691	46	14,744
56.00	05600	RADIOISOTOPE	5,927	37,086	0	2,523
57.00	05700	CT SCAN	15,068	46,449	213	3,160
58.00	05800	MRI	10,466	35,743	0	2,432
59.00	05900	CARDIAC CATHETERIZATION	18,235	116,436	0	7,922
60.00	06000	LABORATORY	83,564	234,894	0	15,982
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	11,914	9,468	0	644
64.00	06400	INTRAVENOUS THERAPY	3,645	0	0	0
65.00	06500	RESPIRATORY THERAPY	24,270	25,055	0	1,705
66.00	06600	PHYSICAL THERAPY	31,073	93,229	0	6,343
66.01	06601	REHAB OUTPATIENT	23,192	2,075	0	141
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	10,877	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	2,336	9,694	0	660
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	186,631	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	103,903	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	107,952	0	0	0
74.00	07400	RENAL DIALYSIS	8,323	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000	CLINIC	0	0	0	0
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	0	0	0	0
90.02	09001	PROCEDURE CLINIC	24,396	111,100	0	7,559
90.04	09002	EPILEPSY MONITORING UNIT	2,364	0	0	0
90.05	09003	OFFSITE IMAGING CENTER	6,700	0	0	0
91.00	09100	EMERGENCY	96,384	361,617	707	24,605
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300	INTEREST EXPENSE				
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,983,887	6,378,580	6,097	426,117
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,981	41,410	0	2,818
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,843	0	0	0
192.01	19201	POB	0	0	0	0
194.00	07950	COMMUNITY PROGRAMS	0	0	0	0
194.01	07951	RETAIL PHARMACY	2,085	0	0	0
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0
200.00		Cross Foot Adjustments				
201.00		Negative Cost Centers	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	1,991,796	6,419,990	6,097	428,935

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0290		Period: From 07/01/2017 To 06/30/2018		Worksheet B Part II Date/Time Prepared: 11/29/2018 8:07 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	262,619					11.00
13.00	01300	NURSING ADMINISTRATION	3,305	580,224				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,175	0	182,849			14.00
15.00	01500	PHARMACY	9,012	0	0	311,301		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,211	0	0	0	408,047	16.00
17.00	01700	SOCIAL SERVICE	5,921	0	0	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	93,755	301,880	0	0	48,429	30.00
31.00	03100	INTENSIVE CARE UNIT	11,756	37,852	0	0	5,827	31.00
31.01	02060	NEONATAL NICU	16,366	52,698	0	0	13,859	31.01
43.00	04300	NURSERY	2,116	6,813	0	0	2,893	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	14,606	47,031	0	0	36,086	50.00
50.01	05001	ENDOSCOPY	2,848	9,172	0	0	9,674	50.01
51.00	05100	RECOVERY ROOM	2,526	8,134	0	0	5,570	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,904	35,110	0	0	6,546	52.00
53.00	05300	ANESTHESIOLOGY	509	0	0	0	9,268	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,588	0	0	0	11,468	54.00
54.01	03630	ULTRASOUND	2,606	0	0	0	9,044	54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	1,344	0	0	0	2,774	54.02
54.03	03440	MAMMOGRAPHY	3,156	0	0	0	4,833	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	1,360	0	0	0	6,841	55.00
56.00	05600	RADIOISOTOPE	915	0	0	0	6,770	56.00
57.00	05700	CT SCAN	2,691	0	0	0	25,098	57.00
58.00	05800	MRI	1,963	0	0	0	12,000	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,411	0	0	0	8,007	59.00
60.00	06000	LABORATORY	10,182	0	0	0	46,198	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	994	0	0	0	2,036	63.00
64.00	06400	INTRAVENOUS THERAPY	737	0	0	0	1,007	64.00
65.00	06500	RESPIRATORY THERAPY	4,466	0	0	0	8,952	65.00
66.00	06600	PHYSICAL THERAPY	5,291	0	0	0	5,522	66.00
66.01	06601	REHAB OUTPATIENT	4,468	0	0	0	3,376	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,765	0	0	0	10,899	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	707	0	0	0	1,389	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	117,519	0	17,561	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	65,330	0	6,886	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	311,301	36,556	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	1,135	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	0	0	0	0	18	90.01
90.02	09001	PROCEDURE CLINIC	4,347	13,997	0	0	3,046	90.02
90.04	09002	EPILEPSY MONITORING UNIT	523	1,685	0	0	242	90.04
90.05	09003	OFFSITE IMAGING CENTER	1,180	0	0	0	3,009	90.05
91.00	09100	EMERGENCY	20,452	65,852	0	0	35,228	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	260,156	580,224	182,849	311,301	408,047	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,632	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	444	0	0	0	0	192.00
192.01	19201	POB	387	0	0	0	0	192.01
194.00	07950	COMMUNITY PROGRAMS	0	0	0	0	0	194.00
194.01	07951	RETAIL PHARMACY	0	0	0	0	0	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	262,619	580,224	182,849	311,301	408,047	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0290	Period: From 07/01/2017 To 06/30/2018	Worksheet B Part II Date/Time Prepared: 11/29/2018 8:07 pm		
Cost Center	Description	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		17.00	24.00	25.00	26.00		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00	
5.00	00500	ADMINISTRATIVE & GENERAL				5.00	
7.00	00700	OPERATION OF PLANT				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE				8.00	
9.00	00900	HOUSEKEEPING				9.00	
10.00	01000	DIETARY				10.00	
11.00	01100	CAFETERIA				11.00	
13.00	01300	NURSING ADMINISTRATION				13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00	
15.00	01500	PHARMACY				15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00	
17.00	01700	SOCIAL SERVICE	51,377			17.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	38,813	8,994,547	0	8,994,547	30.00
31.00	03100	INTENSIVE CARE UNIT	3,024	785,987	0	785,987	31.00
31.01	02060	NEONATAL NICU	5,052	1,331,034	0	1,331,034	31.01
43.00	04300	NURSERY	4,488	101,320	0	101,320	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	2,107,629	0	2,107,629	50.00
50.01	05001	ENDOSCOPY	0	658,346	0	658,346	50.01
51.00	05100	RECOVERY ROOM	0	361,906	0	361,906	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	986,629	0	986,629	52.00
53.00	05300	ANESTHESIOLOGY	0	43,106	0	43,106	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	907,953	0	907,953	54.00
54.01	03630	ULTRASOUND	0	91,794	0	91,794	54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	0	71,853	0	71,853	54.02
54.03	03440	MAMMOGRAPHY	0	311,725	0	311,725	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	745,751	0	745,751	55.00
56.00	05600	RADIOISOTOPE	0	137,838	0	137,838	56.00
57.00	05700	CT SCAN	0	198,759	0	198,759	57.00
58.00	05800	MRI	0	144,224	0	144,224	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	418,675	0	418,675	59.00
60.00	06000	LABORATORY	0	926,749	0	926,749	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	46,696	0	46,696	63.00
64.00	06400	INTRAVENOUS THERAPY	0	5,442	0	5,442	64.00
65.00	06500	RESPIRATORY THERAPY	0	121,834	0	121,834	65.00
66.00	06600	PHYSICAL THERAPY	0	354,410	0	354,410	66.00
66.01	06601	REHAB OUTPATIENT	0	38,263	0	38,263	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	24,695	0	24,695	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	36,917	0	36,917	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	321,711	0	321,711	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	176,119	0	176,119	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	455,809	0	455,809	73.00
74.00	07400	RENAL DIALYSIS	0	9,458	0	9,458	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	0	18	0	18	90.01
90.02	09001	PROCEDURE CLINIC	0	418,038	0	418,038	90.02
90.04	09002	EPILEPSY MONITORING UNIT	0	4,847	0	4,847	90.04
90.05	09003	OFFSITE IMAGING CENTER	0	10,956	0	10,956	90.05
91.00	09100	EMERGENCY	0	1,430,425	0	1,430,425	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	51,377	22,781,463	0	22,781,463	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	144,263	0	144,263	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,307	0	2,307	192.00
192.01	19201	POB	0	387	0	387	192.01
194.00	07950	COMMUNITY PROGRAMS	0	0	0	0	194.00
194.01	07951	RETAIL PHARMACY	0	2,114	0	2,114	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.02
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0290		Period: From 07/01/2017 To 06/30/2018		Worksheet B Part II Date/Time Prepared: 11/29/2018 8:07 pm	
Cost Center Description		SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
202.00	TOTAL (sum lines 118 through 201)	51,377	22,930,534	25.00	22,930,534		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0290

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

Worksheet B-1  
Date/Time Prepared:  
11/29/2018 8:07 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	579,906				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		573,947			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	412	412	97,626,316		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	53,114	47,155	5,049,144	-86,055,490	208,770,546
7.00 00700	OPERATION OF PLANT	158,171	158,171	0	0	13,920,384
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	638,994
9.00 00900	HOUSEKEEPING	6,650	6,650	0	0	5,099,430
10.00 01000	DIETARY	5,912	5,912	47,789	0	3,690,698
11.00 01100	CAFETERIA	4,291	4,291	20,481	0	1,272,771
13.00 01300	NURSING ADMINISTRATION	9,440	9,440	1,588,353	0	2,685,994
14.00 01400	CENTRAL SERVICES & SUPPLY	2,975	2,975	435,049	0	728,169
15.00 01500	PHARMACY	4,318	4,318	3,820,055	0	5,198,565
16.00 01600	MEDICAL RECORDS & LIBRARY	6,605	6,605	1,026,571	0	1,794,609
17.00 01700	SOCIAL SERVICE	289	289	2,310,845	0	2,955,503
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	132,587	132,587	30,039,297	0	43,815,049
31.00 03100	INTENSIVE CARE UNIT	10,788	10,788	4,741,397	0	6,534,081
31.01 02060	NEONATAL NICU	19,663	19,663	6,859,546	0	9,862,564
43.00 04300	NURSERY	1,280	1,280	821,014	0	1,064,423
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	32,944	32,944	5,469,356	0	8,938,328
50.01 05001	ENDOSCOPY	10,609	10,609	1,071,927	0	1,803,786
51.00 05100	RECOVERY ROOM	5,664	5,664	1,067,844	0	1,559,851
52.00 05200	DELIVERY ROOM & LABOR ROOM	14,991	14,991	4,219,923	0	6,071,224
53.00 05300	ANESTHESIOLOGY	529	529	104,226	0	255,036
54.00 05400	RADIOLOGY-DIAGNOSTIC	14,707	14,707	1,937,544	0	3,258,465
54.01 03630	ULTRASOUND	1,122	1,122	1,135,492	0	1,497,305
54.02 05401	RADIOLOGY-SPECIAL PROCEDURES	1,030	1,030	594,808	0	787,444
54.03 03440	MAMMOGRAPHY	4,907	4,907	1,133,247	0	1,794,192
55.00 05500	RADIOLOGY-THERAPEUTIC	12,428	12,428	619,892	0	1,253,680
56.00 05600	RADIOISOTOPE	2,127	2,127	424,856	0	621,185
57.00 05700	CT SCAN	2,664	2,664	1,119,866	0	1,579,333
58.00 05800	MRI	2,050	2,050	797,206	0	1,096,954
59.00 05900	CARDIAC CATHETERIZATION	6,678	6,678	1,297,820	0	1,911,182
60.00 06000	LABORATORY	13,472	13,472	2,539,617	0	8,758,435
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	543	543	338,262	0	1,248,694
64.00 06400	INTRAVENOUS THERAPY	0	0	313,853	0	382,006
65.00 06500	RESPIRATORY THERAPY	1,437	1,437	1,585,569	0	2,543,738
66.00 06600	PHYSICAL THERAPY	5,347	5,347	2,460,292	0	3,256,777
66.01 06601	REHAB OUTPATIENT	119	119	1,673,547	0	2,430,742
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	0	0	917,070	0	1,139,987
70.00 07000	ELECTROENCEPHALOGRAPHY	556	556	179,004	0	244,850
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	19,560,925
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	10,890,187
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	11,314,502
74.00 07400	RENAL DIALYSIS	0	0	716	0	872,335
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	0	0	0	0
90.01 09005	CONGESTIVE HEART FAILURE CLINIC	0	0	0	0	15
90.02 09001	PROCEDURE CLINIC	6,372	6,372	1,851,725	0	2,556,976
90.04 09002	EPILEPSY MONITORING UNIT	0	0	198,164	0	247,807
90.05 09003	OFFSITE IMAGING CENTER	0	0	399,306	0	702,234
91.00 09100	EMERGENCY	20,740	20,740	7,025,975	0	10,102,112
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	577,531	571,572	97,236,648	-86,055,490	207,941,521
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,375	2,375	98,637	0	417,282
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	119,113	0	193,200
192.01 19201	POB	0	0	0	369,502	0
194.00 07950	COMMUNITY PROGRAMS	0	0	0	0	0
194.01 07951	RETAIL PHARMACY	0	0	171,918	0	218,543
194.02 07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0290

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

Worksheet B-1  
Date/Time Prepared:  
11/29/2018 8:07 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	11,344,335	11,586,199	14,742,372		86,055,490	202.00
203.00	19.562369	20.186880	0.151008		0.412201	203.00
204.00			16,377		1,991,796	204.00
205.00			0.000168		0.009541	205.00
206.00						206.00
207.00						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0290

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

Worksheet B-1

Date/Time Prepared:  
11/29/2018 8:07 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (FTES)	
		7.00	8.00	9.00	10.00	11.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	368,209				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,119,428			8.00
9.00	00900	HOUSEKEEPING	6,650	0	361,559		9.00
10.00	01000	DIETARY	5,912	0	5,912	63,242	10.00
11.00	01100	CAFETERIA	4,291	0	4,291	0	11.00
13.00	01300	NURSING ADMINISTRATION	9,440	0	9,440	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,975	0	2,975	0	14.00
15.00	01500	PHARMACY	4,318	0	4,318	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,605	0	6,605	0	16.00
17.00	01700	SOCIAL SERVICE	289	0	289	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	132,587	1,207,622	132,587	57,526	44,797
31.00	03100	INTENSIVE CARE UNIT	10,788	105,892	10,788	5,716	5,617
31.01	02060	NEONATAL NICU	19,663	18,158	19,663	0	7,820
43.00	04300	NURSERY	1,280	0	1,280	0	1,011
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	32,944	250,710	32,944	0	6,979
50.01	05001	ENDOSCOPY	10,609	0	10,609	0	1,361
51.00	05100	RECOVERY ROOM	5,664	0	5,664	0	1,207
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,991	135,347	14,991	0	5,210
53.00	05300	ANESTHESIOLOGY	529	0	529	0	243
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,707	5,214	14,707	0	3,148
54.01	03630	ULTRASOUND	1,122	60,400	1,122	0	1,245
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	1,030	0	1,030	0	642
54.03	03440	MAMMOGRAPHY	4,907	0	4,907	0	1,508
55.00	05500	RADIOLOGY-THERAPEUTIC	12,428	16,112	12,428	0	650
56.00	05600	RADIOISOTOPE	2,127	0	2,127	0	437
57.00	05700	CT SCAN	2,664	74,137	2,664	0	1,286
58.00	05800	MRI	2,050	0	2,050	0	938
59.00	05900	CARDIAC CATHETERIZATION	6,678	0	6,678	0	1,152
60.00	06000	LABORATORY	13,472	0	13,472	0	4,865
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	543	0	543	0	475
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	352
65.00	06500	RESPIRATORY THERAPY	1,437	0	1,437	0	2,134
66.00	06600	PHYSICAL THERAPY	5,347	0	5,347	0	2,528
66.01	06601	REHAB OUTPATIENT	119	0	119	0	2,135
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	1,321
70.00	07000	ELECTROENCEPHALOGRAPHY	556	0	556	0	338
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	0	0	0	0	0
90.02	09001	PROCEDURE CLINIC	6,372	0	6,372	0	2,077
90.04	09002	EPILEPSY MONITORING UNIT	0	0	0	0	250
90.05	09003	OFFSITE IMAGING CENTER	0	0	0	0	564
91.00	09100	EMERGENCY	20,740	245,836	20,740	0	9,772
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	365,834	2,119,428	359,184	63,242	124,305
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,375	0	2,375	0	780
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	212
192.01	19201	POB	0	0	0	0	185
194.00	07950	COMMUNITY PROGRAMS	0	0	0	0	0
194.01	07951	RETAIL PHARMACY	0	0	0	0	0
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0290

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

Worksheet B-1

Date/Time Prepared:  
11/29/2018 8:07 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (FTES)	
		7.00	8.00	9.00	10.00	11.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	19,658,380	902,388	7,556,458	5,651,203	2,116,181	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	53.389189	0.425770	20.899654	89.358385	16.864419	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	6,419,990	6,097	428,935	380,313	262,619	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	17.435723	0.002877	1.186349	6.013614	2.092882	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: 14-0290

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

Worksheet B-1

Date/Time Prepared:  
11/29/2018 8:07 pm

Cost Center Description		NURSING ADMINISTRATION  (FTES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	SOCIAL SERVICE  (TOTAL PATI ENT DAYS)		
		13.00	14.00	15.00	16.00	17.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100						1.00	
2.00	00200						2.00	
4.00	00400						4.00	
5.00	00500						5.00	
7.00	00700						7.00	
8.00	00800						8.00	
9.00	00900						9.00	
10.00	01000						10.00	
11.00	01100						11.00	
13.00	01300	86,101					13.00	
14.00	01400	0	30,481,657				14.00	
15.00	01500	0	0	11,314,502			15.00	
16.00	01600	0	0	0	1,549,872,396		16.00	
17.00	01700	0	0	0	0	77,785	17.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	44,797	0	0	182,495,027	58,764	30.00	
31.00	03100	5,617	0	0	22,155,865	4,578	31.00	
31.01	02060	7,820	0	0	52,695,041	7,648	31.01	
43.00	04300	1,011	0	0	11,000,528	6,795	43.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	6,979	0	0	137,208,327	0	50.00	
50.01	05001	1,361	0	0	36,782,703	0	50.01	
51.00	05100	1,207	0	0	21,179,855	0	51.00	
52.00	05200	5,210	0	0	24,890,087	0	52.00	
53.00	05300	0	0	0	35,241,143	0	53.00	
54.00	05400	0	0	0	43,603,317	0	54.00	
54.01	03630	0	0	0	34,387,766	0	54.01	
54.02	05401	0	0	0	10,549,163	0	54.02	
54.03	03440	0	0	0	18,377,670	0	54.03	
55.00	05500	0	0	0	26,012,187	0	55.00	
56.00	05600	0	0	0	25,742,765	0	56.00	
57.00	05700	0	0	0	95,428,315	0	57.00	
58.00	05800	0	0	0	45,628,227	0	58.00	
59.00	05900	0	0	0	30,443,369	0	59.00	
60.00	06000	0	0	0	175,656,411	0	60.00	
62.30	06250	0	0	0	0	0	62.30	
63.00	06300	0	0	0	7,741,810	0	63.00	
64.00	06400	0	0	0	3,829,035	0	64.00	
65.00	06500	0	0	0	34,039,043	0	65.00	
66.00	06600	0	0	0	20,996,226	0	66.00	
66.01	06601	0	0	0	12,835,375	0	66.01	
67.00	06700	0	0	0	0	0	67.00	
68.00	06800	0	0	0	0	0	68.00	
69.00	06900	0	0	0	41,441,409	0	69.00	
70.00	07000	0	0	0	5,279,580	0	70.00	
71.00	07100	0	19,591,472	0	66,772,984	0	71.00	
72.00	07200	0	10,890,185	0	26,184,198	0	72.00	
73.00	07300	0	0	11,314,502	138,995,004	0	73.00	
74.00	07400	0	0	0	4,316,683	0	74.00	
76.97	07697	0	0	0	0	0	76.97	
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	0	0	0	0	0	90.00	
90.01	09005	0	0	0	68,079	0	90.01	
90.02	09001	2,077	0	0	11,583,492	0	90.02	
90.04	09002	250	0	0	920,477	0	90.04	
90.05	09003	0	0	0	11,442,920	0	90.05	
91.00	09100	9,772	0	0	133,948,315	0	91.00	
92.00	09200	0	0	0	0	0	92.00	
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	0	0	0	0	0	113.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		86,101	30,481,657	11,314,502	1,549,872,396	77,785	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	0	0	0	0	0	190.00	
192.00	19200	0	0	0	0	0	192.00	
192.01	19201	0	0	0	0	0	192.01	
194.00	07950	0	0	0	0	0	194.00	
194.01	07951	0	0	0	0	0	194.01	
194.02	07952	0	0	0	0	0	194.02	
200.00	Cross Foot Adjustments						200.00	
201.00	Negative Cost Centers						201.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0290

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

Worksheet B-1

Date/Time Prepared:  
11/29/2018 8:07 pm

Cost Center Description		NURSING ADMINISTRATION (FTES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
		13.00	14.00	15.00	16.00	17.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	4,521,079	1,266,852	7,734,817	3,067,019	4,242,942	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	52.509018	0.041561	0.683620	0.001979	54.547046	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	580,224	182,849	311,301	408,047	51,377	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	6.738876	0.005999	0.027513	0.000263	0.660500	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0290

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

Worksheet C  
Part I  
Date/Time Prepared:  
11/29/2018 8:07 pm

		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	84,054,153		84,054,153	0	84,054,153	30.00
31.00	03100 INTENSIVE CARE UNIT	11,267,955		11,267,955	0	11,267,955	31.00
31.01	02060 NEONATAL NICU	16,460,356		16,460,356	0	16,460,356	31.01
43.00	04300 NURSERY	2,060,823		2,060,823	0	2,060,823	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	15,932,524		15,932,524	0	15,932,524	50.00
50.01	05001 ENDOSCOPY	3,502,648		3,502,648	0	3,502,648	50.01
51.00	05100 RECOVERY ROOM	2,749,243		2,749,243	0	2,749,243	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	10,155,773		10,155,773	0	10,155,773	52.00
53.00	05300 ANESTHESIOLOGY	473,301		473,301	0	473,301	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	5,835,774		5,835,774	0	5,835,774	54.00
54.01	03630 ULTRASOUND	2,312,614		2,312,614	0	2,312,614	54.01
54.02	05401 RADIOLOGY-SPECIAL PROCEDURES	1,220,251		1,220,251	0	1,220,251	54.02
54.03	03440 MAMMOGRAPHY	2,960,097		2,960,097	0	2,960,097	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	2,763,010		2,763,010	0	2,763,010	55.00
56.00	05600 RADIOISOTOPE	1,093,566		1,093,566	0	1,093,566	56.00
57.00	05700 CT SCAN	2,670,348		2,670,348	0	2,670,348	57.00
58.00	05800 MRI	1,807,529		1,807,529	0	1,807,529	58.00
59.00	05900 CARDIAC CATHETERIZATION	3,274,749		3,274,749	0	3,274,749	59.00
60.00	06000 LABORATORY	13,799,159		13,799,159	0	13,799,159	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	1,827,078		1,827,078	0	1,827,078	63.00
64.00	06400 INTRAVENOUS THERAPY	552,983		552,983	0	552,983	64.00
65.00	06500 RESPIRATORY THERAPY	3,802,374	0	3,802,374	0	3,802,374	65.00
66.00	06600 PHYSICAL THERAPY	5,080,631	0	5,080,631	0	5,080,631	66.00
66.01	06601 REHAB OUTPATIENT	3,502,943	0	3,502,943	0	3,502,943	66.01
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	1,714,182		1,714,182	0	1,714,182	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	403,229		403,229	0	403,229	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	28,570,347		28,570,347	0	28,570,347	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	15,883,559		15,883,559	0	15,883,559	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	23,988,239		23,988,239	0	23,988,239	73.00
74.00	07400 RENAL DIALYSIS	1,240,455		1,240,455	0	1,240,455	74.00
76.97	07697 CARDIAC REHABILITATION	0		0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0		0	0	0	90.00
90.01	09005 CONGESTIVE HEART FAILURE CLINIC	156		156	0	156	90.01
90.02	09001 PROCEDURE CLINIC	4,251,345		4,251,345	0	4,251,345	90.02
90.04	09002 EPILEPSY MONITORING UNIT	369,118		369,118	0	369,118	90.04
90.05	09003 OFFSITE IMAGING CENTER	1,023,854		1,023,854	0	1,023,854	90.05
91.00	09100 EMERGENCY	16,854,635		16,854,635	0	16,854,635	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	13,350,485		13,350,485	0	13,350,485	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	306,809,486	0	306,809,486	0	306,809,486	200.00
201.00	Less Observation Beds	13,350,485		13,350,485		13,350,485	201.00
202.00	Total (see instructions)	293,459,001	0	293,459,001	0	293,459,001	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0290		Period: From 07/01/2017 To 06/30/2018		Worksheet C Part I Date/Time Prepared: 11/29/2018 8:07 pm		
			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	152,555,052		152,555,052				30.00
31.00	03100	INTENSIVE CARE UNIT	22,155,865		22,155,865				31.00
31.01	02060	NEONATAL NICU	52,695,041		52,695,041				31.01
43.00	04300	NURSERY	11,000,528		11,000,528				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	58,246,249	78,962,078	137,208,327	0.116119	0.000000		50.00
50.01	05001	ENDOSCOPY	10,026,914	26,755,789	36,782,703	0.095225	0.000000		50.01
51.00	05100	RECOVERY ROOM	9,034,488	12,145,367	21,179,855	0.129805	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,221,215	668,872	24,890,087	0.408025	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	14,112,877	21,128,266	35,241,143	0.113430	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,021,067	29,582,250	43,603,317	0.133838	0.000000		54.00
54.01	03630	ULTRASOUND	7,908,057	26,479,709	34,387,766	0.067251	0.000000		54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	5,540,801	5,008,362	10,549,163	0.115673	0.000000		54.02
54.03	03440	MAMMOGRAPHY	9,928	18,367,742	18,377,670	0.161070	0.000000		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	839,653	25,172,534	26,012,187	0.106220	0.000000		55.00
56.00	05600	RADIOISOTOPE	6,800,052	18,942,713	25,742,765	0.042481	0.000000		56.00
57.00	05700	CT SCAN	26,913,809	68,514,506	95,428,315	0.027983	0.000000		57.00
58.00	05800	MRI	10,209,324	35,418,903	45,628,227	0.039614	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	17,085,439	13,357,930	30,443,369	0.107569	0.000000		59.00
60.00	06000	LABORATORY	84,638,641	91,017,770	175,656,411	0.078558	0.000000		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	5,790,066	1,951,744	7,741,810	0.236001	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	3,412,751	416,284	3,829,035	0.144418	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	30,134,743	3,904,300	34,039,043	0.111706	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	19,818,828	1,177,398	20,996,226	0.241978	0.000000		66.00
66.01	06601	REHAB OUTPATIENT	5,242	12,830,133	12,835,375	0.272913	0.000000		66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	18,131,962	23,309,447	41,441,409	0.041364	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	657,006	4,622,574	5,279,580	0.076375	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	39,110,075	27,662,909	66,772,984	0.427873	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,437,227	7,746,971	26,184,198	0.606609	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	85,113,515	53,881,489	138,995,004	0.172583	0.000000		73.00
74.00	07400	RENAL DIALYSIS	4,169,270	147,413	4,316,683	0.287363	0.000000		74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0.000000	0.000000		90.00
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	1,052	67,027	68,079	0.002291	0.000000		90.01
90.02	09001	PROCEDURE CLINIC	145,854	11,437,638	11,583,492	0.367018	0.000000		90.02
90.04	09002	EPILEPSY MONITORING UNIT	10,398	910,079	920,477	0.401007	0.000000		90.04
90.05	09003	OFFSITE IMAGING CENTER	33,973	11,408,947	11,442,920	0.089475	0.000000		90.05
91.00	09100	EMERGENCY	31,449,776	102,498,539	133,948,315	0.125829	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	8,284,631	21,655,344	29,939,975	0.445908	0.000000		92.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	792,721,369	757,151,027	1,549,872,396				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	792,721,369	757,151,027	1,549,872,396				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0290	Period: From 07/01/2017 To 06/30/2018	Worksheet C Part I Date/Time Prepared: 11/29/2018 8:07 pm
Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital PPS
			11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
31.01	02060	NEONATAL NICU			31.01
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.116119		50.00
50.01	05001	ENDOSCOPY	0.095225		50.01
51.00	05100	RECOVERY ROOM	0.129805		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.408025		52.00
53.00	05300	ANESTHESIOLOGY	0.013430		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.133838		54.00
54.01	03630	ULTRASOUND	0.067251		54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	0.115673		54.02
54.03	03440	MAMMOGRAPHY	0.161070		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.106220		55.00
56.00	05600	RADIOISOTOPE	0.042481		56.00
57.00	05700	CT SCAN	0.027983		57.00
58.00	05800	MRI	0.039614		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.107569		59.00
60.00	06000	LABORATORY	0.078558		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0.236001		63.00
64.00	06400	INTRAVENOUS THERAPY	0.144418		64.00
65.00	06500	RESPIRATORY THERAPY	0.111706		65.00
66.00	06600	PHYSICAL THERAPY	0.241978		66.00
66.01	06601	REHAB OUTPATIENT	0.272913		66.01
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.041364		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.076375		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.427873		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.606609		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.172583		73.00
74.00	07400	RENAL DIALYSIS	0.287363		74.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.000000		90.00
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	0.002291		90.01
90.02	09001	PROCEDURE CLINIC	0.367018		90.02
90.04	09002	EPILEPSY MONITORING UNIT	0.401007		90.04
90.05	09003	OFFSITE IMAGING CENTER	0.089475		90.05
91.00	09100	EMERGENCY	0.125829		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.445908		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
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: 14-0290	Period: From 07/01/2017 To 06/30/2018	Worksheet C Part I Date/Time Prepared: 11/29/2018 8:07 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		84,054,153	0	84,054,153	30.00
31.00	03100 INTENSIVE CARE UNIT		11,267,955	0	11,267,955	31.00
31.01	02060 NEONATAL NICU		16,460,356	0	16,460,356	31.01
43.00	04300 NURSERY		2,060,823	0	2,060,823	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM		15,932,524	0	15,932,524	50.00
50.01	05001 ENDOSCOPY		3,502,648	0	3,502,648	50.01
51.00	05100 RECOVERY ROOM		2,749,243	0	2,749,243	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		10,155,773	0	10,155,773	52.00
53.00	05300 ANESTHESIOLOGY		473,301	0	473,301	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		5,835,774	0	5,835,774	54.00
54.01	03630 ULTRASOUND		2,312,614	0	2,312,614	54.01
54.02	05401 RADIOLOGY-SPECIAL PROCEDURES		1,220,251	0	1,220,251	54.02
54.03	03440 MAMMOGRAPHY		2,960,097	0	2,960,097	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC		2,763,010	0	2,763,010	55.00
56.00	05600 RADIOISOTOPE		1,093,566	0	1,093,566	56.00
57.00	05700 CT SCAN		2,670,348	0	2,670,348	57.00
58.00	05800 MRI		1,807,529	0	1,807,529	58.00
59.00	05900 CARDIAC CATHETERIZATION		3,274,749	0	3,274,749	59.00
60.00	06000 LABORATORY		13,799,159	0	13,799,159	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		1,827,078	0	1,827,078	63.00
64.00	06400 INTRAVENOUS THERAPY		552,983	0	552,983	64.00
65.00	06500 RESPIRATORY THERAPY	0	3,802,374	0	3,802,374	65.00
66.00	06600 PHYSICAL THERAPY	0	5,080,631	0	5,080,631	66.00
66.01	06601 REHAB OUTPATIENT	0	3,502,943	0	3,502,943	66.01
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY		1,714,182	0	1,714,182	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		403,229	0	403,229	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		28,570,347	0	28,570,347	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		15,883,559	0	15,883,559	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		23,988,239	0	23,988,239	73.00
74.00	07400 RENAL DIALYSIS		1,240,455	0	1,240,455	74.00
76.97	07697 CARDIAC REHABILITATION		0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC		0	0	0	90.00
90.01	09005 CONGESTIVE HEART FAILURE CLINIC		156	0	156	90.01
90.02	09001 PROCEDURE CLINIC		4,251,345	0	4,251,345	90.02
90.04	09002 EPILEPSY MONITORING UNIT		369,118	0	369,118	90.04
90.05	09003 OFFSITE IMAGING CENTER		1,023,854	0	1,023,854	90.05
91.00	09100 EMERGENCY		16,854,635	0	16,854,635	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		13,350,485	0	13,350,485	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)		306,809,486	0	306,809,486	200.00
201.00	Less Observation Beds		13,350,485	0	13,350,485	201.00
202.00	Total (see instructions)		293,459,001	0	293,459,001	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0290		Period: From 07/01/2017 To 06/30/2018		Worksheet C Part I Date/Time Prepared: 11/29/2018 8:07 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	152,555,052		152,555,052				30.00
31.00	03100	INTENSIVE CARE UNIT	22,155,865		22,155,865				31.00
31.01	02060	NEONATAL NICU	52,695,041		52,695,041				31.01
43.00	04300	NURSERY	11,000,528		11,000,528				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	58,246,249	78,962,078	137,208,327	0.116119	0.000000		50.00
50.01	05001	ENDOSCOPY	10,026,914	26,755,789	36,782,703	0.095225	0.000000		50.01
51.00	05100	RECOVERY ROOM	9,034,488	12,145,367	21,179,855	0.129805	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,221,215	668,872	24,890,087	0.408025	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	14,112,877	21,128,266	35,241,143	0.134300	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,021,067	29,582,250	43,603,317	0.133838	0.000000		54.00
54.01	03630	ULTRASOUND	7,908,057	26,479,709	34,387,766	0.067251	0.000000		54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	5,540,801	5,008,362	10,549,163	0.115673	0.000000		54.02
54.03	03440	MAMMOGRAPHY	9,928	18,367,742	18,377,670	0.161070	0.000000		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	839,653	25,172,534	26,012,187	0.106220	0.000000		55.00
56.00	05600	RADIOISOTOPE	6,800,052	18,942,713	25,742,765	0.042481	0.000000		56.00
57.00	05700	CT SCAN	26,913,809	68,514,506	95,428,315	0.027983	0.000000		57.00
58.00	05800	MRI	10,209,324	35,418,903	45,628,227	0.039614	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	17,085,439	13,357,930	30,443,369	0.107569	0.000000		59.00
60.00	06000	LABORATORY	84,638,641	91,017,770	175,656,411	0.078558	0.000000		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	5,790,066	1,951,744	7,741,810	0.236001	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	3,412,751	416,284	3,829,035	0.144418	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	30,134,743	3,904,300	34,039,043	0.111706	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	19,818,828	1,177,398	20,996,226	0.241978	0.000000		66.00
66.01	06601	REHAB OUTPATIENT	5,242	12,830,133	12,835,375	0.272913	0.000000		66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	18,131,962	23,309,447	41,441,409	0.041364	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	657,006	4,622,574	5,279,580	0.076375	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	39,110,075	27,662,909	66,772,984	0.427873	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,437,227	7,746,971	26,184,198	0.606609	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	85,113,515	53,881,489	138,995,004	0.172583	0.000000		73.00
74.00	07400	RENAL DIALYSIS	4,169,270	147,413	4,316,683	0.287363	0.000000		74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90.00	09000	CLINIC	0	0	0	0.000000	0.000000		90.00
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	1,052	67,027	68,079	0.002291	0.000000		90.01
90.02	09001	PROCEDURE CLINIC	145,854	11,437,638	11,583,492	0.367018	0.000000		90.02
90.04	09002	EPILEPSY MONITORING UNIT	10,398	910,079	920,477	0.401007	0.000000		90.04
90.05	09003	OFFSITE IMAGING CENTER	33,973	11,408,947	11,442,920	0.089475	0.000000		90.05
91.00	09100	EMERGENCY	31,449,776	102,498,539	133,948,315	0.125829	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	8,284,631	21,655,344	29,939,975	0.445908	0.000000		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	792,721,369	757,151,027	1,549,872,396				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	792,721,369	757,151,027	1,549,872,396				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0290	Period: From 07/01/2017 To 06/30/2018	Worksheet C Part I Date/Time Prepared: 11/29/2018 8:07 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
31.01	02060	NEONATAL NICU			31.01
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.000000		50.00
50.01	05001	ENDOSCOPY	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
54.01	03630	ULTRASOUND	0.000000		54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	0.000000		54.02
54.03	03440	MAMMOGRAPHY	0.000000		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
66.01	06601	REHAB OUTPATIENT	0.000000		66.01
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.000000		90.00
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	0.000000		90.01
90.02	09001	PROCEDURE CLINIC	0.000000		90.02
90.04	09002	EPILEPSY MONITORING UNIT	0.000000		90.04
90.05	09003	OFFSITE IMAGING CENTER	0.000000		90.05
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
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: 14-0290	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part I Date/Time Prepared: 11/29/2018 8:07 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)		
		1.00	2.00	3.00	4.00	5.00		
Title XVIII Hospital PPS								
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	8,994,547	0	8,994,547	69,860	128.75	30.00	
31.00	INTENSIVE CARE UNIT	785,987		785,987	4,578	171.69	31.00	
31.01	NEONATAL NICU	1,331,034		1,331,034	7,648	174.04	31.01	
43.00	NURSERY	101,320		101,320	6,795	14.91	43.00	
200.00	Total (lines 30 through 199)	11,212,888		11,212,888	88,881		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	21,545	2,773,919					30.00
31.00	INTENSIVE CARE UNIT	1,876	322,090					31.00
31.01	NEONATAL NICU	0	0					31.01
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30 through 199)	23,421	3,096,009					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0290		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part II Date/Time Prepared: 11/29/2018 8:07 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
Title XVIII Hospital PPS							
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,107,629	137,208,327	0.015361	21,064,280	323,568	50.00
50.01	05001 ENDOSCOPY	658,346	36,782,703	0.017898	4,328,145	77,465	50.01
51.00	05100 RECOVERY ROOM	361,906	21,179,855	0.017087	2,996,682	51,204	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	986,629	24,890,087	0.039639	30,426	1,206	52.00
53.00	05300 ANESTHESIOLOGY	43,106	35,241,143	0.001223	4,043,121	4,945	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	907,953	43,603,317	0.020823	6,011,940	125,187	54.00
54.01	03630 ULTRASOUND	91,794	34,387,766	0.002669	3,203,803	8,551	54.01
54.02	05401 RADIOLOGY-SPECIAL PROCEDURES	71,853	10,549,163	0.006811	2,403,766	16,372	54.02
54.03	03440 MAMMOGRAPHY	311,725	18,377,670	0.016962	1,533	26	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	745,751	26,012,187	0.028669	269,540	7,727	55.00
56.00	05600 RADIOISOTOPE	137,838	25,742,765	0.005354	3,222,713	17,254	56.00
57.00	05700 CT SCAN	198,759	95,428,315	0.002083	11,106,138	23,134	57.00
58.00	05800 MRI	144,224	45,628,227	0.003161	3,673,484	11,612	58.00
59.00	05900 CARDIAC CATHETERIZATION	418,675	30,443,369	0.013753	7,545,948	103,779	59.00
60.00	06000 LABORATORY	926,749	175,656,411	0.005276	30,578,864	161,334	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	46,696	7,741,810	0.006032	1,306,996	7,884	63.00
64.00	06400 INTRAVENOUS THERAPY	5,442	3,829,035	0.001421	1,981,638	2,816	64.00
65.00	06500 RESPIRATORY THERAPY	121,834	34,039,043	0.003579	13,571,597	48,573	65.00
66.00	06600 PHYSICAL THERAPY	354,410	20,996,226	0.016880	10,339,201	174,526	66.00
66.01	06601 REHAB OUTPATIENT	38,263	12,835,375	0.002981	966	3	66.01
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	24,695	41,441,409	0.000596	8,090,163	4,822	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	36,917	5,279,580	0.006992	219,792	1,537	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	321,711	66,772,984	0.004818	13,867,869	66,815	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	176,119	26,184,198	0.006726	8,150,640	54,821	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	455,809	138,995,004	0.003279	29,637,759	97,182	73.00
74.00	07400 RENAL DIALYSIS	9,458	4,316,683	0.002191	2,250,876	4,932	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09005 CONGESTIVE HEART FAILURE CLINIC	18	68,079	0.000264	608	0	90.01
90.02	09001 PROCEDURE CLINIC	418,038	11,583,492	0.036089	49,058	1,770	90.02
90.04	09002 EPILEPSY MONITORING UNIT	4,847	920,477	0.005266	0	0	90.04
90.05	09003 OFFSITE IMAGING CENTER	10,956	11,442,920	0.000957	25,334	24	90.05
91.00	09100 EMERGENCY	1,430,425	133,948,315	0.010679	11,429,104	122,051	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1,428,622	29,939,975	0.047716	0	0	92.00
200.00	Total (lines 50 through 199)	12,997,197	1,311,465,910		201,401,984	1,521,120	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0290	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part III Date/Time Prepared: 11/29/2018 8:07 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	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
31.01	02060	NEONATAL NICU	0	0	0	0	0	31.01	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	69,860	0.00	21,545	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	4,578	0.00	1,876	31.00	
31.01	02060	NEONATAL NICU		0	7,648	0.00	0	31.01	
43.00	04300	NURSERY		0	6,795	0.00	0	43.00	
200.00		Total (lines 30 through 199)		0	88,881		23,421	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
31.01	02060	NEONATAL NICU	0						31.01
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0290	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/29/2018 8:07 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	0	0	50.00
50.01 05001 ENDOSCOPY	0	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01 03630 ULTRASOUND	0	0	0	0	0	0	54.01
54.02 05401 RADIOLOGY-SPECIAL PROCEDURES	0	0	0	0	0	0	54.02
54.03 03440 MAMMOGRAPHY	0	0	0	0	0	0	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
66.01 06601 REHAB OUTPATIENT	0	0	0	0	0	0	66.01
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
90.01 09005 CONGESTIVE HEART FAILURE CLINIC	0	0	0	0	0	0	90.01
90.02 09001 PROCEDURE CLINIC	0	0	0	0	0	0	90.02
90.04 09002 EPILEPSY MONITORING UNIT	0	0	0	0	0	0	90.04
90.05 09003 OFFSITE IMAGING CENTER	0	0	0	0	0	0	90.05
91.00 09100 EMERGENCY	0	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
200.00 Total (lines 50 through 199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0290	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/29/2018 8:07 pm
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Cost Center Description	Title XVIII			Hospital	PPS			
	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)			
	4.00	5.00	6.00	7.00	8.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	137,208,327	0.000000	50.00
50.01	05001	ENDOSCOPY	0	0	0	36,782,703	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	21,179,855	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	24,890,087	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	35,241,143	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	43,603,317	0.000000	54.00
54.01	03630	ULTRASOUND	0	0	0	34,387,766	0.000000	54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	0	0	0	10,549,163	0.000000	54.02
54.03	03440	MAMMOGRAPHY	0	0	0	18,377,670	0.000000	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	26,012,187	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	25,742,765	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	95,428,315	0.000000	57.00
58.00	05800	MRI	0	0	0	45,628,227	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	30,443,369	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	175,656,411	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	7,741,810	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	3,829,035	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	34,039,043	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	20,996,226	0.000000	66.00
66.01	06601	REHAB OUTPATIENT	0	0	0	12,835,375	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	41,441,409	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	5,279,580	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	66,772,984	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	26,184,198	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	138,995,004	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	4,316,683	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	0	0	0	68,079	0.000000	90.01
90.02	09001	PROCEDURE CLINIC	0	0	0	11,583,492	0.000000	90.02
90.04	09002	EPILEPSY MONITORING UNIT	0	0	0	920,477	0.000000	90.04
90.05	09003	OFFSITE IMAGING CENTER	0	0	0	11,442,920	0.000000	90.05
91.00	09100	EMERGENCY	0	0	0	133,948,315	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	29,939,975	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	1,311,465,910		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0290	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/29/2018 8:07 pm
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Cost Center Description		Title XVIII				Hospital	
		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)	PPS
		9.00	10.00	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.000000	21,064,280	0	12,115,190	0	50.00
50.01	05001 ENDOSCOPY	0.000000	4,328,145	0	7,738,121	0	50.01
51.00	05100 RECOVERY ROOM	0.000000	2,996,682	0	1,454,105	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	30,426	0	618	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	4,043,121	0	3,488,751	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	6,011,940	0	5,843,733	0	54.00
54.01	03630 ULTRASOUND	0.000000	3,203,803	0	4,097,013	0	54.01
54.02	05401 RADIOLOGY-SPECIAL PROCEDURES	0.000000	2,403,766	0	2,183,416	0	54.02
54.03	03440 MAMMOGRAPHY	0.000000	1,533	0	1,352,118	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	269,540	0	8,207,983	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	3,222,713	0	7,676,911	0	56.00
57.00	05700 CT SCAN	0.000000	11,106,138	0	15,725,916	0	57.00
58.00	05800 MRI	0.000000	3,673,484	0	9,136,040	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	7,545,948	0	5,733,903	0	59.00
60.00	06000 LABORATORY	0.000000	30,578,864	0	9,608,469	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	1,306,996	0	639,104	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	1,981,638	0	147,482	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	13,571,597	0	1,121,542	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	10,339,201	0	34,400	0	66.00
66.01	06601 REHAB OUTPATIENT	0.000000	966	0	258,619	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	8,090,163	0	5,941,049	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	219,792	0	1,169,529	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	13,867,869	0	5,556,720	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	8,150,640	0	2,398,298	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	29,637,759	0	14,686,469	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	2,250,876	0	113,141	0	74.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09005 CONGESTIVE HEART FAILURE CLINIC	0.000000	608	0	34,877	0	90.01
90.02	09001 PROCEDURE CLINIC	0.000000	49,058	0	3,645,521	0	90.02
90.04	09002 EPILEPSY MONITORING UNIT	0.000000	0	0	0	0	90.04
90.05	09003 OFFSITE IMAGING CENTER	0.000000	25,334	0	2,930,103	0	90.05
91.00	09100 EMERGENCY	0.000000	11,429,104	0	12,604,152	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	4,366,630	0	92.00
200.00	Total (lines 50 through 199)		201,401,984	0	150,009,923	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0290	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part V Date/Time Prepared: 11/29/2018 8:07 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.116119	12,115,190	0	0	1,406,804	50.00
50.01	05001	ENDOSCOPY	0.095225	7,738,121	0	0	736,863	50.01
51.00	05100	RECOVERY ROOM	0.129805	1,454,105	0	0	188,750	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.408025	618	0	0	252	52.00
53.00	05300	ANESTHESIOLOGY	0.013430	3,488,751	0	0	46,854	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.133838	5,843,733	0	0	782,114	54.00
54.01	03630	ULTRASOUND	0.067251	4,097,013	0	0	275,528	54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	0.115673	2,183,416	0	0	252,562	54.02
54.03	03440	MAMMOGRAPHY	0.161070	1,352,118	0	0	217,786	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.106220	8,207,983	0	0	871,852	55.00
56.00	05600	RADIO SOTOPE	0.042481	7,676,911	0	0	326,123	56.00
57.00	05700	CT SCAN	0.027983	15,725,916	0	0	440,058	57.00
58.00	05800	MRI	0.039614	9,136,040	0	0	361,915	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.107569	5,733,903	0	0	616,790	59.00
60.00	06000	LABORATORY	0.078558	9,608,469	0	0	754,822	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.236001	639,104	0	0	150,829	63.00
64.00	06400	INTRAVENOUS THERAPY	0.144418	147,482	0	0	21,299	64.00
65.00	06500	RESPIRATORY THERAPY	0.111706	1,121,542	0	0	125,283	65.00
66.00	06600	PHYSICAL THERAPY	0.241978	34,400	0	0	8,324	66.00
66.01	06601	REHAB OUTPATIENT	0.272913	258,619	0	0	70,580	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.041364	5,941,049	0	0	245,746	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.076375	1,169,529	0	0	89,323	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.427873	5,556,720	0	0	2,377,570	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.606609	2,398,298	56	0	1,454,829	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.172583	14,686,469	141	63,026	2,534,635	73.00
74.00	07400	RENAL DIALYSIS	0.287363	113,141	0	0	32,513	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	0.002291	34,877	0	0	80	90.01
90.02	09001	PROCEDURE CLINIC	0.367018	3,645,521	0	0	1,337,972	90.02
90.04	09002	EPILEPSY MONITORING UNIT	0.401007	0	0	0	0	90.04
90.05	09003	OFFSITE IMAGING CENTER	0.089475	2,930,103	0	0	262,171	90.05
91.00	09100	EMERGENCY	0.125829	12,604,152	31,912	0	1,585,968	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.445908	4,366,630	0	0	1,947,115	92.00
200.00		Subtotal (see instructions)		150,009,923	32,109	63,026	19,523,310	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		150,009,923	32,109	63,026	19,523,310	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0290	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part V Date/Time Prepared: 11/29/2018 8:07 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 ENDOSCOPY	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
54.01 03630 ULTRASOUND	0	0		54.01
54.02 05401 RADIOLOGY-SPECIAL PROCEDURES	0	0		54.02
54.03 03440 MAMMOGRAPHY	0	0		54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
66.01 06601 REHAB OUTPATIENT	0	0		66.01
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	34	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	24	10,877		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	0	0		90.00
90.01 09005 CONGESTIVE HEART FAILURE CLINIC	0	0		90.01
90.02 09001 PROCEDURE CLINIC	0	0		90.02
90.04 09002 EPILEPSY MONITORING UNIT	0	0		90.04
90.05 09003 OFFSITE IMAGING CENTER	0	0		90.05
91.00 09100 EMERGENCY	4,015	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00 Subtotal (see instructions)	4,073	10,877		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	4,073	10,877		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0290	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/29/2018 8:07 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)		69,860	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		69,860	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)		58,764	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)		21,545	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)		84,054,153	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)		84,054,153	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)		84,054,153	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)		1,203.18	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		25,922,513	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)		25,922,513	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0290		Period: From 07/01/2017 To 06/30/2018		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	11,267,955	4,578	2,461.33	1,876	4,617,455	43.00
43.01	NEONATAL NICU	16,460,356	7,648	2,152.24	0	0	43.01
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					31,510,288	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					62,050,256	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)					3,096,009	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,521,120	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					4,617,129	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					57,433,127	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)					11,096	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,203.18	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					13,350,485	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0290		Period: From 07/01/2017 To 06/30/2018		Worksheet D-1 Date/Time Prepared: 11/29/2018 8:07 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	8,994,547	84,054,153	0.107009	13,350,485	1,428,622	90.00
91.00	Nursing School cost	0	84,054,153	0.000000	13,350,485	0	91.00
92.00	Allied health cost	0	84,054,153	0.000000	13,350,485	0	92.00
93.00	All other Medical Education	0	84,054,153	0.000000	13,350,485	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0290	Period: From 07/01/2017 To 06/30/2018	Worksheet D-3 Date/Time Prepared: 11/29/2018 8:07 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		58,687,748	30.00
31.00	03100	INTENSIVE CARE UNIT		9,597,574	31.00
31.01	02060	NEONATAL NICU		0	31.01
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.116119	21,064,280	50.00
50.01	05001	ENDOSCOPY	0.095225	4,328,145	50.01
51.00	05100	RECOVERY ROOM	0.129805	2,996,682	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.408025	30,426	52.00
53.00	05300	ANESTHESIOLOGY	0.013430	4,043,121	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.133838	6,011,940	54.00
54.01	03630	ULTRASOUND	0.067251	3,203,803	54.01
54.02	05401	RADIOLOGY-SPECIAL PROCEDURES	0.115673	2,403,766	54.02
54.03	03440	MAMMOGRAPHY	0.161070	1,533	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.106220	269,540	55.00
56.00	05600	RADIOISOTOPE	0.042481	3,222,713	56.00
57.00	05700	CT SCAN	0.027983	11,106,138	57.00
58.00	05800	MRI	0.039614	3,673,484	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.107569	7,545,948	59.00
60.00	06000	LABORATORY	0.078558	30,578,864	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.236001	1,306,996	63.00
64.00	06400	INTRAVENOUS THERAPY	0.144418	1,981,638	64.00
65.00	06500	RESPIRATORY THERAPY	0.111706	13,571,597	65.00
66.00	06600	PHYSICAL THERAPY	0.241978	10,339,201	66.00
66.01	06601	REHAB OUTPATIENT	0.272913	966	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.041364	8,090,163	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.076375	219,792	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.427873	13,867,869	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.606609	8,150,640	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.172583	29,637,759	73.00
74.00	07400	RENAL DIALYSIS	0.287363	2,250,876	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09005	CONGESTIVE HEART FAILURE CLINIC	0.002291	608	90.01
90.02	09001	PROCEDURE CLINIC	0.367018	49,058	90.02
90.04	09002	EPILEPSY MONITORING UNIT	0.401007	0	90.04
90.05	09003	OFFSITE IMAGING CENTER	0.089475	25,334	90.05
91.00	09100	EMERGENCY	0.125829	11,429,104	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.445908	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		201,401,984	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)		201,401,984	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0290	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 11/29/2018 8:07 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)		9,758,209	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		30,317,791	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		1,320,417	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)		287.60	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 which 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)		1.93	30.00
31.00	Percentage of Medicaid patient days (see instructions)		26.40	31.00
32.00	Sum of lines 30 and 31		28.33	32.00
33.00	Allowable disproportionate share percentage (see instructions)		12.59	33.00
34.00	Disproportionate share adjustment (see instructions)		1,261,393	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0290	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 11/29/2018 8:07 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)		5,977,483,147	6,766,695,164	35.00
35.01	Factor 3 (see instructions)		0.000592552	0.000464345	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		3,541,971	3,142,084	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		892,772	2,350,106	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		3,242,878		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		45,900,688		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
			Amount		
			1.00		
49.00	Total payment for inpatient operating costs (see instructions)			45,900,688	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			3,687,906	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).			0	52.00
53.00	Nursing and Allied Health Managed Care payment			0	53.00
54.00	Special add-on payments for new technologies			6,214	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			0	58.00
59.00	Total (sum of amounts on lines 49 through 58)			49,594,808	59.00
60.00	Primary payer payments			92,121	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			49,502,687	61.00
62.00	Deductibles billed to program beneficiaries			4,311,088	62.00
63.00	Coinurance billed to program beneficiaries			218,312	63.00
64.00	Allowable bad debts (see instructions)			905,228	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			588,398	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			498,620	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			45,561,685	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)				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)			156,142	70.93
70.94	HRR adjustment amount (see instructions)			-726,480	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0290	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 11/29/2018 8:07 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	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	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)			44,991,347	71.00
71.01	Sequestration adjustment (see instructions)			899,827	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
72.00	Interim payments			43,478,094	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)			613,426	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			764,435	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 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
<b>HSP Bonus Payment Amount</b>					
100.00	HSP bonus amount (see instructions)			0	100.00
<b>HVBP Adjustment for HSP Bonus Payment</b>					
101.00	HVBP adjustment factor (see instructions)			0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
<b>HRR Adjustment for HSP Bonus Payment</b>					
103.00	HRR adjustment factor (see instructions)			0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
<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: 14-0290	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part B Date/Time Prepared: 11/29/2018 8:07 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		14,950	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		19,523,310	2.00
3.00	OPPS payments		20,031,690	3.00
4.00	Outlier payment (see instructions)		33,297	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		14,950	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		95,135	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)		95,135	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)		95,135	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		80,185	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)		14,950	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)		20,064,987	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		3,857,274	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)		16,222,663	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)		16,222,663	30.00
31.00	Primary payer payments		17,002	31.00
32.00	Subtotal (line 30 minus line 31)		16,205,661	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)		792,031	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		514,820	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		451,358	36.00
37.00	Subtotal (see instructions)		16,720,481	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)		16,720,481	40.00
40.01	Sequestration adjustment (see instructions)		334,410	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		16,218,197	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		167,874	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)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0290

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
11/29/2018 8:07 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		43,131,296		15,875,508		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		346,798		342,689		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)		43,478,094		16,218,197		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		613,426		167,874		6.01
6.02	SETTLEMENT TO PROGRAM		0		0		6.02
7.00	Total Medicare program liability (see instructions)		44,091,520		16,386,071		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: 14-0290	Period: From 07/01/2017 To 06/30/2018	Worksheet E-1 Part II Date/Time Prepared: 11/29/2018 8:07 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

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

Provider CCN: 14-0290

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

Worksheet G  
Date/Time Prepared:  
11/29/2018 8:07 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	13,598	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	56,200,385	0	0	0	4.00
5.00	Other receivable	2,666,013	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	5,485,212	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	86,794,753	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)	151,159,961	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	12,412,466	0	0	0	12.00
13.00	Land improvements	263,919,802	0	0	0	13.00
14.00	Accumulated depreciation	-91,525,367	0	0	0	14.00
15.00	Buildings	0	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	56,793,803	0	0	0	23.00
24.00	Accumulated depreciation	0	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)	241,600,704	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	1,258,996	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	433,433	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	1,692,429	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	394,453,094	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	4,852,079	0	0	0	37.00
38.00	Salaries, wages, and fees payable	12,728,008	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	89,980,072	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	107,560,159	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	0	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	107,560,159	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	286,892,935	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	286,892,935	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	394,453,094	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0290

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

Worksheet G-1

Date/Time Prepared:  
11/29/2018 8:07 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		220,247,000			0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		36,957,715				2.00
3.00	Total (sum of line 1 and line 2)		257,204,715			0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	TRANSFERS FROM AFFILIATES	29,688,220		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		29,688,220			0	10.00
11.00	Subtotal (line 3 plus line 10)		286,892,935			0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		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)		286,892,935			0	19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00	TRANSFERS FROM AFFILIATES		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: 14-0290

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
11/29/2018 8:07 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	160,370,679		160,370,679	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	160,370,679		160,370,679	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	22,189,822		22,189,822	11.00
11.01	NEONATAL NICU	56,771,951		56,771,951	11.01
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	78,961,773		78,961,773	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	239,332,452		239,332,452	17.00
18.00	Ancillary services	542,697,908	762,048,624	1,304,746,532	18.00
19.00	Outpatient services	0	0	0	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
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NURSERY	11,000,632	0	11,000,632	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	793,030,992	762,048,624	1,555,079,616	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		316,230,921		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)		316,230,921		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0290

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

Worksheet G-3

Date/Time Prepared:  
11/29/2018 8:07 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,555,079,616	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,208,891,577	2.00
3.00	Net patient revenues (line 1 minus line 2)	346,188,039	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	316,230,921	4.00
5.00	Net income from service to patients (line 3 minus line 4)	29,957,118	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	1,710,740	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	1,384,873	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	393,318	20.00
21.00	Rental of vending machines	92,698	21.00
22.00	Rental of hospital space	1,554,395	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISCELLANEOUS	1,226,760	24.00
24.01	CAPITATION	561,807	24.01
24.02	GROUND LEASE	76,006	24.02
24.03	OTHER (SPECIFY)	0	24.03
24.04	OTHER (SPECIFY)	0	24.04
24.05	OTHER (SPECIFY)	0	24.05
25.00	Total other income (sum of lines 6-24)	7,000,597	25.00
26.00	Total (line 5 plus line 25)	36,957,715	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)	36,957,715	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0290	Period: From 07/01/2017 To 06/30/2018	Worksheet L Parts I-III Date/Time Prepared: 11/29/2018 8:07 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		3,259,067	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		236,228	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)		194.50	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)		1.93	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		26.40	8.00
9.00	Sum of lines 7 and 8		28.33	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.91	10.00
11.00	Disproportionate share adjustment (see instructions)		192,611	11.00
12.00	Total prospective capital payments (see instructions)		3,687,906	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