

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: 14-0291	Period: From 01/01/2018 To 12/31/2018	Worksheet S Parts I-III Date/Time Prepared: 5/29/2019 2:57 pm
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PART I - COST REPORT STATUS

Provider use only

1. Electronically filed cost report
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5. Cost Report Status
 (1) As Submitted
 (2) Settled without Audit
 (3) Settled with Audit
 (4) Reopened
 (5) Amended

6. Date Received:
 7. Contractor No.

8. Initial Report for this Provider CCN
 9. Final Report for this Provider CCN

10. NPR Date:
 11. Contractor's Vendor Code: 4
 12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.

Date: 5/29/2019 Time: 2:57 pm

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 GOOD SHEPHERD HOSPITAL (14-0291) for the cost reporting period beginning 01/01/2018 and ending 12/31/2018 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) MI CHAEL VOLANTE
 Officer or Administrator of Provider(s)

VICE PRESIDENT, REIMBURSEMENT
 Title

(Dated when report is electronically signed.)
 Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	464,547	355,760	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
4.00 SUBPROVIDER I						4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0				0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0				0	11.00
200.00 Total	0	464,547	355,760	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: 14-0291		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/29/2019 2:57 pm				
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 450 W. HIGHWAY 22			PO Box:						1.00
2.00	City: BARRINGTON			State: IL		Zip Code: 60010-		County: LAKE		2.00
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	GOOD SHEPHERD HOSPITAL	140291	29404	1	10/17/1979	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
17.10	Hospital-Based (CORF) I									17.10
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:		To:		
						1.00		2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2018		12/31/2018		20.00
21.00	Type of Control (see instructions)					1				21.00
						1.00		2.00		3.00
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving PPS 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.				N					22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)				N	N				22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.				N	N				22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.				N	N	N			22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N			23.00
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	757	68	9	0	1,586	0			24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0291		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/29/2019 2:57 pm			
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0	0	25.00	
						Urban/Rural	Date of Geogr		
						1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginning:	Ending:		
						1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPSS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
						Y/N	Y/N		
						1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00	
						V	XVII	XIX	
						1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.								57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criteria Code			
				1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)			Y				60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)				23.00	1		60.01	

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	Y/N	IME	Direct GME	IME	Direct GME		
	1.00	2.00	3.00	4.00	5.00		
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00		61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00		61.20
					1.00		
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0291

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

Worksheet S-2
Part I
Date/Time Prepared:
5/29/2019 2:57 pm

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00	
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
				1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010								
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	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)					N	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	
Long Term Care Hospital PPS				
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N	81.00
TEFRA Providers				
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N	87.00
			V 1.00	XIX 2.00
Title V and XIX Services				
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	Y	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 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
Rural Providers				
105.00	Does this hospital qualify as a CAH?		N	105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.		N	107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N	108.00
			Physical 1.00	Occupational 2.00
			Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	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: 14-0291	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part I Date/Time Prepared: 5/29/2019 2:57 pm	
		1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N			111.00
		1.00	2.00	3.00	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	224,316	6,241,492	431,446	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.	Y		5.05	122.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		14H036	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0291	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part I Date/Time Prepared: 5/29/2019 2:57 pm		
1.00		2.00		3.00		
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.						
141.00	Name: ADVOCATE HEALTH CARE	Contractor's Name: NGS		Contractor's Number: 06101		
142.00	Street: 3075 HIGHLAND PARKWAY	PO Box: SUITE 600				
143.00	City: DOWNERS GROVE	State: IL		Zip Code: 60515		
1.00						
144.00	Are provider based physicians' costs included in Worksheet A?				Y	144.00
1.00						
2.00						
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.				N	145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.				N	146.00
1.00						
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.				N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.				N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.				N	149.00
Part A Part B Title V Title XIX						
1.00 2.00 3.00 4.00						
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)						
155.00	Hospital	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00
161.10	CORF		N	N	N	161.10
1.00						
Multi campus						
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N	165.00
Name County State Zip Code CBSA FTE/Campus						
0 1.00 2.00 3.00 4.00 5.00						
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)				0.00	166.00
1.00						
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act						
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.				Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)				0	168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)				9.99	169.00
Beginning Ending						
1.00 2.00						
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)				01/01/2018 12/31/2018	170.00
1.00 2.00						
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)				N	0
171.00						

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0291		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part II Date/Time Prepared: 5/29/2019 2:57 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		03/27/2019		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	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	04/05/2019	Y	04/05/2019		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: 14-0291	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part II Date/Time Prepared: 5/29/2019 2:57 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N		21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	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.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	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			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	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.			N	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			N	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.			N	35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		Y		40.00
		1.00		2.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SCOTT		MI TCHELL	41.00
42.00	Enter the employer/company name of the cost report preparer.	ADVOCATE HEALTH CARE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	6309295761		SCOTT.MI TCHELL@ADVOCATEHEALTH.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0291	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part II Date/Time Prepared: 5/29/2019 2:57 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SENIOR REIMBURSEMENT SPECIALIST		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0291

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2019 2:57 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	144	52,560	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)		144	52,560	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	32	11,680	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		176	64,240	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		176				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: 14-0291

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2019 2:57 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	15,789	553	31,252			1.00
2.00 HMO and other (see instructions)	2,860	1,586				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)	15,789	553	31,252			7.00
8.00 INTENSIVE CARE UNIT	3,538	145	6,554			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		102	2,207			13.00
14.00 Total (see instructions)	19,327	800	40,013	0.00	1,044.75	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER		0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)			0			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	1,044.75	27.00
28.00 Observation Bed Days		160	8,597			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	34	334			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: 14-0291

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2019 2:57 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	4,336	152	9,712	1.00
2.00 HMO and other (see instructions)				622	400		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0		4,336	152	9,712	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0		0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0		0	0	0	17.00
18.00 SUBPROVIDER	0.00	0			0	0	18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY	0.00						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
25.10 CMHC - CORF	0.00						25.10
26.00 RURAL HEALTH CLINIC	0.00						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days					0		33.00
33.01 LTCH site neutral days and discharges					0		33.01

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 14-0291		Period: From 01/01/2018 To 12/31/2018		Worksheet S-3 Part II Date/Time Prepared: 5/29/2019 2:57 pm	
	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	78,655,229	0	78,655,229	2,173,080.00	36.20	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)		113,310	197,543	310,853	15,716.20	19.78	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract Labor: Direct Patient Care		179,073	0	179,073	3,351.00	53.44	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		1,055,683	0	1,055,683	8,284.95	127.42	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		8,965,258	0	8,965,258	143,810.00	62.34	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
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		21,353,581	0	21,353,581			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		26,818	0	26,818			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)		1,684,402	0	1,684,402			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
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	1,331,821	-665,926	665,895	5,283.00	126.04	26.00
27.00	Administrative & General	5.00	9,657,878	211,493	9,869,371	234,258.00	42.13	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0291

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

Worksheet S-3
Part II
Date/Time Prepared:
5/29/2019 2:57 pm

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		699,920	0	699,920	3,574.00	195.84	28.00
29.00	Maintenance & Repairs	6.00	1,401,107	0	1,401,107	41,122.00	34.07	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	18,305	0	18,305	1,206.00	15.18	31.00
32.00	Housekeeping	9.00	1,635,267	0	1,635,267	95,430.00	17.14	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,715,903	0	1,715,903	85,717.00	20.02	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,662,850	32,815	1,695,665	34,507.00	49.14	38.00
39.00	Central Services and Supply	14.00	550,092	0	550,092	28,246.00	19.48	39.00
40.00	Pharmacy	15.00	3,682,337	33,920	3,716,257	71,781.00	51.77	40.00
41.00	Medical Records & Medical Records Library	16.00	200,774	0	200,774	4,285.00	46.86	41.00
42.00	Social Service	17.00	453,163	0	453,163	11,482.00	39.47	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0291

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

Worksheet S-3
Part III
Date/Time Prepared:
5/29/2019 2:57 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	79,355,149	0	79,355,149	2,176,654.00	36.46	1.00
2.00	Excluded area salaries (see instructions)	113,310	197,543	310,853	15,716.20	19.78	2.00
3.00	Subtotal salaries (line 1 minus line 2)	79,241,839	-197,543	79,044,296	2,160,937.80	36.58	3.00
4.00	Subtotal other wages & related costs (see inst.)	10,200,014	0	10,200,014	155,445.95	65.62	4.00
5.00	Subtotal wage-related costs (see inst.)	23,037,983	0	23,037,983	0.00	29.15	5.00
6.00	Total (sum of lines 3 thru 5)	112,479,836	-197,543	112,282,293	2,316,383.75	48.47	6.00
7.00	Total overhead cost (see instructions)	23,009,417	-387,698	22,621,719	616,891.00	36.67	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0291	Period: From 01/01/2018 To 12/31/2018	Worksheet S-3 Part IV Date/Time Prepared: 5/29/2019 2:57 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			1,769,250 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)			1,828,773 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			0 8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)			0 8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)			7,172,561 8.02
8.03	Health Insurance (Purchased)			0 8.03
9.00	Prescription Drug Plan			1,817,809 9.00
10.00	Dental, Hearing and Vision Plan			245,443 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			92,264 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)			545,876 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			1,722,200 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
TAXES				
17.00	FICA-Employers Portion Only			5,598,562 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
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			277,661 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			310,000 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			21,380,399 24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 14-0291	Period: From 01/01/2018 To 12/31/2018	Worksheet S-3 Part V Date/Time Prepared: 5/29/2019 2:57 pm
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		179,073	21,380,399 1.00
2.00	Hospital		179,073	21,380,399 2.00
3.00	Subprovider - IPF		0	0 3.00
4.00	Subprovider - IRF		0	0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA		0	0 11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC		0	0 14.00
15.00	Hospital-Based Health Clinic FQHC		0	0 15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10		0	0 16.10
17.00	Renal Dialysis			17.00
18.00	Other		0	0 18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-0291	Period: From 01/01/2018 To 12/31/2018	Worksheet S-10 Date/Time Prepared: 5/29/2019 2:57 pm
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.268299	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		3,832,820	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			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		52,639,007	6.00	
7.00	Medicaid cost (line 1 times line 6)		14,122,993	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)		10,290,173	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0	9.00	
10.00	Stand-alone CHIP charges		0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		10,290,173	19.00	
			Uninsured patients	Insured patients	Total (col. 1 + col. 2)
			1.00	2.00	3.00
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	6,603,959	1,750,508	8,354,467	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,771,836	1,750,508	3,522,344	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)	1,771,836	1,750,508	3,522,344	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)			9,774,242	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			563,635	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			867,131	27.01
28.00	Non-Medicare bad debt expense (see instructions)			8,907,111	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			2,693,265	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			6,215,609	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			16,505,782	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0291

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

Worksheet A
Date/Time Prepared:
5/29/2019 2:57 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	0	0	13,759,136	13,759,136	1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	0	0	10,442,612	10,442,612	2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,331,821	15,798,275	17,130,096	-665,926	16,464,170	4.00
5.01	00540	NONPATIENT TELEPHONES	224,371	690,360	914,731	-389	914,342	5.01
5.02	00550	DATA PROCESSING	0	2,655,067	2,655,067	-316,251	2,338,816	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	437,366	939,451	1,376,817	-122,149	1,254,668	5.03
5.04	00570	ADMINISTRATIVE	1,006,395	104,174	1,110,569	-12,761	1,097,808	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	459,838	20,387,127	20,846,965	-1,411	20,845,554	5.05
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL	7,529,908	47,139,329	54,669,237	-13,986,566	40,682,671	5.06
6.00	00600	MAINTENANCE & REPAIRS	1,401,107	8,552,361	9,953,468	-851,590	9,101,878	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	18,305	775,089	793,394	0	793,394	8.00
9.00	00900	HOUSEKEEPING	1,635,267	712,067	2,347,334	-31,160	2,316,174	9.00
10.00	01000	DIETARY	1,715,903	1,116,396	2,832,299	-40,173	2,792,126	10.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,662,850	343,467	2,006,317	-44,053	1,962,264	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	550,092	4,826,573	5,376,665	-4,017,015	1,359,650	14.00
15.00	01500	PHARMACY	3,682,337	16,357,041	20,039,378	-14,167,273	5,872,105	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	200,774	268,056	468,830	-5,424	463,406	16.00
17.00	01700	SOCIAL SERVICE	453,163	43,734	496,897	-509	496,388	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL PRGM-PASTORAL CARE	0	0	0	237,158	237,158	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	16,622,218	3,580,830	20,203,048	-303,613	19,899,435	30.00
31.00	03100	INTENSIVE CARE UNIT	5,885,942	2,865,299	8,751,241	-2,115,779	6,635,462	31.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,004,425	162,693	1,167,118	-71,093	1,096,025	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,735,033	24,402,128	32,137,161	-21,596,908	10,540,253	50.00
51.00	05100	RECOVERY ROOM	1,170,729	275,988	1,446,717	-179,600	1,267,117	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,733,695	1,125,489	2,859,184	-285,438	2,573,746	52.00
53.00	05300	ANESTHESIOLOGY	150,900	488,763	639,663	-424,288	215,375	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,869,693	6,170,478	11,040,171	-3,991,561	7,048,610	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	426,783	875,299	1,302,082	-829,969	472,113	56.00
56.01	03630	ULTRA SOUND	880,668	185,681	1,066,349	-110,813	955,536	56.01
57.00	05700	CT SCAN	899,406	750,860	1,650,266	-639,774	1,010,492	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	524,660	580,054	1,104,714	-524,877	579,837	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,162,552	5,625,323	6,787,875	-5,386,089	1,401,786	59.00
60.00	06000	LABORATORY	0	7,049,615	7,049,615	-567,822	6,481,793	60.00
60.01	06001	BLOOD LABORATORY	0	472,952	472,952	-37,573	435,379	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACTORS ADMIN COST	0	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	1,783,275	415,755	2,199,030	-216,691	1,982,339	65.00
66.00	06600	PHYSICAL THERAPY	2,265,697	326,123	2,591,820	-41,054	2,550,766	66.00
67.00	06700	OCCUPATIONAL THERAPY	285,812	29,475	315,287	-7,159	308,128	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,163,582	1,087,485	2,251,067	-127,984	2,123,083	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	74,295	16,452	90,747	-10,707	80,040	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	20,196,202	20,196,202	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	14,389,807	14,389,807	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	13,915,467	13,915,467	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	426,548	79,771	506,319	-35,664	470,655	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	2,911,452	2,217,159	5,128,611	-391,176	4,737,435	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	0	90.01
90.02	09002	SPINE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	4,255,057	1,812,656	6,067,713	-782,087	5,285,626	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 14-0291		Period: From 01/01/2018 To 12/31/2018		Worksheet A Date/Time Prepared: 5/29/2019 2:57 pm	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	78,541,919	181,304,895	259,846,814	13	259,846,827	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,958	4,547	6,505	0	6,505	190.00
194.00	07951	NONREIMBURSABLE COST CENTERS	111,352	224,644	335,996	-13	335,983	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	78,655,229	181,534,086	260,189,315	0	260,189,315	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0291

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

Worksheet A
Date/Time Prepared:
5/29/2019 2:57 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	2,946,856	16,705,992	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	1,758,665	12,201,277	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,914,242	19,378,412	4.00
5.01	00540	NONPATIENT TELEPHONES	0	914,342	5.01
5.02	00550	DATA PROCESSING	5,352,339	7,691,155	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	1,254,668	5.03
5.04	00570	ADMINISTRATIVE	0	1,097,808	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	-8,525,647	12,319,907	5.05
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL	-22,191,183	18,491,488	5.06
6.00	00600	MAINTENANCE & REPAIRS	-89	9,101,789	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	793,394	8.00
9.00	00900	HOUSEKEEPING	0	2,316,174	9.00
10.00	01000	DIETARY	-653,695	2,138,431	10.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-11,840	1,950,424	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,359,650	14.00
15.00	01500	PHARMACY	0	5,872,105	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-400	463,006	16.00
17.00	01700	SOCIAL SERVICE	-9,609	486,779	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	02300	PARAMEDICAL PRGM-PASTORAL CARE	0	237,158	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-245,558	19,653,877	30.00
31.00	03100	INTENSIVE CARE UNIT	-2,906	6,632,556	31.00
40.00	04000	SUBPROVIDER - I PF	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	-8	1,096,017	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-858,869	9,681,384	50.00
51.00	05100	RECOVERY ROOM	0	1,267,117	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-636,574	1,937,172	52.00
53.00	05300	ANESTHESIOLOGY	0	215,375	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-20,277	7,028,333	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	472,113	56.00
56.01	03630	ULTRA SOUND	-48	955,488	56.01
57.00	05700	CT SCAN	0	1,010,492	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	579,837	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,401,786	59.00
60.00	06000	LABORATORY	-199,920	6,281,873	60.00
60.01	06001	BLOOD LABORATORY	0	435,379	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
62.01	06201	BLOOD CLOTTING FACTORS ADMIN COST	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	-325	1,982,014	65.00
66.00	06600	PHYSICAL THERAPY	0	2,550,766	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	308,128	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	-545,813	1,577,270	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	80,040	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	20,196,202	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	14,389,807	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	13,915,467	73.00
76.00	03160	CARDIOPULMONARY	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	-84	470,571	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	-179,153	4,558,282	90.00
90.01	09001	WOMENS HEALTH	0	0	90.01
90.02	09002	SPINE CENTER	0	0	90.02
91.00	09100	EMERGENCY	-219,831	5,065,795	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0291

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

Worksheet A
Date/Time Prepared:
5/29/2019 2:57 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
118.00		6.00	7.00	
	SUBTOTALS (SUM OF LINES 1 through 117)	-21,329,727	238,517,100	118.00
	NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	6,505	190.00
194.00	07951 NONREIMBURSABLE COST CENTERS	-26,959	309,024	194.00
200.00	TOTAL (SUM OF LINES 118 through 199)	-21,356,686	238,832,629	200.00

RECLASSIFICATIONS

Provider CCN: 14-0291

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

Worksheet A-6

Date/Time Prepared:
5/29/2019 2:57 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
B - DEPRECIATION					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	13,759,136	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	10,442,612	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
TOTALS			0	24,201,748	
C - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	13,915,467	1.00
TOTALS			0	13,915,467	
D - OXYGEN					
1.00	RESPIRATORY THERAPY	65.00	0	39,355	1.00
TOTALS			0	39,355	
F - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	34,586,009	1.00
2.00		0.00	0	0	2.00
4.00		0.00	0	0	4.00
7.00		0.00	0	0	7.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
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

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
31.00		0.00	0	0	31.00	
32.00		0.00	0	0	32.00	
33.00		0.00	0	0	33.00	
34.00		0.00	0	0	34.00	
35.00		0.00	0	0	35.00	
36.00		0.00	0	0	36.00	
37.00		0.00	0	0	37.00	
38.00		0.00	0	0	38.00	
39.00		0.00	0	0	39.00	
TOTALS			0	34,586,009		
G - IMPLANTS						
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	14,389,807	1.00	
TOTALS			0	14,389,807		
H - PARAMED ED PASTORAL CARE						
1.00	PARAMED ED PRGM-PASTORAL CARE	23.00	197,543	39,615	1.00	
TOTALS			197,543	39,615		
J - UNIVERSAL BEDS						
1.00	ADULTS & PEDIATRICS	30.00	1,140,553	316,895	1.00	
TOTALS			1,140,553	316,895		
L - INCENTIVE COMP						
1.00	PURCHASING RECEIVING AND STORES	5.03	7,888	0	1.00	
3.00	OTHER ADMINISTRATIVES AND GENERAL	5.06	401,148	0	3.00	
5.00	NURSING ADMINISTRATION	13.00	32,815	0	5.00	
6.00	PHARMACY	15.00	33,920	0	6.00	
7.00	ADULTS & PEDIATRICS	30.00	73,676	0	7.00	
8.00	INTENSIVE CARE UNIT	31.00	9,329	0	8.00	
9.00	OPERATING ROOM	50.00	2,139	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	9,329	0	10.00	
11.00	RADIOLOGY-DIAGNOSTIC	54.00	33,674	0	11.00	
12.00	RESPIRATORY THERAPY	65.00	9,057	0	12.00	
13.00	PHYSICAL THERAPY	66.00	9,423	0	13.00	
14.00	ELECTROCARDIOLOGY	69.00	17,648	0	14.00	
15.00	CLINIC	90.00	7,888	0	15.00	
16.00	EMERGENCY	91.00	17,992	0	16.00	
TOTALS			665,926	0		
500.00	Grand Total: Increases		2,004,022	87,488,896	500.00	

RECLASSIFICATIONS

Provider CCN: 14-0291

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

Worksheet A-6
Date/Time Prepared:
5/29/2019 2:57 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
B - DEPRECIATION							
1.00	SOCIAL SERVICE	17.00	0	509	9		1.00
2.00	NONPATIENT TELEPHONES	5.01	0	296	9		2.00
3.00	DATA PROCESSING	5.02	0	316,251	9		3.00
4.00	PURCHASING RECEIVING AND STORES	5.03	0	130,037	9		4.00
5.00	ADMINISTRATIVE	5.04	0	12,645	9		5.00
6.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	1,411	9		6.00
7.00	OTHER ADMINISTRATIVES AND GENERAL	5.06	0	14,150,556	9		7.00
8.00	MAINTENANCE & REPAIRS	6.00	0	769,865	9		8.00
9.00	OCCUPATIONAL THERAPY	67.00	0	4,141	9		9.00
10.00	HOUSEKEEPING	9.00	0	17,854	9		10.00
11.00	DIETARY	10.00	0	32,262	9		11.00
12.00	NURSING ADMINISTRATION	13.00	0	73,687	9		12.00
13.00	CENTRAL SERVICES & SUPPLY	14.00	0	131,166	9		13.00
14.00	PHARMACY	15.00	0	165,683	9		14.00
15.00	MEDICAL RECORDS & LIBRARY	16.00	0	5,424	9		15.00
16.00	ADULTS & PEDIATRICS	30.00	0	911,713	9		16.00
17.00	INTENSIVE CARE UNIT	31.00	0	133,683	9		17.00
18.00	NURSERY	43.00	0	36,617	9		18.00
19.00	OPERATING ROOM	50.00	0	2,832,602	9		19.00
20.00	RECOVERY ROOM	51.00	0	130,358	9		20.00
21.00	DELIVERY ROOM & LABOR ROOM	52.00	0	40,752	9		21.00
22.00	ANESTHESIOLOGY	53.00	0	4,510	9		22.00
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,410,770	9		23.00
24.00	NUCLEAR MEDICINE - DIAGNOSTIC	56.00	0	6,910	9		24.00
25.00	ULTRA SOUND	56.01	0	95,684	9		25.00
26.00	CT SCAN	57.00	0	309,597	9		26.00
27.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	376,660	9		27.00
28.00	CARDIAC CATHETERIZATION	59.00	0	623,088	9		28.00
29.00	LABORATORY	60.00	0	7,729	9		29.00
30.00	RESPIRATORY THERAPY	65.00	0	48,300	9		30.00
31.00	PHYSICAL THERAPY	66.00	0	21,483	9		31.00
32.00	ELECTROCARDIOLOGY	69.00	0	135,579	9		32.00
33.00	ELECTROENCEPHALOGRAPHY	70.00	0	5,439	9		33.00
34.00	CARDIAC REHABILITATION	76.97	0	26,061	9		34.00
35.00	CLINIC	90.00	0	61,942	9		35.00
36.00	EMERGENCY	91.00	0	170,484	9		36.00
37.00		0.00	0	0	9		37.00
38.00		0.00	0	0	9		38.00
TOTALS			0	24,201,748			
C - DRUGS							
1.00	PHARMACY	15.00	0	13,915,467	0		1.00
TOTALS			0	13,915,467			
D - OXYGEN							
1.00	MAINTENANCE & REPAIRS	6.00	0	39,355	0		1.00
TOTALS			0	39,355			
F - MEDICAL SUPPLIES							
1.00	NONPATIENT TELEPHONES	5.01	0	93	0		1.00
2.00	ADMINISTRATIVE	5.04	0	116	0		2.00
4.00	MAINTENANCE & REPAIRS	6.00	0	42,370	0		4.00
7.00	HOUSEKEEPING	9.00	0	13,306	0		7.00
9.00	DIETARY	10.00	0	7,911	0		9.00
10.00	NURSING ADMINISTRATION	13.00	0	3,181	0		10.00
11.00	CENTRAL SERVICES & SUPPLY	14.00	0	3,885,849	0		11.00
12.00	PHARMACY	15.00	0	120,043	0		12.00
13.00	ADULTS & PEDIATRICS	30.00	0	923,024	0		13.00
16.00	INTENSIVE CARE UNIT	31.00	0	533,977	0		16.00
17.00	NURSERY	43.00	0	34,476	0		17.00
18.00	OPERATING ROOM	50.00	0	18,766,445	0		18.00
19.00	RECOVERY ROOM	51.00	0	49,242	0		19.00
20.00	DELIVERY ROOM & LABOR ROOM	52.00	0	254,015	0		20.00
21.00	ANESTHESIOLOGY	53.00	0	419,778	0		21.00
22.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,614,465	0		22.00
23.00	NUCLEAR MEDICINE - DIAGNOSTIC	56.00	0	823,059	0		23.00
24.00	ULTRA SOUND	56.01	0	15,129	0		24.00
25.00	CT SCAN	57.00	0	330,177	0		25.00
26.00							26.00

RECLASSIFICATIONS

Provider CCN: 14-0291

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

Worksheet A-6

Date/Time Prepared:
5/29/2019 2:57 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
27.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	148,217	0	27.00	
28.00	CARDIAC CATHETERIZATION	59.00	0	4,763,001	0	28.00	
29.00	LABORATORY	60.00	0	560,093	0	29.00	
30.00	BLOOD LABORATORY	60.01	0	37,573	0	30.00	
31.00	RESPIRATORY THERAPY	65.00	0	216,803	0	31.00	
32.00	PHYSICAL THERAPY	66.00	0	28,994	0	32.00	
33.00	OCCUPATIONAL THERAPY	67.00	0	3,018	0	33.00	
34.00	ELECTROCARDIOLOGY	69.00	0	10,053	0	34.00	
35.00	ELECTROENCEPHALOGRAPHY	70.00	0	5,268	0	35.00	
36.00	CARDIAC REHABILITATION	76.97	0	9,603	0	36.00	
37.00	CLINIC	90.00	0	337,122	0	37.00	
38.00	EMERGENCY	91.00	0	629,595	0	38.00	
39.00	NONREIMBURSABLE COST CENTERS	194.00	0	13	0	39.00	
	TOTALS		0	34,586,009			
G - IMPLANTS							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	14,389,807	0	1.00	
	TOTALS		0	14,389,807			
H - PARAMEDICAL PASTORAL CARE							
1.00	OTHER ADMINISTRATIVES AND GENERAL	5.06	197,543	39,615	0	1.00	
	TOTALS		197,543	39,615			
J - UNIVERSAL BEDS							
1.00	INTENSIVE CARE UNIT	31.00	1,140,553	316,895	0	1.00	
	TOTALS		1,140,553	316,895			
L - INCENTIVE COMP							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	665,926	0	0	1.00	
3.00		0.00	0	0	0	3.00	
5.00		0.00	0	0	0	5.00	
6.00		0.00	0	0	0	6.00	
7.00		0.00	0	0	0	7.00	
8.00		0.00	0	0	0	8.00	
9.00		0.00	0	0	0	9.00	
10.00		0.00	0	0	0	10.00	
11.00		0.00	0	0	0	11.00	
12.00		0.00	0	0	0	12.00	
13.00		0.00	0	0	0	13.00	
14.00		0.00	0	0	0	14.00	
15.00		0.00	0	0	0	15.00	
16.00		0.00	0	0	0	16.00	
	TOTALS		665,926	0			
500.00	Grand Total: Decreases		2,004,022	87,488,896		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0291

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

Worksheet A-7
Part I
Date/Time Prepared:
5/29/2019 2:57 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	4,612,336	0	0	0	0	1.00
2.00	Land Improvements	15,606,754	401,179	0	401,179	0	2.00
3.00	Buildings and Fixtures	323,997,562	5,787,532	0	5,787,532	0	3.00
4.00	Building Improvements	5,055,409	230,352	0	230,352	0	4.00
5.00	Fixed Equipment	119,776,718	2,535,605	0	2,535,605	706,094	5.00
6.00	Movable Equipment	451,983	49,900	0	49,900	0	6.00
7.00	HIT designated Assets	454,996	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	469,955,758	9,004,568	0	9,004,568	706,094	8.00
9.00	Reconciling Items	-5,180,957	3,869,493	0	3,869,493	0	9.00
10.00	Total (line 8 minus line 9)	475,136,715	5,135,075	0	5,135,075	706,094	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	4,612,336	0				1.00
2.00	Land Improvements	16,007,933	4,975,793				2.00
3.00	Buildings and Fixtures	329,785,094	44,046,439				3.00
4.00	Building Improvements	5,285,761	3,308,050				4.00
5.00	Fixed Equipment	121,606,229	54,303,565				5.00
6.00	Movable Equipment	501,883	355,447				6.00
7.00	HIT designated Assets	454,996	0				7.00
8.00	Subtotal (sum of lines 1-7)	478,254,232	106,989,294				8.00
9.00	Reconciling Items	-1,311,464	0				9.00
10.00	Total (line 8 minus line 9)	479,565,696	106,989,294				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0291

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

Worksheet A-7
Part II
Date/Time Prepared:
5/29/2019 2:57 pm

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0291

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

Worksheet A-7
Part III
Date/Time Prepared:
5/29/2019 2:57 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	2	0	2	0.666667	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	1	0	1	0.333333	0	2.00
3.00	Total (sum of lines 1-2)	3	0	3	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	16,705,992	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	12,201,277	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	28,907,269	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	16,705,992	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	12,201,277	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	28,907,269	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0291

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

Worksheet A-8

Date/Time Prepared:
5/29/2019 2:57 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center	Line #	Wkst. A-7	Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT	1.00		0	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW CAP REL COSTS-MVBLE EQUIP	2.00		0	2.00
3.00 Investment income - other (chapter 2)		0		0.00		0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		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	-2,426,432				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00		0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-3,103,387				0	12.00
13.00 Laundry and linen service		0		0.00		0	13.00
14.00 Cafeteria-employees and guests		0		0.00		0	14.00
15.00 Rental of quarters to employee and others		0		0.00		0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00		0	16.00
17.00 Sale of drugs to other than patients		0		0.00		0	17.00
18.00 Sale of medical records and abstracts	B	-400	MEDICAL RECORDS & LIBRARY	16.00		0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)		0		0.00		0	19.00
20.00 Vending machines		0		0.00		0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00		0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00		0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		ORESPIRATORY THERAPY	65.00			23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY	66.00			24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00			25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT	A	2,459,287	NEW CAP REL COSTS-BLDG & FIXT	1.00		9	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	A	311,043	NEW CAP REL COSTS-MVBLE EQUIP	2.00		9	27.00
28.00 Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00			28.00
29.00 Physicians' assistant		0		0.00		0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00			30.00
30.99 Hospice (non-distinct) (see instructions)			OADULTS & PEDIATRICS	30.00			30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY	68.00			31.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0291

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

Worksheet A-8

Date/Time Prepared:
5/29/2019 2:57 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			3.00	4.00	
	1.00	2.00		5.00	
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0 32.00
33.00 INTERCOMPANY INTEREST	A	-5,966,819	OTHER ADMINISTRATIVES AND GENERAL	5.06	0 33.00
34.00 MEDICAID PROVIDER TAX	A	-8,304,979	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0 34.00
35.00 HOSPICE	A	-42,000	ADULTS & PEDIATRICS	30.00	0 35.00
36.00 ELIMINATE AHA/IHS/MCHC LOBBYING	A	-39,107	OTHER ADMINISTRATIVES AND GENERAL	5.06	0 36.00
37.00 ELIMINATE CENTER 1090/1093/1099/1120	A	-19,236	OTHER ADMINISTRATIVES AND GENERAL	5.06	0 37.00
37.50 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 37.50
38.00 OTHER ADJUSTMENTS (SPECIFY) (3)	A	0		0.00	0 38.00
39.00 PATIENT TRANSPORT	A	-14,296	OTHER ADMINISTRATIVES AND GENERAL	5.06	0 39.00
39.02 MIS INCOME	B	-126	DATA PROCESSING	5.02	0 39.02
39.03 MIS INCOME	B	-215,668	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0 39.03
40.00 MIS INCOME	B	-109,605	OTHER ADMINISTRATIVES AND GENERAL	5.06	0 40.00
41.00 MIS INCOME	B	-14,974	CLINIC	90.00	0 41.00
41.01 MIS INCOME	B	-39	ELECTROCARDIOLOGY	69.00	0 41.01
41.02 MIS INCOME	B	-84	CARDIAC REHABILITATION	76.97	0 41.02
41.03 MIS INCOME	B	-27,845	EMERGENCY	91.00	0 41.03
42.00 MIS INCOME	B	-649,706	DIETARY	10.00	0 42.00
43.00 MIS INCOME	B	-84	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 43.00
45.00 MIS INCOME	B	-89	MAINTENANCE & REPAIRS	6.00	0 45.00
45.01 MIS INCOME	B	-191	NURSING ADMINISTRATION	13.00	0 45.01
45.02 MIS INCOME	B	-5,488	ADULTS & PEDIATRICS	30.00	0 45.02
45.03 MIS INCOME		0		0.00	0 45.03
45.04 MIS INCOME	B	-8,442	RADIOLOGY-DIAGNOSTIC	54.00	0 45.04
45.05 MIS INCOME	B	-199,920	LABORATORY	60.00	0 45.05
45.06 MIS INCOME	B	-300	RESPIRATORY THERAPY	65.00	0 45.06
45.07 NONALLOWABLE	A	-309	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 45.07
45.08 AHP PHO CC 7623	A	-2,018,302	OTHER ADMINISTRATIVES AND GENERAL	5.06	0 45.08
45.09 NONALLOWABLE		0		0.00	0 45.09
45.10 NONALLOWABLE		0		0.00	0 45.10
45.11 NONALLOWABLE	A	-3,989	DIETARY	10.00	0 45.11
45.12 NONALLOWABLE	A	-11,649	NURSING ADMINISTRATION	13.00	0 45.12
45.13 NONALLOWABLE	A	-25	RESPIRATORY THERAPY	65.00	0 45.13
45.14 NONALLOWABLE	A	-9,609	SOCIAL SERVICE	17.00	0 45.14
45.15 NONALLOWABLE	A	-5,000	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0 45.15
45.16 NONALLOWABLE	A	-623,522	OTHER ADMINISTRATIVES AND GENERAL	5.06	0 45.16
45.17 NONALLOWABLE	A	-388	DATA PROCESSING	5.02	0 45.17
45.18 NONALLOWABLE	A	-3,746	ADULTS & PEDIATRICS	30.00	0 45.18
45.19 NONALLOWABLE	A	-718	INTENSIVE CARE UNIT	31.00	0 45.19
45.20 NONALLOWABLE	A	-1,669	OPERATING ROOM	50.00	0 45.20
45.21 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 45.21
45.22 NONALLOWABLE	A	-11,835	RADIOLOGY-DIAGNOSTIC	54.00	0 45.22
45.23 NONALLOWABLE	A	-48	ULTRASOUND	56.01	0 45.23
45.24 NONALLOWABLE		0		0.00	0 45.24
45.25 NONALLOWABLE		0		0.00	0 45.25
45.26 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 45.26
45.27 NONALLOWABLE	A	-34	EMERGENCY	91.00	0 45.27
45.28 NONALLOWABLE	A	-1,386	ELECTROCARDIOLOGY	69.00	0 45.28
45.29 NONALLOWABLE	A	-8	NURSERY	43.00	0 45.29
45.30 NONALLOWABLE	A	-164,179	CLINIC	90.00	0 45.30
45.31 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 45.31
45.32 NONALLOWABLE	A	-21,659	NONREIMBURSABLE COST CENTERS	194.00	0 45.32
45.48 NONALLOWABLE	A	-194	DELIVERY ROOM & LABOR ROOM	52.00	0 45.48
45.49 HBP	A	-94,230	OTHER ADMINISTRATIVES AND GENERAL	5.06	0 45.49

Provider CCN: 14-0291 Period: From 01/01/2018 To 12/31/2018 Worksheet A-8
 Date/Time Prepared: 5/29/2019 2:57 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			1.00	2.00		
45.50 HBP	A	-5,300	NONREIMBURSABLE COST CENTERS	194.00	0	45.50
45.51 OTHER ADJUSTMENTS (SPECIFY (3))		0		0.00	0	45.51
45.52 OTHER ADJUSTMENTS (SPECIFY (3))		0		0.00	0	45.52
45.53 OTHER ADJUSTMENTS (SPECIFY (3))		0		0.00	0	45.53
45.54 OTHER ADJUSTMENTS (SPECIFY (3))		0		0.00	0	45.54
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-21,356,686				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: 14-0291

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

Worksheet A-8-1

Date/Time Prepared:
5/29/2019 2:57 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	EMPL BENEFITS	2,914,635	0 1.00
2.00	5.02	DATA PROCESSING	DATA PROCESSING	5,352,853	0 2.00
3.00	1.00	NEW CAP REL COSTS-BLDG & FIX	NEW BLDG	487,569	0 3.00
4.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	NEW EQUIP	1,447,622	0 4.00
4.01	5.06	OTHER ADMINISTRATIVES AND GE	A&G	5,349,267	18,655,333 4.01
4.02	0.00			0	0 4.02
4.03	0.00			0	0 4.03
5.00	0	0	0	15,551,946	18,655,333 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 request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	B	GOOD SHEPHERD	100.00	ADVOCATE HEALTH	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 14-0291

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

Worksheet A-8-1

Date/Time Prepared:
5/29/2019 2:57 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	2,914,635	0		1.00
2.00	5,352,853	0		2.00
3.00	487,569	9		3.00
4.00	1,447,622	9		4.00
4.01	-13,306,066	0		4.01
4.02	0	0		4.02
4.03	0	0		4.03
5.00	-3,103,387			5.00

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

Related Organization(s) and/or Home Office	Type of Business		
	6.00		
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:			

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

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

6.00	HEALTH CARE		6.00
7.00			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: 14-0291

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

Worksheet A-8-2

Date/Time Prepared:
5/29/2019 2:57 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	194,324	194,324	0	194,500	0	1.00
2.00	31.00	INTENSIVE CARE UNIT	2,188	2,188	0	194,500	0	2.00
3.00	50.00	OPERATING ROOM	857,200	857,200	0	204,100	0	3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	636,380	636,380	0	194,500	0	4.00
5.00	91.00	EMERGENCY	191,952	191,952	0	171,400	0	5.00
6.00	69.00	ELECTROCARDIOLOGY	544,388	544,388	0	171,400	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			2,426,432	2,426,432	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	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	2.00
3.00	50.00	OPERATING ROOM	0	0	0	0	0	3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	4.00
5.00	91.00	EMERGENCY	0	0	0	0	0	5.00
6.00	69.00	ELECTROCARDIOLOGY	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	30.00	ADULTS & PEDIATRICS	0	0	0	194,324		1.00
2.00	31.00	INTENSIVE CARE UNIT	0	0	0	2,188		2.00
3.00	50.00	OPERATING ROOM	0	0	0	857,200		3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	636,380		4.00
5.00	91.00	EMERGENCY	0	0	0	191,952		5.00
6.00	69.00	ELECTROCARDIOLOGY	0	0	0	544,388		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	2,426,432		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0291

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	16,705,992	16,705,992			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	12,201,277		12,201,277		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	19,378,412	17,541	12,811	19,408,764	4.00
5.01 00540	NONPATIENT TELEPHONES	914,342	153,187	111,881	55,838	1,235,248
5.02 00550	DATA PROCESSING	7,691,155	77,356	56,497	0	0
5.03 00560	PURCHASING RECEIVING AND STORES	1,254,668	139,337	101,765	110,808	7,072
5.04 00570	ADMINISTRATIVE	1,097,808	49,922	36,460	250,455	15,986
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	12,319,907	38,076	27,809	114,437	7,304
5.06 00590	OTHER ADMINISTRATIVES AND GENERAL	18,491,488	1,082,099	790,314	1,924,593	122,839
6.00 00600	MAINTENANCE & REPAIRS	9,101,789	4,767,367	3,481,863	348,685	22,255
8.00 00800	LAUNDRY & LINEN SERVICE	793,394	34,386	25,114	4,555	291
9.00 00900	HOUSEKEEPING	2,316,174	306,402	223,782	406,959	25,975
10.00 01000	DIETARY	2,138,431	286,962	209,584	427,026	27,255
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	1,950,424	19,466	14,217	421,990	26,934
14.00 01400	CENTRAL SERVICES & SUPPLY	1,359,650	174,980	127,797	136,898	8,738
15.00 01500	PHARMACY	5,872,105	107,945	78,838	924,843	59,029
16.00 01600	MEDICAL RECORDS & LIBRARY	463,006	50,029	36,539	49,965	3,189
17.00 01700	SOCIAL SERVICE	486,779	3,610	2,636	112,776	7,198
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00 02300	PARAMED ED PRGM-PASTORAL CARE	237,158	49,226	35,953	49,161	3,138
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	19,653,877	3,002,945	2,193,211	4,438,877	283,343
31.00 03100	INTENSIVE CARE UNIT	6,632,556	946,399	691,205	1,183,278	75,524
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	1,096,017	92,116	67,277	249,965	15,954
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	9,681,384	1,626,183	1,187,688	1,925,504	122,897
51.00 05100	RECOVERY ROOM	1,267,117	157,492	115,025	291,352	18,596
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,937,172	210,650	153,849	433,776	27,686
53.00 05300	ANESTHESIOLOGY	215,375	26,739	19,529	37,554	2,397
54.00 05400	RADIOLOGY-DIAGNOSTIC	7,028,333	510,741	373,021	1,220,272	77,885
56.00 03450	NUCLEAR MEDICINE - DIAGNOSTIC	472,113	46,499	33,961	106,211	6,779
56.01 03630	ULTRA SOUND	955,488	164,632	120,239	219,167	13,989
57.00 05700	CT SCAN	1,010,492	117,518	85,829	223,830	14,286
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	579,837	64,869	47,377	130,569	8,334
59.00 05900	CARDIAC CATHETERIZATION	1,401,786	403,705	294,847	289,317	18,466
60.00 06000	LABORATORY	6,281,873	238,164	173,944	0	0
60.01 06001	BLOOD LABORATORY	435,379	10,107	7,382	0	0
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
62.01 06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	1,982,014	8,022	5,859	446,047	28,469
66.00 06600	PHYSICAL THERAPY	2,550,766	127,652	93,231	566,195	36,138
67.00 06700	OCCUPATIONAL THERAPY	308,128	10,696	7,812	71,128	4,540
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	1,577,270	156,476	114,283	293,966	18,763
70.00 07000	ELECTROENCEPHALOGRAPHY	80,040	0	0	18,489	1,180
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	20,196,202	0	0	0	0
71.30 07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	14,389,807	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	13,915,467	0	0	0	0
76.00 03160	CARDIOPULMONARY	0	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	470,571	144,524	105,554	106,152	6,775
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 09000	CLINIC	4,558,282	570,823	416,903	726,519	46,371
90.01 09001	WOMENS HEALTH	0	0	0	0	0
90.02 09002	SPINE CENTER	0	0	0	0	0
91.00 09100	EMERGENCY	5,065,795	603,284	440,611	1,063,408	67,873
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0291

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

Worksheet B
Part I
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	238,517,100	16,598,127	12,122,497	19,380,565	1,233,448	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,505	48,772	35,621	487	31	190.00
194.00 07951 NONREIMBURSABLE COST CENTERS	309,024	59,093	43,159	27,712	1,769	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	238,832,629	16,705,992	12,201,277	19,408,764	1,235,248	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0291

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

Worksheet B
Part I
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Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540 NONPATIENT TELEPHONES						5.01
5.02	00550 DATA PROCESSING	7,825,008					5.02
5.03	00560 PURCHASING RECEIVING AND STORES	0	1,613,650				5.03
5.04	00570 ADMINITTING	0	543	1,451,174			5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE	0	2,265	0	12,509,798		5.05
5.06	00590 OTHER ADMINISTRATIVES AND GENERAL	0	9,512	0	0	22,420,845	5.06
6.00	00600 MAINTENANCE & REPAIRS	0	26,872	0	0	17,748,831	6.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	0	0	0	857,740	8.00
9.00	00900 HOUSEKEEPING	0	12,561	0	0	3,291,853	9.00
10.00	01000 DIETARY	0	35,913	0	0	3,125,171	10.00
12.00	01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300 NURSING ADMINISTRATION	0	1,109	0	0	2,434,140	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	180,716	0	0	1,988,779	14.00
15.00	01500 PHARMACY	0	7,606	0	0	7,050,366	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	155	0	0	602,883	16.00
17.00	01700 SOCIAL SERVICE	0	7	0	0	613,006	17.00
19.00	01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300 PARAMED PRGM-PASTORAL CARE	0	0	0	0	374,636	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	564,622	49,310	250,615	902,678	31,339,478	30.00
31.00	03100 INTENSIVE CARE UNIT	178,053	23,558	79,062	284,659	10,094,294	31.00
40.00	04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300 NURSERY	37,833	2,009	16,799	60,485	1,638,455	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,041,952	813,510	151,565	1,665,800	18,216,483	50.00
51.00	05100 RECOVERY ROOM	163,972	2,290	24,013	262,146	2,302,003	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	93,562	12,035	40,628	149,581	3,058,939	52.00
53.00	05300 ANESTHESIOLOGY	178,063	18,316	26,345	284,675	808,993	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	814,480	72,374	46,923	1,302,134	11,446,163	54.00
56.00	03450 NUCLEAR MEDICINE - DIAGNOSTIC	116,191	34,786	5,743	185,758	1,008,041	56.00
56.01	03630 ULTRA SOUND	144,990	687	11,577	231,800	1,862,569	56.01
57.00	05700 CT SCAN	453,206	14,171	48,841	724,554	2,692,727	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	168,666	6,322	12,221	269,652	1,287,847	58.00
59.00	05900 CARDIAC CATHETERIZATION	285,542	202,356	47,360	456,505	3,399,884	59.00
60.00	06000 LABORATORY	554,277	23,666	111,306	886,140	8,269,370	60.00
60.01	06001 BLOOD LABORATORY	54,740	1,588	16,993	87,515	613,704	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.01	06201 BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	62.01
65.00	06500 RESPIRATORY THERAPY	151,724	9,644	57,993	242,566	2,932,338	65.00
66.00	06600 PHYSICAL THERAPY	97,555	1,719	22,178	155,963	3,651,397	66.00
67.00	06700 OCCUPATIONAL THERAPY	16,180	148	5,141	25,868	449,641	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	146,534	928	20,011	234,269	2,562,500	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	11,128	224	651	17,791	129,503	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	269,316	0	62,749	430,563	20,958,830	71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	364,221	0	87,833	582,292	15,424,153	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,126,610	0	242,387	1,800,864	17,085,328	73.00
76.00	03160 CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	26,028	741	294	41,611	902,250	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	219,040	16,985	483	350,186	6,905,592	90.00
90.01	09001 WOMENS HEALTH	0	0	0	0	0	90.01
90.02	09002 SPINE CENTER	0	0	0	0	0	90.02
91.00	09100 EMERGENCY	546,523	28,835	61,463	873,743	8,751,535	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0291

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

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Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
111.00	11100	ASSET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,825,008	1,613,461	1,451,174	12,509,798	238,300,267	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	91,416	190.00
194.00	07951	NONREIMBURSABLE COST CENTERS	0	189	0	0	440,946	194.00
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	7,825,008	1,613,650	1,451,174	12,509,798	238,832,629	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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To 12/31/2018

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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		5.06	6.00	8.00	9.00	10.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00540	NONPATIENT TELEPHONES					5.01	
5.02	00550	DATA PROCESSING					5.02	
5.03	00560	PURCHASING RECEIVING AND STORES					5.03	
5.04	00570	ADMINITTING					5.04	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05	
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL	22,420,845				5.06	
6.00	00600	MAINTENANCE & REPAIRS	1,838,832	19,587,663			6.00	
8.00	00800	LAUNDRY & LINEN SERVICE	88,864	64,882	1,011,486		8.00	
9.00	00900	HOUSEKEEPING	341,046	578,136	0	4,211,035	9.00	
10.00	01000	DIETARY	323,777	541,457	0	120,356	4,110,761	10.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	252,184	36,729	0	8,164	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	206,043	330,162	0	73,389	0	14.00
15.00	01500	PHARMACY	730,439	203,677	0	45,274	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	62,460	94,397	0	20,983	0	16.00
17.00	01700	SOCIAL SERVICE	63,509	6,811	0	1,514	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-PASTORAL CARE	38,813	92,883	0	20,646	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,246,800	5,666,128	790,017	1,259,473	3,210,694	30.00
31.00	03100	INTENSIVE CARE UNIT	1,045,799	1,785,719	165,678	396,931	673,329	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	169,749	173,809	55,791	38,634	226,738	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,887,282	3,068,375	0	682,042	0	50.00
51.00	05100	RECOVERY ROOM	238,494	297,166	0	66,054	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	316,915	397,466	0	88,349	0	52.00
53.00	05300	ANESTHESIOLOGY	83,814	50,453	0	11,215	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,185,857	963,695	0	214,211	0	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	104,436	87,737	0	19,502	0	56.00
56.01	03630	ULTRA SOUND	192,968	310,637	0	69,049	0	56.01
57.00	05700	CT SCAN	278,975	221,739	0	49,288	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	133,425	122,398	0	27,207	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	352,238	761,733	0	169,319	0	59.00
60.00	06000	LABORATORY	856,732	449,381	0	99,889	0	60.00
60.01	06001	BLOOD LABORATORY	63,582	19,071	0	4,239	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	303,799	15,136	0	3,364	0	65.00
66.00	06600	PHYSICAL THERAPY	378,296	240,861	0	53,539	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	46,584	20,181	0	4,486	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	265,483	295,249	0	65,628	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	13,417	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,171,398	0	0	0	0	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,597,989	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,770,091	0	0	0	0	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	93,476	272,696	0	60,615	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	715,440	1,077,062	0	239,410	0	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	0	90.01
90.02	09002	SPI NE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	906,685	1,138,311	0	253,025	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		OTHER ADMINISTRATIVE S AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00	
111.00	11100	0	0	0	0	0	111.00
118.00		22,365,691	19,384,137	1,011,486	4,165,795	4,110,761	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	9,471	92,026	0	20,456	0	190.00
194.00	07951	45,683	111,500	0	24,784	0	194.00
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		22,420,845	19,587,663	1,011,486	4,211,035	4,110,761	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		12.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600						6.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
12.00	01200	0					12.00
13.00	01300	0	2,731,217				13.00
14.00	01400	0	18,102	2,616,475			14.00
15.00	01500	0	0	9,099	8,038,855		15.00
16.00	01600	0	663	0	0	781,386	16.00
17.00	01700	0	25,939	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	1,181,394	72,904	84,846	56,406	30.00
31.00	03100	0	360,839	37,534	35,120	17,787	31.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	47,687	2,613	982	3,780	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	463,855	1,422,460	104,229	104,091	50.00
51.00	05100	0	63,018	3,732	3,332	16,381	51.00
52.00	05200	0	103,336	19,254	13,046	9,347	52.00
53.00	05300	0	16,757	31,818	18,516	17,788	53.00
54.00	05400	0	66,534	122,373	94,262	81,366	54.00
56.00	03450	0	0	62,386	7,311	11,607	56.00
56.01	03630	0	0	1,147	4	14,484	56.01
57.00	05700	0	0	25,027	15,760	45,275	57.00
58.00	05800	0	0	11,235	2,559	16,850	58.00
59.00	05900	0	32,122	361,026	13,787	28,526	59.00
60.00	06000	0	0	42,454	0	55,372	60.00
60.01	06001	0	0	2,848	0	5,469	60.01
62.00	06200	0	0	0	0	0	62.00
62.01	06201	0	0	0	0	0	62.01
65.00	06500	0	1,204	16,433	0	15,157	65.00
66.00	06600	0	3,043	2,198	56	9,746	66.00
67.00	06700	0	0	229	0	1,616	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	40,484	762	1,224	14,639	69.00
70.00	07000	0	0	399	0	1,112	70.00
71.00	07100	0	0	294,540	31,188	26,905	71.00
71.30	07101	0	0	0	0	0	71.30
72.00	07200	0	0	0	0	36,386	72.00
73.00	07300	0	0	0	7,452,740	112,216	73.00
76.00	03160	0	0	0	0	0	76.00
76.97	07697	0	5,873	728	0	2,600	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	42,419	25,553	19,778	21,882	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	0	0	0	0	90.02
91.00	09100	0	257,946	47,722	140,115	54,598	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		12.00	13.00	14.00	15.00	16.00	
111.00	11100	0	0	0	0	0	111.00
118.00		0	2,731,215	2,616,474	8,038,855	781,386	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
194.00	07951	0	2	1	0	0	194.00
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		0	2,731,217	2,616,475	8,038,855	781,386	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	INTERNS & RESIDENTS					
	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
	17.00	19.00	20.00	21.00	22.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVES AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE	710,779					17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0				19.00
20.00 02000 NURSING SCHOOL	0		0			20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0			0		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0				0	22.00
23.00 02300 PARAMED ED PRGM-PASTORAL CARE	0					23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	555,152	0	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	116,423	0	0	0	0	31.00
40.00 04000 SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	39,204	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.00
56.01 03630 ULTRA SOUND	0	0	0	0	0	56.01
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.01 06201 BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	62.01
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
71.30 07101 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00 03160 CARDIOPULMONARY	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 WOMENS HEALTH	0	0	0	0	0	90.01
90.02 09002 SPINE CENTER	0	0	0	0	0	90.02
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS			
				SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
				17.00	19.00		20.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	710,779	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00 07951	NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00	Cross Foot Adjustments		0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	710,779	0	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0291	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part I Date/Time Prepared: 5/29/2019 2:57 pm
Cost Center	Description	PARAMED PRGM-PASTORAL CARE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
		23.00	24.00	25.00	26.00
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	00540	NONPATIENT TELEPHONES			5.01
5.02	00550	DATA PROCESSING			5.02
5.03	00560	PURCHASING RECEIVING AND STORES			5.03
5.04	00570	ADMITTING			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL			5.06
6.00	00600	MAINTENANCE & REPAIRS			6.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
12.00	01200	MAINTENANCE OF PERSONNEL			12.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
20.00	02000	NURSING SCHOOL			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
23.00	02300	PARAMED PRGM-PASTORAL CARE	526,978		23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	298,669	47,761,961	30.00
31.00	03100	INTENSIVE CARE UNIT	14,359	14,743,812	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IPF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	113,437	2,510,879	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	25,948,817	50.00
51.00	05100	RECOVERY ROOM	0	2,990,180	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,006,652	52.00
53.00	05300	ANESTHESIOLOGY	0	1,039,354	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,231	14,191,692	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	1,301,020	56.00
56.01	03630	ULTRA SOUND	0	2,450,858	56.01
57.00	05700	CT SCAN	0	3,328,791	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,601,521	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	5,118,635	59.00
60.00	06000	LABORATORY	0	9,773,198	60.00
60.01	06001	BLOOD LABORATORY	0	708,913	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	0	3,287,431	65.00
66.00	06600	PHYSICAL THERAPY	0	4,339,136	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	522,737	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,245,969	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	144,431	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	23,482,861	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	17,058,528	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	26,420,375	73.00
76.00	03160	CARDIOPULMONARY	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,338,238	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	38,769	9,085,905	90.00
90.01	09001	WOMENS HEALTH	0	0	90.01
90.02	09002	SPI NE CENTER	0	0	90.02
91.00	09100	EMERGENCY	44,513	11,594,450	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	101.00

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Cost Center Description		PARAMED ED PRGM-PASTORAL CARE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.00	24.00	25.00	26.00	
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	526,978	237,996,344	0	237,996,344
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	213,369	0	213,369
194.00	07951	NONREIMBURSABLE COST CENTERS	0	622,916	0	622,916
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	526,978	238,832,629	0	238,832,629

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0291

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	17,541	12,811	30,352	30,352 4.00
5.01 00540	NONPATIENT TELEPHONES	0	153,187	111,881	265,068	87 5.01
5.02 00550	DATA PROCESSING	0	77,356	56,497	133,853	0 5.02
5.03 00560	PURCHASING RECEIVING AND STORES	0	139,337	101,765	241,102	173 5.03
5.04 00570	ADMITTING	0	49,922	36,460	86,382	391 5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	38,076	27,809	65,885	179 5.05
5.06 00590	OTHER ADMINISTRATIVES AND GENERAL	0	1,082,099	790,314	1,872,413	3,008 5.06
6.00 00600	MAINTENANCE & REPAIRS	0	4,767,367	3,481,863	8,249,230	545 6.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	34,386	25,114	59,500	7 8.00
9.00 00900	HOUSEKEEPING	0	306,402	223,782	530,184	636 9.00
10.00 01000	DIETARY	0	286,962	209,584	496,546	667 10.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	0	19,466	14,217	33,683	660 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	174,980	127,797	302,777	214 14.00
15.00 01500	PHARMACY	0	107,945	78,838	186,783	1,446 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	50,029	36,539	86,568	78 16.00
17.00 01700	SOCIAL SERVICE	0	3,610	2,636	6,246	176 17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0 22.00
23.00 02300	PARAMED ED PRGM-PASTORAL CARE	0	49,226	35,953	85,179	77 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	3,002,945	2,193,211	5,196,156	6,954 30.00
31.00 03100	INTENSIVE CARE UNIT	0	946,399	691,205	1,637,604	1,850 31.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	0	92,116	67,277	159,393	391 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	1,626,183	1,187,688	2,813,871	3,010 50.00
51.00 05100	RECOVERY ROOM	0	157,492	115,025	272,517	455 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	210,650	153,849	364,499	678 52.00
53.00 05300	ANESTHESIOLOGY	0	26,739	19,529	46,268	59 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	510,741	373,021	883,762	1,907 54.00
56.00 03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	46,499	33,961	80,460	166 56.00
56.01 03630	ULTRA SOUND	0	164,632	120,239	284,871	343 56.01
57.00 05700	CT SCAN	0	117,518	85,829	203,347	350 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	64,869	47,377	112,246	204 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	403,705	294,847	698,552	452 59.00
60.00 06000	LABORATORY	0	238,164	173,944	412,108	0 60.00
60.01 06001	BLOOD LABORATORY	0	10,107	7,382	17,489	0 60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0 62.00
62.01 06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0 62.01
65.00 06500	RESPIRATORY THERAPY	0	8,022	5,859	13,881	697 65.00
66.00 06600	PHYSICAL THERAPY	0	127,652	93,231	220,883	885 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	10,696	7,812	18,508	111 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00 06900	ELECTROCARDIOLOGY	0	156,476	114,283	270,759	459 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	29 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
71.30 07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 71.30
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
76.00 03160	CARDIOPULMONARY	0	0	0	0	0 76.00
76.97 07697	CARDIAC REHABILITATION	0	144,524	105,554	250,078	166 76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	0	570,823	416,903	987,726	1,136 90.00
90.01 09001	WOMENS HEALTH	0	0	0	0	0 90.01
90.02 09002	SPINE CENTER	0	0	0	0	0 90.02
91.00 09100	EMERGENCY	0	603,284	440,611	1,043,895	1,662 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	0 99.10
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0 101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0291

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

Worksheet B
Part II
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	2.00			
SPECIAL PURPOSE COST CENTERS						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	16,598,127	12,122,497	28,720,624	30,308
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	48,772	35,621	84,393	1
194.00 07951	NONREIMBURSABLE COST CENTERS	0	59,093	43,159	102,252	43
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	0	16,705,992	12,201,277	28,907,269	30,352

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0291		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/29/2019 2:57 pm	
Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	265,155					5.01
5.02	00550	DATA PROCESSING	0	133,853				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	1,518	0	242,793			5.03
5.04	00570	ADMINISTRATIVE	3,432	0	82	90,287		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,568	0	341	0	67,973	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	26,371	0	1,431	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	4,778	0	4,044	0	0	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	62	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	5,576	0	1,890	0	0	9.00
10.00	01000	DIETARY	5,851	0	5,404	0	0	10.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	5,782	0	167	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,876	0	27,193	0	0	14.00
15.00	01500	PHARMACY	12,672	0	1,144	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	685	0	23	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,545	0	1	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-PASTORAL CARE	674	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	60,799	9,684	7,420	15,610	4,905	30.00
31.00	03100	INTENSIVE CARE UNIT	16,214	3,054	3,545	4,918	1,547	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	3,425	649	302	1,045	329	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	26,384	17,871	122,393	9,428	9,051	50.00
51.00	05100	RECOVERY ROOM	3,992	2,812	345	1,494	1,424	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,944	1,605	1,811	2,527	813	52.00
53.00	05300	ANESTHESIOLOGY	515	3,054	2,756	1,639	1,547	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,720	13,969	10,891	2,919	7,075	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,455	1,993	5,234	357	1,009	56.00
56.01	03630	ULTRA SOUND	3,003	2,487	103	720	1,260	56.01
57.00	05700	CT SCAN	3,067	7,773	2,132	3,038	3,937	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,789	2,893	951	760	1,465	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,964	4,897	30,449	2,946	2,480	59.00
60.00	06000	LABORATORY	0	9,506	3,561	6,923	4,815	60.00
60.01	06001	BLOOD LABORATORY	0	939	239	1,057	476	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	6,112	2,602	1,451	3,607	1,318	65.00
66.00	06600	PHYSICAL THERAPY	7,758	1,673	259	1,380	847	66.00
67.00	06700	OCCUPATIONAL THERAPY	975	278	22	320	141	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,028	2,513	140	1,245	1,273	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	253	191	34	40	97	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,619	0	3,903	2,340	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	6,247	0	5,463	3,164	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	18,968	0	15,077	9,783	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,455	446	112	18	226	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	9,955	3,757	2,556	30	1,903	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	0	90.01
90.02	09002	SPINE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	14,571	9,373	4,339	3,823	4,748	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0291

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
		5.01	5.02	5.03	5.04	5.05	
111.00	11100	0	0	0	0	0	111.00
118.00		264,768	133,853	242,765	90,287	67,973	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	7	0	0	0	0	190.00
194.00	07951	380	0	28	0	0	194.00
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		265,155	133,853	242,793	90,287	67,973	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0291	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/29/2019 2:57 pm		
Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMINITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL	1,903,223				5.06
6.00	00600	MAINTENANCE & REPAIRS	156,083	8,414,680			6.00
8.00	00800	LAUNDRY & LINEN SERVICE	7,543	27,873	94,985		8.00
9.00	00900	HOUSEKEEPING	28,949	248,362	0	815,597	9.00
10.00	01000	DIETARY	27,483	232,605	0	23,311	791,867
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	21,406	15,779	0	1,581	0
14.00	01400	CENTRAL SERVICES & SUPPLY	17,489	141,834	0	14,214	0
15.00	01500	PHARMACY	62,001	87,498	0	8,769	0
16.00	01600	MEDICAL RECORDS & LIBRARY	5,302	40,552	0	4,064	0
17.00	01700	SOCIAL SERVICE	5,391	2,926	0	293	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED PRGM-PASTORAL CARE	3,295	39,902	0	3,999	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	275,695	2,434,115	74,188	243,936	618,485
31.00	03100	INTENSIVE CARE UNIT	88,769	767,128	15,558	76,878	129,705
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	14,409	74,667	5,239	7,483	43,677
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	160,196	1,318,146	0	132,098	0
51.00	05100	RECOVERY ROOM	20,244	127,660	0	12,793	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	26,900	170,748	0	17,112	0
53.00	05300	ANESTHESIOLOGY	7,114	21,674	0	2,172	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	100,658	413,994	0	41,489	0
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	8,865	37,691	0	3,777	0
56.01	03630	ULTRA SOUND	16,379	133,447	0	13,373	0
57.00	05700	CT SCAN	23,680	95,257	0	9,546	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	11,325	52,581	0	5,269	0
59.00	05900	CARDIAC CATHETERIZATION	29,899	327,234	0	32,794	0
60.00	06000	LABORATORY	72,721	193,050	0	19,347	0
60.01	06001	BLOOD LABORATORY	5,397	8,193	0	821	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	25,787	6,502	0	652	0
66.00	06600	PHYSICAL THERAPY	32,110	103,472	0	10,369	0
67.00	06700	OCCUPATIONAL THERAPY	3,954	8,670	0	869	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	22,535	126,836	0	12,711	0
70.00	07000	ELECTROENCEPHALOGRAPHY	1,139	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	184,312	0	0	0	0
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	135,640	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	150,248	0	0	0	0
76.00	03160	CARDIOPULMONARY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	7,934	117,148	0	11,740	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	60,728	462,696	0	46,369	0
90.01	09001	WOMENS HEALTH	0	0	0	0	0
90.02	09002	SPINE CENTER	0	0	0	0	0
91.00	09100	EMERGENCY	76,961	489,008	0	49,006	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0291			Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/29/2019 2:57 pm	
Cost Center Description			OTHER ADMINISTRATIVE S AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00		
111.00	11100	ASSET ACQUISITION	0	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,898,541	8,327,248	94,985	806,835	791,867		118.00
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	804	39,533	0	3,962	0	0	190.00
194.00	07951	NONREIMBURSABLE COST CENTERS	3,878	47,899	0	4,800	0	0	194.00
200.00		Cross Foot Adjustments							200.00
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,903,223	8,414,680	94,985	815,597	791,867		202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0291	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/29/2019 2:57 pm		
Cost Center Description			MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
			12.00	13.00	14.00	15.00	16.00
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMINITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
12.00	01200	MAINTENANCE OF PERSONNEL	0				12.00
13.00	01300	NURSING ADMINISTRATION	0	79,058			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	524	506,121		14.00
15.00	01500	PHARMACY	0	0	1,760	362,073	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	19	0	0	137,291
17.00	01700	SOCIAL SERVICE	0	751	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED PRGM-PASTORAL CARE	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	34,197	14,102	3,821	9,935
31.00	03100	INTENSIVE CARE UNIT	0	10,445	7,260	1,582	3,133
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	1,380	505	44	666
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	13,427	275,159	4,694	18,335
51.00	05100	RECOVERY ROOM	0	1,824	722	150	2,885
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,991	3,724	588	1,646
53.00	05300	ANESTHESIOLOGY	0	485	6,155	834	3,133
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,926	23,671	4,246	14,332
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	12,068	329	2,045
56.01	03630	ULTRA SOUND	0	0	222	0	2,551
57.00	05700	CT SCAN	0	0	4,841	710	7,975
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	2,173	115	2,968
59.00	05900	CARDIAC CATHETERIZATION	0	930	69,835	621	5,025
60.00	06000	LABORATORY	0	0	8,212	0	9,753
60.01	06001	BLOOD LABORATORY	0	0	551	0	963
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	35	3,179	0	2,670
66.00	06600	PHYSICAL THERAPY	0	88	425	3	1,717
67.00	06700	OCCUPATIONAL THERAPY	0	0	44	0	285
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	1,172	147	55	2,579
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	77	0	196
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	56,974	1,405	4,739
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	6,409
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	335,674	19,422
76.00	03160	CARDIOPULMONARY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	170	141	0	458
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	1,228	4,943	891	3,854
90.01	09001	WOMENS HEALTH	0	0	0	0	0
90.02	09002	SPINE CENTER	0	0	0	0	0
91.00	09100	EMERGENCY	0	7,466	9,231	6,311	9,617
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0291

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2019 2:57 pm

Cost Center Description		MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		12.00	13.00	14.00	15.00	16.00	
111.00	11100	0	0	0	0	0	111.00
118.00		0	79,058	506,121	362,073	137,291	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
194.00	07951	0	0	0	0	0	194.00
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		0	79,058	506,121	362,073	137,291	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0291	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/29/2019 2:57 pm			
Cost Center Description		SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		
		17.00	19.00	20.00	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	21.00
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMINISTRATIVE					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE	17,329				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0			19.00
20.00	02000	NURSING SCHOOL	0		0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0			0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0				22.00
23.00	02300	PARAMED ED PRGM-PASTORAL CARE	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	13,535				30.00
31.00	03100	INTENSIVE CARE UNIT	2,838				31.00
40.00	04000	SUBPROVIDER - I PF	0				40.00
41.00	04100	SUBPROVIDER - I RF	0				41.00
42.00	04200	SUBPROVIDER	0				42.00
43.00	04300	NURSERY	956				43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0				50.00
51.00	05100	RECOVERY ROOM	0				51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0				52.00
53.00	05300	ANESTHESIOLOGY	0				53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0				54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0				56.00
56.01	03630	ULTRA SOUND	0				56.01
57.00	05700	CT SCAN	0				57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0				58.00
59.00	05900	CARDIAC CATHETERIZATION	0				59.00
60.00	06000	LABORATORY	0				60.00
60.01	06001	BLOOD LABORATORY	0				60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0				62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0				62.01
65.00	06500	RESPIRATORY THERAPY	0				65.00
66.00	06600	PHYSICAL THERAPY	0				66.00
67.00	06700	OCCUPATIONAL THERAPY	0				67.00
68.00	06800	SPEECH PATHOLOGY	0				68.00
69.00	06900	ELECTROCARDIOLOGY	0				69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0				70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0				71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0				71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0				72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0				73.00
76.00	03160	CARDIOPULMONARY	0				76.00
76.97	07697	CARDIAC REHABILITATION	0				76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0				89.00
90.00	09000	CLINIC	0				90.00
90.01	09001	WOMENS HEALTH	0				90.01
90.02	09002	SPI NE CENTER	0				90.02
91.00	09100	EMERGENCY	0				91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0				92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0				99.10
101.00	10100	HOME HEALTH AGENCY	0				101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0				109.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0291

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2019 2:57 pm

Cost Center Description	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
				17.00	19.00	
110.00 11000 INTESTINAL ACQUISITION	0					110.00
111.00 11100 ISLET ACQUISITION	0					111.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	17,329	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0					190.00
194.00 07951 NONREIMBURSABLE COST CENTERS	0					194.00
200.00 Cross Foot Adjustments		0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	17,329	0	0	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0291	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/29/2019 2:57 pm	
Cost Center	Description	PARAMED PRGM-PASTORAL CARE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	NONPATIENT TELEPHONES				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00560	PURCHASING RECEIVING AND STORES				5.03
5.04	00570	ADMITTING				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00	02300	PARAMED PRGM-PASTORAL CARE	133,126			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	9,023,537	0	9,023,537	30.00
31.00	03100	INTENSIVE CARE UNIT	2,772,028	0	2,772,028	31.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	42.00
43.00	04300	NURSERY	314,560	0	314,560	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,924,063	0	4,924,063	50.00
51.00	05100	RECOVERY ROOM	449,317	0	449,317	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	601,586	0	601,586	52.00
53.00	05300	ANESTHESIOLOGY	97,405	0	97,405	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,537,559	0	1,537,559	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	155,449	0	155,449	56.00
56.01	03630	ULTRA SOUND	458,759	0	458,759	56.01
57.00	05700	CT SCAN	365,653	0	365,653	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	194,739	0	194,739	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,210,078	0	1,210,078	59.00
60.00	06000	LABORATORY	739,996	0	739,996	60.00
60.01	06001	BLOOD LABORATORY	36,125	0	36,125	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	68,493	0	68,493	65.00
66.00	06600	PHYSICAL THERAPY	381,869	0	381,869	66.00
67.00	06700	OCCUPATIONAL THERAPY	34,177	0	34,177	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	446,452	0	446,452	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,056	0	2,056	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	258,292	0	258,292	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	156,923	0	156,923	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	549,172	0	549,172	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	390,092	0	390,092	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	1,587,772	0	1,587,772	90.00
90.01	09001	WOMENS HEALTH	0	0	0	90.01
90.02	09002	SPI NE CENTER	0	0	0	90.02
91.00	09100	EMERGENCY	1,730,011	0	1,730,011	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0291		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/29/2019 2:57 pm	
Cost Center Description			PARAMED ED PRGM-PASTORAL CARE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.00	24.00	25.00	26.00		
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION		0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION		0	0	0		110.00
111.00	11100	ISLET ACQUISITION		0	0	0		111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	28,486,163	0	28,486,163		118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		128,700	0	128,700		190.00
194.00	07951	NONREIMBURSABLE COST CENTERS		159,280	0	159,280		194.00
200.00		Cross Foot Adjustments	133,126	133,126	0	133,126		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	133,126	28,907,269	0	28,907,269		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0291

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

Worksheet B-1

Date/Time Prepared:
5/29/2019 2:57 pm

Cost Center Description	CAPITAL RELATED COSTS					DATA PROCESSING (GROSS REVENUES)
	NEW BLDG & FIXT (BLDG SQFT)	NEW MVBLE EQUIP (BLDG SQFT)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (GROSS SALARIES)		
	1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	624,781					1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		624,781				2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	656	656	77,989,334			4.00
5.01 00540 NONPATIENT TELEPHONES	5,729	5,729	224,371	77,764,963		5.01
5.02 00550 DATA PROCESSING	2,893	2,893	0	0	871,488,300	5.02
5.03 00560 PURCHASING RECEIVING AND STORES	5,211	5,211	445,254	445,254	0	5.03
5.04 00570 ADMINISTRATION	1,867	1,867	1,006,395	1,006,395	0	5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	1,424	1,424	459,838	459,838	0	5.05
5.06 00590 OTHER ADMINISTRATIVES AND GENERAL	40,469	40,469	7,733,513	7,733,513	0	5.06
6.00 00600 MAINTENANCE & REPAIRS	178,293	178,293	1,401,107	1,401,107	0	6.00
8.00 00800 LAUNDRY & LINEN SERVICE	1,286	1,286	18,305	18,305	0	8.00
9.00 00900 HOUSEKEEPING	11,459	11,459	1,635,267	1,635,267	0	9.00
10.00 01000 DIETARY	10,732	10,732	1,715,903	1,715,903	0	10.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	728	728	1,695,665	1,695,665	0	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	6,544	6,544	550,092	550,092	0	14.00
15.00 01500 PHARMACY	4,037	4,037	3,716,257	3,716,257	0	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,871	1,871	200,774	200,774	0	16.00
17.00 01700 SOCIAL SERVICE	135	135	453,163	453,163	0	17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-PASTORAL CARE	1,841	1,841	197,543	197,543	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	112,306	112,306	17,836,447	17,836,447	62,882,466	30.00
31.00 03100 INTENSIVE CARE UNIT	35,394	35,394	4,754,718	4,754,718	19,829,962	31.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	3,445	3,445	1,004,425	1,004,425	4,213,490	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	60,817	60,817	7,737,172	7,737,172	116,043,214	50.00
51.00 05100 RECOVERY ROOM	5,890	5,890	1,170,729	1,170,729	18,261,679	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	7,878	7,878	1,743,024	1,743,024	10,420,125	52.00
53.00 05300 ANESTHESIOLOGY	1,000	1,000	150,900	150,900	19,831,100	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	19,101	19,101	4,903,367	4,903,367	90,709,438	54.00
56.00 03450 NUCLEAR MEDICINE - DIAGNOSTIC	1,739	1,739	426,783	426,783	12,940,284	56.00
56.01 03630 ULTRA SOUND	6,157	6,157	880,668	880,668	16,147,654	56.01
57.00 05700 CT SCAN	4,395	4,395	899,406	899,406	50,473,972	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	2,426	2,426	524,660	524,660	18,784,548	58.00
59.00 05900 CARDIAC CATHETERIZATION	15,098	15,098	1,162,552	1,162,552	31,801,116	59.00
60.00 06000 LABORATORY	8,907	8,907	0	0	61,730,400	60.00
60.01 06001 BLOOD LABORATORY	378	378	0	0	6,096,457	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.01 06201 BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	62.01
65.00 06500 RESPIRATORY THERAPY	300	300	1,792,332	1,792,332	16,897,684	65.00
66.00 06600 PHYSICAL THERAPY	4,774	4,774	2,275,120	2,275,120	10,864,745	66.00
67.00 06700 OCCUPATIONAL THERAPY	400	400	285,812	285,812	1,802,009	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	5,852	5,852	1,181,230	1,181,230	16,319,670	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	74,295	74,295	1,239,365	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	29,993,952	71.00
71.30 07101 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	40,563,699	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	125,481,069	73.00
76.00 03160 CARDIOPULMONARY	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	5,405	5,405	426,548	426,548	2,898,732	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	21,348	21,348	2,919,340	2,919,340	24,394,675	90.00
90.01 09001 WOMENS HEALTH	0	0	0	0	0	90.01
90.02 09002 SPINE CENTER	0	0	0	0	0	90.02
91.00 09100 EMERGENCY	22,562	22,562	4,273,049	4,273,049	60,866,795	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0291

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

Worksheet B-1

Date/Time Prepared:
5/29/2019 2:57 pm

Cost Center Description	CAPITAL RELATED COSTS					
	NEW BLDG & FIXT (BLDG SQFT)	NEW MVBLE EQUIP (BLDG SQFT)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (GROSS SALARIES)	DATA PROCESSING (GROSS REVENUES)	
	1.00	2.00	4.00	5.01	5.02	
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	620,747	620,747	77,876,024	77,651,653	871,488,300	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,824	1,824	1,958	1,958	0	190.00
194.00 07951 NONREIMBURSABLE COST CENTERS	2,210	2,210	111,352	111,352	0	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	16,705,992	12,201,277	19,408,764	1,235,248	7,825,008	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	26.738957	19.528886	0.248864	0.015884	0.008979	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			30,352	265,155	133,853	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000389	0.003410	0.000154	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: 14-0291

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

Worksheet B-1

Date/Time Prepared:
5/29/2019 2:57 pm

Cost Center Description			PURCHASING RECEIVING AND STORES (SUPPLY \$)	ADMITTING (IP REVENUES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES	38,189,848					5.03
5.04	00570	ADMITTING	12,843	364,000,871				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	53,610	0	871,488,300			5.05
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL	225,109	0	0	-22,420,845	216,411,784	5.06
6.00	00600	MAINTENANCE & REPAIRS	635,980	0	0	0	17,748,831	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	857,740	8.00
9.00	00900	HOUSEKEEPING	297,290	0	0	0	3,291,853	9.00
10.00	01000	DIETARY	849,960	0	0	0	3,125,171	10.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	26,245	0	0	0	2,434,140	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,276,992	0	0	0	1,988,779	14.00
15.00	01500	PHARMACY	180,003	0	0	0	7,050,366	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,671	0	0	0	602,883	16.00
17.00	01700	SOCIAL SERVICE	163	0	0	0	613,006	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-PASTORAL CARE	0	0	0	0	374,636	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,167,015	62,882,466	62,882,466	0	31,339,478	30.00
31.00	03100	INTENSIVE CARE UNIT	557,555	19,829,962	19,829,962	0	10,094,294	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	47,538	4,213,490	4,213,490	0	1,638,455	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	19,252,950	38,014,825	116,043,214	0	18,216,483	50.00
51.00	05100	RECOVERY ROOM	54,208	6,022,872	18,261,679	0	2,302,003	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	284,825	10,190,078	10,420,125	0	3,058,939	52.00
53.00	05300	ANESTHESIOLOGY	433,493	6,607,815	19,831,100	0	808,993	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,712,882	11,769,026	90,709,438	0	11,446,163	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	823,280	1,440,324	12,940,284	0	1,008,041	56.00
56.01	03630	ULTRA SOUND	16,264	2,903,772	16,147,654	0	1,862,569	56.01
57.00	05700	CT SCAN	335,376	12,250,002	50,473,972	0	2,692,727	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	149,634	3,065,208	18,784,548	0	1,287,847	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,789,161	11,878,491	31,801,116	0	3,399,884	59.00
60.00	06000	LABORATORY	560,093	27,917,249	61,730,400	0	8,269,370	60.00
60.01	06001	BLOOD LABORATORY	37,573	4,262,108	6,096,457	0	613,704	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	228,237	14,545,404	16,897,684	0	2,932,338	65.00
66.00	06600	PHYSICAL THERAPY	40,683	5,562,624	10,864,745	0	3,651,397	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,504	1,289,558	1,802,009	0	449,641	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	21,972	5,019,130	16,319,670	0	2,562,500	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,299	163,255	1,239,365	0	129,503	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	15,738,284	29,993,952	0	20,958,830	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	22,029,903	40,563,699	0	15,424,153	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	60,794,303	125,481,069	0	17,085,328	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	17,542	73,672	2,898,732	0	902,250	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	401,979	121,169	24,394,675	0	6,905,592	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	0	90.01
90.02	09002	SPINE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	682,443	15,415,881	60,866,795	0	8,751,535	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0291

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

Worksheet B-1

Date/Time Prepared:
5/29/2019 2:57 pm

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLY \$)	ADMITTING (IP REVENUES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUES)	Reconciliation	OTHER ADMINISTRATIVE S AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	38,185,372	364,000,871	871,488,300	-22,420,845	215,879,422
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	91,416	190.00
194.00	07951	NONREIMBURSABLE COST CENTERS	4,476	0	0	440,946	194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,613,650	1,451,174	12,509,798	22,420,845	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.042253	0.003987	0.014355	0.103603	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	242,793	90,287	67,973	1,903,223	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.006358	0.000248	0.000078	0.008794	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: 14-0291		Period: From 01/01/2018 To 12/31/2018		Worksheet B-1	
Date/Time Prepared: 5/29/2019 2:57 pm							
Cost Center Description	MAINTENANCE & REPAIRS (BLDG SQFT)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (BLDG SQFT)	DIETARY (PATIENT DAYS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)		
	6.00	8.00	9.00	10.00	12.00		
GENERAL SERVICE COST CENTERS							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540	NONPATIENT TELEPHONES						5.01
5.02 00550	DATA PROCESSING						5.02
5.03 00560	PURCHASING RECEIVING AND STORES						5.03
5.04 00570	ADMINISTRATIVE						5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590	OTHER ADMINISTRATIVES AND GENERAL						5.06
6.00 00600	MAINTENANCE & REPAIRS	388,239					6.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,286	40,013				8.00
9.00 00900	HOUSEKEEPING	11,459	0	375,494			9.00
10.00 01000	DIETARY	10,732	0	10,732	40,013		10.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	728	0	728	0	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	6,544	0	6,544	0	0	14.00
15.00 01500	PHARMACY	4,037	0	4,037	0	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,871	0	1,871	0	0	16.00
17.00 01700	SOCIAL SERVICE	135	0	135	0	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300	PARAMEDICAL PRGM-PASTORAL CARE	1,841	0	1,841	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	112,306	31,252	112,306	31,252	0	30.00
31.00 03100	INTENSIVE CARE UNIT	35,394	6,554	35,394	6,554	0	31.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300	NURSERY	3,445	2,207	3,445	2,207	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	60,817	0	60,817	0	0	50.00
51.00 05100	RECOVERY ROOM	5,890	0	5,890	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	7,878	0	7,878	0	0	52.00
53.00 05300	ANESTHESIOLOGY	1,000	0	1,000	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	19,101	0	19,101	0	0	54.00
56.00 03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,739	0	1,739	0	0	56.00
56.01 03630	ULTRA SOUND	6,157	0	6,157	0	0	56.01
57.00 05700	CT SCAN	4,395	0	4,395	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	2,426	0	2,426	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	15,098	0	15,098	0	0	59.00
60.00 06000	LABORATORY	8,907	0	8,907	0	0	60.00
60.01 06001	BLOOD LABORATORY	378	0	378	0	0	60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.01 06201	BLOOD CLOTTING FACTORS ADMIN COST	0	0	0	0	0	62.01
65.00 06500	RESPIRATORY THERAPY	300	0	300	0	0	65.00
66.00 06600	PHYSICAL THERAPY	4,774	0	4,774	0	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	400	0	400	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	5,852	0	5,852	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
71.30 07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00 03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	5,405	0	5,405	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000	CLINIC	21,348	0	21,348	0	0	90.00
90.01 09001	WOMENS HEALTH	0	0	0	0	0	90.01
90.02 09002	SPINE CENTER	0	0	0	0	0	90.02
91.00 09100	EMERGENCY	22,562	0	22,562	0	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10 09910	CORF	0	0	0	0	0	99.10
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0291

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

Worksheet B-1

Date/Time Prepared:
5/29/2019 2:57 pm

Cost Center Description		MAINTENANCE & REPAIRS (BLDG SQFT)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (BLDG SQFT)	DIETARY (PATIENT DAYS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		6.00	8.00	9.00	10.00	12.00	
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
118.00		384,205	40,013	371,460	40,013	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	1,824	0	1,824	0	0	190.00
194.00	07951	2,210	0	2,210	0	0	194.00
200.00							200.00
201.00							201.00
202.00		19,587,663	1,011,486	4,211,035	4,110,761	0	202.00
203.00		50.452590	25.278934	11.214653	102.735636	0.000000	203.00
204.00		8,414,680	94,985	815,597	791,867	0	204.00
205.00		21.673969	2.373853	2.172064	19.790243	0.000000	205.00
206.00							206.00
207.00							207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0291

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

Worksheet B-1

Date/Time Prepared:
5/29/2019 2:57 pm

Cost Center Description			NURSING ADMINISTRATION (NURS. HOURS)	CENTRAL SERVICES & SUPPLY (MED SUPPLY \$)	PHARMACY (DRUG \$)	MEDICAL RECORDS & LIBRARY (GROSS REVENUES)	SOCIAL SERVICE (PATIENT DAYS)	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION	1,202,688					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,971	34,519,033				14.00
15.00	01500	PHARMACY	0	120,043	14,918,297			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	292	0	0	871,488,300		16.00
17.00	01700	SOCIAL SERVICE	11,422	0	0	0	40,013	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-PASTORAL CARE	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	520,226	961,818	157,454	62,882,466	31,252	30.00
31.00	03100	INTENSIVE CARE UNIT	158,895	495,183	65,174	19,829,962	6,554	31.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	20,999	34,476	1,823	4,213,490	2,207	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	204,258	18,766,445	193,426	116,043,214	0	50.00
51.00	05100	RECOVERY ROOM	27,750	49,242	6,183	18,261,679	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	45,504	254,015	24,211	10,420,125	0	52.00
53.00	05300	ANESTHESIOLOGY	7,379	419,778	34,362	19,831,100	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	29,298	1,614,465	174,928	90,709,438	0	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	823,059	13,568	12,940,284	0	56.00
56.01	03630	ULTRA SOUND	0	15,129	8	16,147,654	0	56.01
57.00	05700	CT SCAN	0	330,177	29,247	50,473,972	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	148,217	4,748	18,784,548	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,145	4,763,001	25,586	31,801,116	0	59.00
60.00	06000	LABORATORY	0	560,093	0	61,730,400	0	60.00
60.01	06001	BLOOD LABORATORY	0	37,573	0	6,096,457	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	530	216,803	0	16,897,684	0	65.00
66.00	06600	PHYSICAL THERAPY	1,340	28,994	104	10,864,745	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,018	0	1,802,009	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	17,827	10,053	2,272	16,319,670	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,268	0	1,239,365	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,885,849	57,878	29,993,952	0	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	40,563,699	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	13,830,600	125,481,069	0	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	2,586	9,603	0	2,898,732	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	18,679	337,122	36,704	24,394,675	0	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	0	90.01
90.02	09002	SPI NE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	113,586	629,595	260,021	60,866,795	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0291

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

Worksheet B-1

Date/Time Prepared:
5/29/2019 2:57 pm

Cost Center Description		NURSING ADMINISTRATION (NURS. HOURS)	CENTRAL SERVICES & SUPPLY (MED SUPPLY \$)	PHARMACY (DRUG \$)	MEDICAL RECORDS & LIBRARY (GROSS REVENUES)	SOCIAL SERVICE (PATIENT DAYS)	
		13.00	14.00	15.00	16.00	17.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,202,687	34,519,019	14,918,297	871,488,300	40,013
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07951	NONREIMBURSABLE COST CENTERS	1	14	0	0	194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,731,217	2,616,475	8,038,855	781,386	710,779
203.00		Unit cost multiplier (Wkst. B, Part I)	2.270927	0.075798	0.538859	0.000897	17.763702
204.00		Cost to be allocated (per Wkst. B, Part II)	79,058	506,121	362,073	137,291	17,329
205.00		Unit cost multiplier (Wkst. B, Part II)	0.065734	0.014662	0.024270	0.000158	0.433084
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: 14-0291

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

Worksheet B-1

Date/Time Prepared:
5/29/2019 2:57 pm

Cost Center Description	INTERNS & RESIDENTS					PARAMED PRGM-PASTORAL CARE (ASSIGNED TIME)	
	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
	19.00	20.00	21.00	22.00	23.00		
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT							1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP							2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT							4.00
5.01 00540 NONPATIENT TELEPHONES							5.01
5.02 00550 DATA PROCESSING							5.02
5.03 00560 PURCHASING RECEIVING AND STORES							5.03
5.04 00570 ADMINITTING							5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE							5.05
5.06 00590 OTHER ADMINISTRATIVES AND GENERAL							5.06
6.00 00600 MAINTENANCE & REPAIRS							6.00
8.00 00800 LAUNDRY & LINEN SERVICE							8.00
9.00 00900 HOUSEKEEPING							9.00
10.00 01000 DIETARY							10.00
12.00 01200 MAINTENANCE OF PERSONNEL							12.00
13.00 01300 NURSING ADMINISTRATION							13.00
14.00 01400 CENTRAL SERVICES & SUPPLY							14.00
15.00 01500 PHARMACY							15.00
16.00 01600 MEDICAL RECORDS & LIBRARY							16.00
17.00 01700 SOCIAL SERVICE							17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0						19.00
20.00 02000 NURSING SCHOOL		0					20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD			0				21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD				0			22.00
23.00 02300 PARAMED PRGM-PASTORAL CARE						367	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	0	0	0	0	0	208	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	0	10	31.00
40.00 04000 SUBPROVIDER - I PF	0	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	0	0	79	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	12	54.00
56.00 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	0	56.00
56.01 03630 ULTRA SOUND	0	0	0	0	0	0	56.01
57.00 05700 CT SCAN	0	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0	62.00
62.01 06201 BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	0	62.01
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
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 PATIENTS	0	0	0	0	0	0	71.00
71.30 07101 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	71.30
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
76.00 03160 CARDIOPULMONARY	0	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	27	90.00
90.01 09001 WOMENS HEALTH	0	0	0	0	0	0	90.01
90.02 09002 SPINE CENTER	0	0	0	0	0	0	90.02
91.00 09100 EMERGENCY	0	0	0	0	0	31	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10 09910 CORF	0	0	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0291

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

Worksheet B-1

Date/Time Prepared:
5/29/2019 2:57 pm

Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMEDICAL PRGM-PASTORAL CARE (ASSIGNED TIME)	
			SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	367	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00 07951 NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	0	0	0	0	526,978	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	0.000000	1,435.907357	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	0	0	0	133,126	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	0.000000	362.741144	205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)					0	206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000			0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0291

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2019 2:57 pm

		Title XVIII		Hospital		PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		47,761,961	0	47,761,961	30.00
31.00	03100 INTENSIVE CARE UNIT		14,743,812	0	14,743,812	31.00
40.00	04000 SUBPROVIDER - I PF		0	0	0	40.00
41.00	04100 SUBPROVIDER - I RF		0	0	0	41.00
42.00	04200 SUBPROVIDER		0	0	0	42.00
43.00	04300 NURSERY		2,510,879	0	2,510,879	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		25,948,817	0	25,948,817	50.00
51.00	05100 RECOVERY ROOM		2,990,180	0	2,990,180	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		4,006,652	0	4,006,652	52.00
53.00	05300 ANESTHESIOLOGY		1,039,354	0	1,039,354	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		14,191,692	0	14,191,692	54.00
56.00	03450 NUCLEAR MEDICINE - DIAGNOSTIC		1,301,020	0	1,301,020	56.00
56.01	03630 ULTRA SOUND		2,450,858	0	2,450,858	56.01
57.00	05700 CT SCAN		3,328,791	0	3,328,791	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		1,601,521	0	1,601,521	58.00
59.00	05900 CARDIAC CATHETERIZATION		5,118,635	0	5,118,635	59.00
60.00	06000 LABORATORY		9,773,198	0	9,773,198	60.00
60.01	06001 BLOOD LABORATORY		708,913	0	708,913	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	62.00
62.01	06201 BLOOD CLOTTING FACTORS ADMIN COST		0	0	0	62.01
65.00	06500 RESPIRATORY THERAPY	0	3,287,431	0	3,287,431	65.00
66.00	06600 PHYSICAL THERAPY	0	4,339,136	0	4,339,136	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	522,737	0	522,737	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY		3,245,969	0	3,245,969	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		144,431	0	144,431	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		23,482,861	0	23,482,861	71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT		0	0	0	71.30
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		17,058,528	0	17,058,528	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		26,420,375	0	26,420,375	73.00
76.00	03160 CARDIOPULMONARY		0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION		1,338,238	0	1,338,238	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	09000 CLINIC		9,085,905	0	9,085,905	90.00
90.01	09001 WOMENS HEALTH		0	0	0	90.01
90.02	09002 SPINE CENTER		0	0	0	90.02
91.00	09100 EMERGENCY		11,594,450	0	11,594,450	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		10,304,106	0	10,304,106	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910 CORF		0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900 PANCREAS ACQUISITION		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION		0	0	0	110.00
111.00	11100 ISLET ACQUISITION		0	0	0	111.00
200.00	Subtotal (see instructions)	0	248,300,450	0	248,300,450	200.00
201.00	Less Observation Beds		10,304,106		10,304,106	201.00
202.00	Total (see instructions)	0	237,996,344	0	237,996,344	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0291

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2019 2:57 pm

		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	62,882,466		62,882,466		30.00
31.00	03100	INTENSIVE CARE UNIT	19,829,962		19,829,962		31.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	4,213,490		4,213,490		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	38,014,825	78,028,389	116,043,214	0.223613	50.00
51.00	05100	RECOVERY ROOM	6,022,872	12,238,807	18,261,679	0.163741	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,190,078	230,047	10,420,125	0.384511	52.00
53.00	05300	ANESTHESIOLOGY	6,607,815	13,223,285	19,831,100	0.052410	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,769,026	78,940,412	90,709,438	0.156452	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,440,324	11,499,960	12,940,284	0.100540	56.00
56.01	03630	ULTRA SOUND	2,903,772	13,243,882	16,147,654	0.151778	56.01
57.00	05700	CT SCAN	12,250,002	38,223,970	50,473,972	0.065951	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,065,208	15,719,340	18,784,548	0.085257	58.00
59.00	05900	CARDIAC CATHETERIZATION	11,878,491	19,922,625	31,801,116	0.160958	59.00
60.00	06000	LABORATORY	27,917,249	33,813,151	61,730,400	0.158321	60.00
60.01	06001	BLOOD LABORATORY	4,262,108	1,834,349	6,096,457	0.116283	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0.000000	62.01
65.00	06500	RESPIRATORY THERAPY	14,545,404	2,352,280	16,897,684	0.194549	65.00
66.00	06600	PHYSICAL THERAPY	5,562,624	5,302,121	10,864,745	0.399378	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,289,558	512,451	1,802,009	0.290086	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	5,019,130	11,300,540	16,319,670	0.198899	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	163,255	1,076,110	1,239,365	0.116536	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,738,284	14,255,668	29,993,952	0.782920	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0.000000	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	22,029,903	18,533,796	40,563,699	0.420537	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	60,794,303	64,686,766	125,481,069	0.210553	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	73,672	2,825,060	2,898,732	0.461663	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	121,169	24,273,506	24,394,675	0.372454	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0.000000	90.01
90.02	09002	SPI NE CENTER	0	0	0	0.000000	90.02
91.00	09100	EMERGENCY	15,415,881	45,450,914	60,866,795	0.190489	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,552,407	11,016,941	15,569,348	0.661820	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
200.00		Subtotal (see instructions)	368,553,278	518,504,370	887,057,648		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	368,553,278	518,504,370	887,057,648		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0291	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/29/2019 2:57 pm
			Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.223613		50.00
51.00	05100	RECOVERY ROOM	0.163741		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.384511		52.00
53.00	05300	ANESTHESIOLOGY	0.052410		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.156452		54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.100540		56.00
56.01	03630	ULTRA SOUND	0.151778		56.01
57.00	05700	CT SCAN	0.065951		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.085257		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.160958		59.00
60.00	06000	LABORATORY	0.158321		60.00
60.01	06001	BLOOD LABORATORY	0.116283		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
62.01	06201	BLOOD CLOTTING FACTORS ADMIN COST	0.000000		62.01
65.00	06500	RESPIRATORY THERAPY	0.194549		65.00
66.00	06600	PHYSICAL THERAPY	0.399378		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.290086		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.198899		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.116536		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.782920		71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0.000000		71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.420537		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.210553		73.00
76.00	03160	CARDIOPULMONARY	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.461663		76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0.372454		90.00
90.01	09001	WOMENS HEALTH	0.000000		90.01
90.02	09002	SPINE CENTER	0.000000		90.02
91.00	09100	EMERGENCY	0.190489		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.661820		92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF			99.10
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
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: 14-0291

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

Worksheet C
Part I
Date/Time Prepared:
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Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	Hospital		
					RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	47,761,961		47,761,961	0	47,761,961	30.00
31.00	03100 INTENSIVE CARE UNIT	14,743,812		14,743,812	0	14,743,812	31.00
40.00	04000 SUBPROVIDER - I PF	0		0	0	0	40.00
41.00	04100 SUBPROVIDER - I RF	0		0	0	0	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	2,510,879		2,510,879	0	2,510,879	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	25,948,817		25,948,817	0	25,948,817	50.00
51.00	05100 RECOVERY ROOM	2,990,180		2,990,180	0	2,990,180	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	4,006,652		4,006,652	0	4,006,652	52.00
53.00	05300 ANESTHESIOLOGY	1,039,354		1,039,354	0	1,039,354	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	14,191,692		14,191,692	0	14,191,692	54.00
56.00	03450 NUCLEAR MEDICINE - DIAGNOSTIC	1,301,020		1,301,020	0	1,301,020	56.00
56.01	03630 ULTRA SOUND	2,450,858		2,450,858	0	2,450,858	56.01
57.00	05700 CT SCAN	3,328,791		3,328,791	0	3,328,791	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,601,521		1,601,521	0	1,601,521	58.00
59.00	05900 CARDIAC CATHETERIZATION	5,118,635		5,118,635	0	5,118,635	59.00
60.00	06000 LABORATORY	9,773,198		9,773,198	0	9,773,198	60.00
60.01	06001 BLOOD LABORATORY	708,913		708,913	0	708,913	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	62.00
62.01	06201 BLOOD CLOTTING FACTORS ADMIN COST	0		0	0	0	62.01
65.00	06500 RESPIRATORY THERAPY	3,287,431	0	3,287,431	0	3,287,431	65.00
66.00	06600 PHYSICAL THERAPY	4,339,136	0	4,339,136	0	4,339,136	66.00
67.00	06700 OCCUPATIONAL THERAPY	522,737	0	522,737	0	522,737	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	3,245,969		3,245,969	0	3,245,969	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	144,431		144,431	0	144,431	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	23,482,861		23,482,861	0	23,482,861	71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0		0	0	0	71.30
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	17,058,528		17,058,528	0	17,058,528	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	26,420,375		26,420,375	0	26,420,375	73.00
76.00	03160 CARDIOPULMONARY	0		0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	1,338,238		1,338,238	0	1,338,238	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINIC	9,085,905		9,085,905	0	9,085,905	90.00
90.01	09001 WOMENS HEALTH	0		0	0	0	90.01
90.02	09002 SPINE CENTER	0		0	0	0	90.02
91.00	09100 EMERGENCY	11,594,450		11,594,450	0	11,594,450	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	10,304,106		10,304,106	0	10,304,106	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0		0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0		0	0	0	111.00
200.00	Subtotal (see instructions)	248,300,450	0	248,300,450	0	248,300,450	200.00
201.00	Less Observation Beds	10,304,106		10,304,106	0	10,304,106	201.00
202.00	Total (see instructions)	237,996,344	0	237,996,344	0	237,996,344	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0291

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2019 2:57 pm

		Title XIX			Hospital	Cost	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	62,882,466		62,882,466		30.00
31.00	03100	INTENSIVE CARE UNIT	19,829,962		19,829,962		31.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	4,213,490		4,213,490		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	38,014,825	78,028,389	116,043,214	0.223613	50.00
51.00	05100	RECOVERY ROOM	6,022,872	12,238,807	18,261,679	0.163741	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,190,078	230,047	10,420,125	0.384511	52.00
53.00	05300	ANESTHESIOLOGY	6,607,815	13,223,285	19,831,100	0.052410	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,769,026	78,940,412	90,709,438	0.156452	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,440,324	11,499,960	12,940,284	0.100540	56.00
56.01	03630	ULTRA SOUND	2,903,772	13,243,882	16,147,654	0.151778	56.01
57.00	05700	CT SCAN	12,250,002	38,223,970	50,473,972	0.065951	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,065,208	15,719,340	18,784,548	0.085257	58.00
59.00	05900	CARDIAC CATHETERIZATION	11,878,491	19,922,625	31,801,116	0.160958	59.00
60.00	06000	LABORATORY	27,917,249	33,813,151	61,730,400	0.158321	60.00
60.01	06001	BLOOD LABORATORY	4,262,108	1,834,349	6,096,457	0.116283	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0.000000	62.01
65.00	06500	RESPIRATORY THERAPY	14,545,404	2,352,280	16,897,684	0.194549	65.00
66.00	06600	PHYSICAL THERAPY	5,562,624	5,302,121	10,864,745	0.399378	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,289,558	512,451	1,802,009	0.290086	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	5,019,130	11,300,540	16,319,670	0.198899	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	163,255	1,076,110	1,239,365	0.116536	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,738,284	14,255,668	29,993,952	0.782920	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0.000000	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	22,029,903	18,533,796	40,563,699	0.420537	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	60,794,303	64,686,766	125,481,069	0.210553	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	73,672	2,825,060	2,898,732	0.461663	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	121,169	24,273,506	24,394,675	0.372454	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0.000000	90.01
90.02	09002	SPI NE CENTER	0	0	0	0.000000	90.02
91.00	09100	EMERGENCY	15,415,881	45,450,914	60,866,795	0.190489	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,552,407	11,016,941	15,569,348	0.661820	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
200.00		Subtotal (see instructions)	368,553,278	518,504,370	887,057,648		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	368,553,278	518,504,370	887,057,648		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0291	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/29/2019 2:57 pm
			Title XIX	Hospital	Cost
Cost Center Description			PPS Inpatient Ratio		
INPATIENT ROUTINE SERVICE COST CENTERS			11.00		
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000		56.00
56.01	03630	ULTRA SOUND	0.000000		56.01
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
62.01	06201	BLOOD CLOTTING FACTORS ADMIN COST	0.000000		62.01
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0.000000		71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.00	03160	CARDIOPULMONARY	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	WOMENS HEALTH	0.000000		90.01
90.02	09002	SPINE CENTER	0.000000		90.02
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF			99.10
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
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: 14-0291	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part I Date/Time Prepared: 5/29/2019 2:57 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	9,023,537	0	9,023,537	39,849	226.44	30.00
31.00	INTENSIVE CARE UNIT	2,772,028		2,772,028	6,554	422.95	31.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	314,560		314,560	2,207	142.53	43.00
200.00	Total (lines 30 through 199)	12,110,125		12,110,125	48,610		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	15,789	3,575,261				
31.00	INTENSIVE CARE UNIT	3,538	1,496,397				
40.00	SUBPROVIDER - IPF	0	0				
41.00	SUBPROVIDER - IRF	0	0				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	19,327	5,071,658				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0291	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part II Date/Time Prepared: 5/29/2019 2:57 pm
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Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,924,063	116,043,214	0.042433	16,368,895	694,581	50.00
51.00	05100	RECOVERY ROOM	449,317	18,261,679	0.024604	2,597,551	63,910	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	601,586	10,420,125	0.057733	0	0	52.00
53.00	05300	ANESTHESIOLOGY	97,405	19,831,100	0.004912	2,637,781	12,957	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,537,559	90,709,438	0.016950	6,744,509	114,319	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	155,449	12,940,284	0.012013	770,818	9,260	56.00
56.01	03630	ULTRA SOUND	458,759	16,147,654	0.028410	1,550,705	44,056	56.01
57.00	05700	CT SCAN	365,653	50,473,972	0.007244	6,283,158	45,515	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	194,739	18,784,548	0.010367	1,591,336	16,497	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,210,078	31,801,116	0.038051	5,650,746	215,017	59.00
60.00	06000	LABORATORY	739,996	61,730,400	0.011988	12,999,001	155,832	60.00
60.01	06001	BLOOD LABORATORY	36,125	6,096,457	0.005926	1,730,692	10,256	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0.000000	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	68,493	16,897,684	0.004053	8,541,438	34,618	65.00
66.00	06600	PHYSICAL THERAPY	381,869	10,864,745	0.035148	3,564,221	125,275	66.00
67.00	06700	OCCUPATIONAL THERAPY	34,177	1,802,009	0.018966	792,546	15,031	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	446,452	16,319,670	0.027357	2,913,863	79,715	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,056	1,239,365	0.001659	107,112	178	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	258,292	29,993,952	0.008611	7,342,089	63,223	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0.000000	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	156,923	40,563,699	0.003869	10,973,996	42,458	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	549,172	125,481,069	0.004377	29,052,436	127,163	73.00
76.00	03160	CARDIOPULMONARY	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	390,092	2,898,732	0.134573	31,158	4,193	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	1,587,772	24,394,675	0.065087	94,132	6,127	90.00
90.01	09001	WOMENS HEALTH	0	0	0.000000	0	0	90.01
90.02	09002	SPINE CENTER	0	0	0.000000	0	0	90.02
91.00	09100	EMERGENCY	1,730,011	60,866,795	0.028423	8,327,450	236,691	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,946,724	15,569,348	0.125036	2,511,553	314,035	92.00
200.00		Total (lines 50 through 199)	18,322,762	800,131,730		133,177,186	2,430,907	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0291		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part III Date/Time Prepared: 5/29/2019 2:57 pm		
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	298,669	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	14,359	0	31.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00	
43.00	04300	NURSERY	0	0	0	113,437	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	426,465	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	298,669	39,849	7.50	15,789	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	14,359	6,554	2.19	3,538	31.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00	
43.00	04300	NURSERY	0	113,437	2,207	51.40	0	43.00	
200.00		Total (lines 30 through 199)	0	426,465	48,610		19,327	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	118,418						30.00
31.00	03100	INTENSIVE CARE UNIT	7,748						31.00
40.00	04000	SUBPROVIDER - IPF	0						40.00
41.00	04100	SUBPROVIDER - IRF	0						41.00
42.00	04200	SUBPROVIDER	0						42.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	126,166						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0291	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/29/2019 2:57 pm
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Cost Center Description	Title XVIII					Hospital		PPS
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health			
	1.00	2A	2.00	3A	3.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	17,231	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.00
56.01	03630	ULTRA SOUND	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	38,769	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	0	90.01
90.02	09002	SPI NE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	44,513	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	64,432	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	164,945	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0291

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

Worksheet D
Part IV
Date/Time Prepared:
5/29/2019 2:57 pm

Cost Center Description		Title XVIII				Hospital	PPS	
		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	116,043,214	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	18,261,679	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	10,420,125	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	19,831,100	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	17,231	17,231	90,709,438	0.000190	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	12,940,284	0.000000	56.00
56.01	03630	ULTRA SOUND	0	0	0	16,147,654	0.000000	56.01
57.00	05700	CT SCAN	0	0	0	50,473,972	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	18,784,548	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	31,801,116	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	61,730,400	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	6,096,457	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0.000000	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0.000000	62.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	16,897,684	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	10,864,745	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,802,009	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	16,319,670	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,239,365	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	29,993,952	0.000000	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0.000000	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	40,563,699	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	125,481,069	0.000000	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,898,732	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	38,769	38,769	24,394,675	0.001589	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	0.000000	90.01
90.02	09002	SPINE CENTER	0	0	0	0	0.000000	90.02
91.00	09100	EMERGENCY	0	44,513	44,513	60,866,795	0.000731	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	64,432	64,432	15,569,348	0.004138	92.00
200.00		Total (lines 50 through 199)	0	164,945	164,945	800,131,730		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0291

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

Worksheet D
Part IV
Date/Time Prepared:
5/29/2019 2:57 pm

Cost Center Description		Title XVIII				Hospital		PPS	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)			
		9.00	10.00	11.00	12.00	13.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000	16,368,895	0	22,277,897	0	50.00	
51.00	05100	RECOVERY ROOM	0.000000	2,597,551	0	2,880,431	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.000000	2,637,781	0	3,647,920	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000190	6,744,509	1,281	27,912,152	5,303	54.00	
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	770,818	0	5,140,981	0	56.00	
56.01	03630	ULTRA SOUND	0.000000	1,550,705	0	3,212,317	0	56.01	
57.00	05700	CT SCAN	0.000000	6,283,158	0	12,661,508	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	1,591,336	0	3,782,756	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.000000	5,650,746	0	9,460,310	0	59.00	
60.00	06000	LABORATORY	0.000000	12,999,001	0	8,441,950	0	60.00	
60.01	06001	BLOOD LABORATORY	0.000000	1,730,692	0	665,321	0	60.01	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00	
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0.000000	0	0	0	0	62.01	
65.00	06500	RESPIRATORY THERAPY	0.000000	8,541,438	0	1,169,249	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.000000	3,564,221	0	300,627	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.000000	792,546	0	112,287	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.000000	2,913,863	0	3,793,934	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	107,112	0	242,730	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	7,342,089	0	4,470,292	0	71.00	
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	0	0	71.30	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000	10,973,996	0	6,958,523	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	29,052,436	0	27,171,817	0	73.00	
76.00	03160	CARDIOPULMONARY	0.000000	0	0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	0.000000	31,158	0	1,480,651	0	76.97	
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00	
90.00	09000	CLINIC	0.001589	94,132	150	6,099,508	9,692	90.00	
90.01	09001	WOMENS HEALTH	0.000000	0	0	0	0	90.01	
90.02	09002	SPINE CENTER	0.000000	0	0	0	0	90.02	
91.00	09100	EMERGENCY	0.000731	8,327,450	6,087	10,049,675	7,346	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.004138	2,511,553	10,393	3,904,441	16,157	92.00	
200.00		Total (lines 50 through 199)		133,177,186	17,911	165,837,277	38,498	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0291	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/29/2019 2:57 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.223613	22,277,897	0	0	4,981,627	50.00
51.00	05100	RECOVERY ROOM	0.163741	2,880,431	0	0	471,645	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.384511	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.052410	3,647,920	0	0	191,187	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.156452	27,912,152	0	0	4,366,912	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.100540	5,140,981	0	0	516,874	56.00
56.01	03630	ULTRA SOUND	0.151778	3,212,317	0	0	487,559	56.01
57.00	05700	CT SCAN	0.065951	12,661,508	0	0	835,039	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.085257	3,782,756	0	0	322,506	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.160958	9,460,310	0	0	1,522,713	59.00
60.00	06000	LABORATORY	0.158321	8,441,950	0	0	1,336,538	60.00
60.01	06001	BLOOD LABORATORY	0.116283	665,321	0	0	77,366	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0.000000	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	0.194549	1,169,249	0	0	227,476	65.00
66.00	06600	PHYSICAL THERAPY	0.399378	300,627	0	0	120,064	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.290086	112,287	0	0	32,573	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.198899	3,793,934	0	0	754,610	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.116536	242,730	0	0	28,287	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.782920	4,470,292	0	0	3,499,881	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.420537	6,958,523	0	0	2,926,316	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.210553	27,171,817	0	67,885	5,721,108	73.00
76.00	03160	CARDIOPULMONARY	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.461663	1,480,651	0	0	683,562	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	0.372454	6,099,508	0	0	2,271,786	90.00
90.01	09001	WOMENS HEALTH	0.000000	0	0	0	0	90.01
90.02	09002	SPINE CENTER	0.000000	0	0	0	0	90.02
91.00	09100	EMERGENCY	0.190489	10,049,675	0	0	1,914,353	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.661820	3,904,441	0	0	2,584,037	92.00
200.00		Subtotal (see instructions)		165,837,277	0	67,885	35,874,019	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00		Net Charges (line 200 - line 201)		165,837,277	0	67,885	35,874,019	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0291	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/29/2019 2:57 pm
Title XVIII		Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
56.00 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0		56.00
56.01 03630 ULTRA SOUND	0	0		56.01
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
62.01 06201 BLOOD CLOTTING FACTORS ADMIN COST	0	0		62.01
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
71.30 07101 IMPL. DEV. CHARGED TO PATIENT	0	0		71.30
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	14,293		73.00
76.00 03160 CARDIOPULMONARY	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 WOMENS HEALTH	0	0		90.01
90.02 09002 SPINE CENTER	0	0		90.02
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	0	14,293		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	0	14,293		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0291	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/29/2019 2:57 pm
		Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.223613	0	0	258,577	0	50.00
51.00	05100 RECOVERY ROOM	0.163741	0	0	44,625	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.384511	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.052410	0	0	51,976	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.156452	0	0	503,794	0	54.00
56.00	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.100540	0	0	89,501	0	56.00
56.01	03630 ULTRA SOUND	0.151778	0	0	210,888	0	56.01
57.00	05700 CT SCAN	0.065951	0	0	436,121	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.085257	0	0	90,220	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.160958	0	0	5,173	0	59.00
60.00	06000 LABORATORY	0.158321	0	0	599,160	0	60.00
60.01	06001 BLOOD LABORATORY	0.116283	0	0	27,785	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
62.01	06201 BLOOD CLOTTING FACTORS ADMIN COST	0.000000	0	0	0	0	62.01
65.00	06500 RESPIRATORY THERAPY	0.194549	0	0	22,289	0	65.00
66.00	06600 PHYSICAL THERAPY	0.399378	0	0	36,306	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.290086	0	0	1,480	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.198899	0	0	84,770	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.116536	0	0	21,170	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.782920	0	0	46,440	0	71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	0	0	71.30
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.420537	0	0	9,795	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.210553	0	0	669,075	0	73.00
76.00	03160 CARDIOPULMONARY	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.461663	0	0	460	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000 CLINIC	0.372454	0	0	676,599	0	90.00
90.01	09001 WOMENS HEALTH	0.000000	0	0	0	0	90.01
90.02	09002 SPINE CENTER	0.000000	0	0	0	0	90.02
91.00	09100 EMERGENCY	0.190489	0	0	1,218,601	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.661820	0	0	197,608	0	92.00
200.00	Subtotal (see instructions)		0	0	5,302,413	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges				0		201.00
202.00	Net Charges (line 200 - line 201)		0	0	5,302,413	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0291	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/29/2019 2:57 pm
		Title XIX	Hospital	Cost

Cost Center Description	Costs			Cost	
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	57,821	50.00
51.00	05100	RECOVERY ROOM	0	7,307	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	2,724	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	78,820	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	8,998	56.00
56.01	03630	ULTRA SOUND	0	32,008	56.01
57.00	05700	CT SCAN	0	28,763	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	7,692	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	833	59.00
60.00	06000	LABORATORY	0	94,860	60.00
60.01	06001	BLOOD LABORATORY	0	3,231	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	0	4,336	65.00
66.00	06600	PHYSICAL THERAPY	0	14,500	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	429	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	16,861	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,467	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	36,359	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	4,119	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	140,876	73.00
76.00	03160	CARDIOPULMONARY	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	212	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	252,002	90.00
90.01	09001	WOMENS HEALTH	0	0	90.01
90.02	09002	SPINE CENTER	0	0	90.02
91.00	09100	EMERGENCY	0	232,130	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	130,781	92.00
200.00		Subtotal (see instructions)	0	1,158,129	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	1,158,129	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0291	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/29/2019 2:57 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		39,849	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		39,849	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)		31,252	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)		15,789	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		47,761,961	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)		47,761,961	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		47,761,961	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,198.57	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		18,924,222	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)		18,924,222	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0291		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/29/2019 2:57 pm	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
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	14,743,812	6,554	2,249.59	3,538	7,959,049		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					32,996,171		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					59,879,442		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)					5,197,824		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,448,818		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					7,646,642		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					52,232,800		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)					8,597		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,198.57		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					10,304,106		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0291		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/29/2019 2:57 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	9,023,537	47,761,961	0.188927	10,304,106	1,946,724	90.00
91.00	Nursing School cost	0	47,761,961	0.000000	10,304,106	0	91.00
92.00	Allied health cost	298,669	47,761,961	0.006253	10,304,106	64,432	92.00
93.00	All other Medical Education	0	47,761,961	0.000000	10,304,106	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0291	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/29/2019 2:57 pm
Cost Center Description		Title XIX	Hospital	Cost
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		39,849	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		39,849	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)		31,252	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)		553	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)		2,207	15.00
16.00	Nursery days (title V or XIX only)		102	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		47,761,961	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)		47,761,961	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		47,761,961	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,198.57	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		662,809	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)		662,809	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0291	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/29/2019 2:57 pm		
Cost Center Description			Title XIX		Hospital	Cost	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00	NURSERY (title V & XIX only)	2,510,879	2,207	1,137.69	102	116,044	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	14,743,812	6,554	2,249.59	145	326,191	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,015,550	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,120,594	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)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	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)					8,597	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,198.57	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					10,304,106	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0291		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/29/2019 2:57 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	9,023,537	47,761,961	0.188927	10,304,106	1,946,724	90.00
91.00	Nursing School cost	0	47,761,961	0.000000	10,304,106	0	91.00
92.00	Allied health cost	0	47,761,961	0.000000	10,304,106	0	92.00
93.00	All other Medical Education	0	47,761,961	0.000000	10,304,106	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0291	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/29/2019 2:57 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		29,718,914	30.00
31.00	03100	INTENSIVE CARE UNIT		10,521,914	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.223613	16,368,895	50.00
51.00	05100	RECOVERY ROOM	0.163741	2,597,551	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.384511	0	52.00
53.00	05300	ANESTHESIOLOGY	0.052410	2,637,781	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.156452	6,744,509	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.100540	770,818	56.00
56.01	03630	ULTRA SOUND	0.151778	1,550,705	56.01
57.00	05700	CT SCAN	0.065951	6,283,158	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.085257	1,591,336	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.160958	5,650,746	59.00
60.00	06000	LABORATORY	0.158321	12,999,001	60.00
60.01	06001	BLOOD LABORATORY	0.116283	1,730,692	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0.000000	0	62.01
65.00	06500	RESPIRATORY THERAPY	0.194549	8,541,438	65.00
66.00	06600	PHYSICAL THERAPY	0.399378	3,564,221	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.290086	792,546	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.198899	2,913,863	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.116536	107,112	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.782920	7,342,089	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.420537	10,973,996	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.210553	29,052,436	73.00
76.00	03160	CARDIOPULMONARY	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.461663	31,158	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.372454	94,132	90.00
90.01	09001	WOMENS HEALTH	0.000000	0	90.01
90.02	09002	SPI NE CENTER	0.000000	0	90.02
91.00	09100	EMERGENCY	0.190489	8,327,450	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.661820	2,511,553	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		133,177,186	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)		133,177,186	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0291	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/29/2019 2:57 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		1,414,605	30.00
31.00	03100	INTENSIVE CARE UNIT		559,882	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		449,965	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.223613	324,150	50.00
51.00	05100	RECOVERY ROOM	0.163741	45,350	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.384511	0	52.00
53.00	05300	ANESTHESIOLOGY	0.052410	62,044	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.156452	212,293	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.100540	21,140	56.00
56.01	03630	ULTRA SOUND	0.151778	52,380	56.01
57.00	05700	CT SCAN	0.065951	200,903	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.085257	95,190	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.160958	254,451	59.00
60.00	06000	LABORATORY	0.158321	632,250	60.00
60.01	06001	BLOOD LABORATORY	0.116283	71,792	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0.000000	0	62.01
65.00	06500	RESPIRATORY THERAPY	0.194549	298,692	65.00
66.00	06600	PHYSICAL THERAPY	0.399378	74,240	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.290086	16,420	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.198899	71,260	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.116536	3,170	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.782920	213,295	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.420537	211,145	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.210553	1,211,126	73.00
76.00	03160	CARDIOPULMONARY	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.461663	730	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.372454	0	90.00
90.01	09001	WOMENS HEALTH	0.000000	0	90.01
90.02	09002	SPI NE CENTER	0.000000	0	90.02
91.00	09100	EMERGENCY	0.190489	261,226	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.661820	76,114	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		4,409,361	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)		4,409,361	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0291	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/29/2019 2:57 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		45,420,541	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)		764,881	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)		152.45	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		0.86	30.00
31.00	Percentage of Medicaid patient days (see instructions)		6.00	31.00
32.00	Sum of lines 30 and 31		6.86	32.00
33.00	Allowable disproportionate share percentage (see instructions)		0.00	33.00
34.00	Disproportionate share adjustment (see instructions)		0	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0291	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/29/2019 2:57 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	9,046,380,143	7,647,644,855	35.00
35.01	Factor 3 (see instructions)	0.000070382	0.000071400	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	0	0	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	0	0	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	0	0	36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	46,185,422		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)		46,185,422	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,893,848	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		85,085	53.00
54.00	Special add-on payments for new technologies		0	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		126,166	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		17,911	58.00
59.00	Total (sum of amounts on lines 49 through 58)		50,308,432	59.00
60.00	Primary payer payments		12,061	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		50,296,371	61.00
62.00	Deductibles billed to program beneficiaries		4,281,608	62.00
63.00	Coinurance billed to program beneficiaries		122,568	63.00
64.00	Allowable bad debts (see instructions)		385,914	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		250,844	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		180,223	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		46,143,039	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		34,931	70.93
70.94	HRR adjustment amount (see instructions)		-18,925	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0291	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/29/2019 2:57 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		46,159,045	71.00
71.01	Sequestration adjustment (see instructions)		923,181	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		44,771,317	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)		464,547	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		758,670	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
			Prior to 10/1	On/After 10/1
			1.00	2.00
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)		0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)		0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0291	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part B Date/Time Prepared: 5/29/2019 2:57 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		14,293	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		35,835,521	2.00
3.00	OPPS payments		34,284,306	3.00
4.00	Outlier payment (see instructions)		26,992	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.780	5.00
6.00	Line 2 times line 5		27,951,706	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		38,498	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		14,293	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		67,885	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)		67,885	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		67,885	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		53,592	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)		14,293	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		34,349,796	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		6,304,834	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		28,059,255	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)		28,059,255	30.00
31.00	Primary payer payments		568	31.00
32.00	Subtotal (line 30 minus line 31)		28,058,687	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		481,217	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		312,791	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		278,805	36.00
37.00	Subtotal (see instructions)		28,371,478	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)		28,371,478	40.00
40.01	Sequestration adjustment (see instructions)		567,430	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		27,448,288	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		355,760	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0291

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

Worksheet E-1
Part I
Date/Time Prepared:
5/29/2019 2:57 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		44,771,317		27,448,288	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		44,771,317		27,448,288	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		464,547		355,760	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		45,235,864		27,804,048	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: 14-0291	Period: From 01/01/2018 To 12/31/2018	Worksheet E-1 Part II Date/Time Prepared: 5/29/2019 2:57 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

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

Provider CCN: 14-0291

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

Worksheet G

Date/Time Prepared:
5/29/2019 2:57 pm

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

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0291

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

Worksheet G-1

Date/Time Prepared:
5/29/2019 2:57 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		10,177,154,393		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		65,822,607			2.00
3.00	Total (sum of line 1 and line 2)		10,242,977,000		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		10,242,977,000		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		10,242,977,000		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	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: 14-0291

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/29/2019 2:57 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	62,979,156		62,979,156	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	62,979,156		62,979,156	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	19,878,612		19,878,612	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	19,878,612		19,878,612	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	82,857,768		82,857,768	17.00
18.00	Ancillary services	263,014,292	438,103,067	701,117,359	18.00
19.00	Outpatient services	20,096,771	80,741,361	100,838,132	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		0	0	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NURSERY	4,213,490	0	4,213,490	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	370,182,321	518,844,428	889,026,749	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		260,189,315		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)		260,189,315		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0291

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

Worksheet G-3

Date/Time Prepared:
5/29/2019 2:57 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	889,026,749	1.00
2.00	Less contractual allowances and discounts on patients' accounts	566,109,209	2.00
3.00	Net patient revenues (line 1 minus line 2)	322,917,540	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	260,189,315	4.00
5.00	Net income from service to patients (line 3 minus line 4)	62,728,225	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING INCOME	2,160,023	24.00
25.00	Total other income (sum of lines 6-24)	2,160,023	25.00
26.00	Total (line 5 plus line 25)	64,888,248	26.00
27.00	NET NON OPERATING EXPENSE	-934,359	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	-934,359	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	65,822,607	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0291	Period: From 01/01/2018 To 12/31/2018	Worksheet L Parts I-III Date/Time Prepared: 5/29/2019 2:57 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,698,318	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		143,754	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)		104.49	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.86	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		6.00	8.00
9.00	Sum of lines 7 and 8		6.86	9.00
10.00	Allowable disproportionate share percentage (see instructions)		1.40	10.00
11.00	Disproportionate share adjustment (see instructions)		51,776	11.00
12.00	Total prospective capital payments (see instructions)		3,893,848	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00