

Health Financial Systems

ADVENTIST GLENOAKS HOSPITAL

In Lieu of Form CMS-2552-11

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: 14-0292

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

Worksheet 5
Parts I-III
Date/Time Prepared:
5/28/2019 6:06 am

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: 5/28/2019 Time: 6:06 am

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 ADVENTIST GLENOAKS HOSPITAL (14-0292) 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.

Encryption Information

ECR: Date: 5/28/2019 Time: 6:06 am
 I9L8G7wx451WFHF42j1IYephTnd550
 2xfzh0U:k:Fthmx9Aw7jFdxasJfgB
 8A7a1CkhGPOYUo1S
 PI: Date: 5/28/2019 Time: 6:06 am
 1rPY88oGQ.2we8dsl:y8ZGz1o4Vm00
 Agh5N0nqYN2UR6aduUcfsIIfn1v4fk
 3c9Z04AHfyOCATAW

(Signed)

Officer or Administrator of Provider(s)

Title

Date

J. P. Loo
 JPL00
 5-28-19

	Title V 1.00	Title XVIII		HLF 4.00	Title XIX 5.00
		Part A 2.00	Part B 3.00		
PART III - SETTLEMENT SUMMARY					
1.00 Hospital	0	-191,725	62,325	0	0 1.00
2.00 Subprovider - IPF	0	56,905	0	0	0 2.00
3.00 Subprovider - IRF	0	0	0	0	0 3.00
5.00 Swing bed - SNF	0	0	0	0	0 5.00
6.00 Swing bed - NF	0	0	0	0	0 6.00
200.00 Total	0	-134,820	62,325	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.

PLEASE BE AWARE THAT THIS IS A SCAINED SIGNATURE. DUE TO INCLEMENT WEATHER THE ORIGINAL SIGNATURES HAVE BEEN DELAYED AT THE FEDERAL EXPRESS CENTER IN MEMPHIS TENN SINCE WEDNESDAY 5/29/2019. ORIGINAL SIGNATURES WILL FOLLOW ONCE FEDERAL EXPRESS DELIVERS.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0292		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/28/2019 6:06 am						
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 701 WENTHROP AVENUE			PO Box:						1.00		
2.00	City: GLENDALE HEIGHTS			State: IL		Zip Code: 60139-		County: DUPAGE		2.00		
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)					
							V	XVIII	XIX			
		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			ADVENTIST GLENOAKS HOSPITAL	140292	16974	1	11/23/1982	N	P	O	3.00
4.00	Subprovider - IPF			GLEN OAKS MED CTR PSYCH UNIT	14S292	16974	4	01/01/1984	N	P	T	4.00
5.00	Subprovider - IRF											5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF											7.00
8.00	Swing Beds - NF											8.00
9.00	Hospital-Based SNF											9.00
10.00	Hospital-Based NF											10.00
11.00	Hospital-Based OLTC											11.00
12.00	Hospital-Based HHA											12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice											14.00
15.00	Hospital-Based Health Clinic - RHC											15.00
16.00	Hospital-Based Health Clinic - FQHC											16.00
17.00	Hospital-Based (CMHC) I											17.00
18.00	Renal Dialysis											18.00
19.00	Other											19.00
						From:	To:					
						1.00	2.00					
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2018	12/31/2018		20.00			
21.00	Type of Control (see instructions)					1			21.00			
						1.00	2.00		3.00			
Inpatient PPS Information												
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00			
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		22.01			
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02			
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) 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		Y		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N		23.00			
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days					
		1.00	2.00	3.00	4.00	5.00	6.00					
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.					852	1,350	0	109	5,500	67	24.00

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		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0	0	25.00	
		Urban/Rural S		Date of Geogr					
		1.00		2.00					
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
		Beginning:		Ending:					
		1.00		2.00					
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPI final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
		Y/N		Y/N					
		1.00		2.00					
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00	
		V		XVIII		XIX			
		1.00		2.00		3.00			
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	Y	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 Criterion Code			
		1.00		2.00		3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)					N			60.00

	Y/N	IME	Direct GME	IME	Direct GME	
	1.00	2.00	3.00	4.00	5.00	
61.00	N			0.00	0.00	61.00
61.01						61.01
61.02						61.02
61.03						61.03
61.04						61.04
61.05						61.05
61.06						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				0.00	0.00	61.10
61.20				0.00	0.00	61.20
					1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00					0.00	62.00
62.01					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings						
63.00	N					63.00
			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 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.						
64.00			0.00	0.00	0.000000	64.00

		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		
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
Inpatient Psychiatric Facility PPS								
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.					Y		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	
					XIX	
					1.00	
					2.00	
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.			0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.			N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.			0.00	0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. 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. I? 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.					107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.			N		108.00
					Physical	
					Occupational	
					Speech	
					Respiratory	
					1.00	
					2.00	
					3.00	
					4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.			N	N	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

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		1.00	2.00			
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00
		1.00	2.00	3.00		
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2				118.00
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	925,407	0		0	118.01
		1.00	2.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02
119.00	DO NOT USE THIS LINE					119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the worksheet A line number where these taxes are included.	N				122.00
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		HF8013		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0292	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part I Date/Time Prepared: 5/28/2019 6:06 am
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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: ADVENTHEALTH	Contractor's Name: FIRST COAST SERVICE OPTIONS	Contractor's Number: 09001			141.00
142.00	Street: 900 HOPE WAY	PO Box:				142.00
143.00	City: ALTAMONTE SPRINGS	State: FL	Zip Code:	32714		143.00
144.00 Are provider based physicians' costs included in worksheet A?						1.00
						Y
						144.00
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.						1.00
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
						145.00
						146.00
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.						N
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.						N
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.						N
						147.00
						148.00
						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
						1.00
Multicampus						
165.00 Is this hospital part of a Multicampus 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
		0	1.00	2.00	3.00	4.00
						FTE/Campus
						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
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)						167.00
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)						170.00
				10/01/2017	09/30/2018	
						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. I, 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

		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00	
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00	
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00	
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	N		4.00	
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00	
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00	
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00	
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00	
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N		9.00	
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00	
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00	
			Y/N		
			1.00		
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	04/01/2019	Y	04/01/2019
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

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		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.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00		2.00	
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.	MIKE		THOMPSON	41.00
42.00	Enter the employer/company name of the cost report preparer.	ADVENTHEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	407-357-2338		MIKE.M.THOMPSON@ADVENTHEALTH.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0292	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part II Date/Time Prepared: 5/28/2019 6:06 am
		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.	REIMBURSEMENT MANAGER		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

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
	Line Number				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	112	40,880	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)		112	40,880	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	10	3,650	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)		122	44,530	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	16	5,840		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		138				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

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	6,463	631	20,276			1.00
2.00 HMO and other (see instructions)	2,639	7,026				2.00
3.00 HMO IPF Subprovider	861	318				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	6,463	631	20,276			7.00
8.00 INTENSIVE CARE UNIT	928	59	2,618			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		140	731			13.00
14.00 Total (see instructions)	7,391	830	23,625	0.00	725.08	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	2,732	51	4,410	0.00	56.47	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)			45			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	781.55	27.00
28.00 Observation Bed Days		59	1,404			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	22	81			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

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	1,362	354	5,196	1.00
2.00 HMO and other (see instructions)				541	1,308		2.00
3.00 HMO IPF Subprovider					36		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		1,362	354	5,196	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0		221	2	392	16.00
17.00 SUBPROVIDER - IRF							17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days				0			33.00
33.01 LTCH site neutral days and discharges				0			33.01

	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	34,381,639	58,616	34,440,255	1,625,878.00	21.18
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		6,535,111	0	6,535,111	260,717.00	25.07
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		453,830	0	453,830	8,221.00	55.20
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		123,361	0	123,361	827.00	149.17
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		0	0	0	0.00	0.00
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		3,000,070	0	3,000,070	49,586.00	60.50
WAGE-RELATED COSTS							
17.00	wage-related costs (core) (see instructions)		6,153,181	0	6,153,181		
18.00	wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		1,476,589	0	1,476,589		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		809,403	0	809,403		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	-73,213	75,713	2,500	1,379.00	1.81
27.00	Administrative & General	5.00	2,620,724	-14	2,620,710	82,286.00	31.85

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0292

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

Worksheet S-3
Part II
Date/Time Prepared:
5/28/2019 6:06 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)	34,255	0	34,255	196.00	174.77	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	901,537	0	901,537	62,501.00	14.42	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)	1,158,625	0	1,158,625	56,050.00	20.67	33.00
34.00	Dietary	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)	1,500,631	0	1,500,631	55,066.00	27.25	35.00
36.00	Cafeteria	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	1,054,903	0	1,054,903	32,524.00	32.43	38.00
39.00	Central Services and Supply	110,183	0	110,183	10,682.00	10.31	39.00
40.00	Pharmacy	1,462,326	0	1,462,326	47,794.00	30.60	40.00
41.00	Medical Records & Medical Records Library	268,268	0	268,268	16,250.00	16.51	41.00
42.00	Social Service	332,934	0	332,934	9,443.00	35.26	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	37,075,150	58,616	37,133,766	1,737,190.00	21.38	1.00
2.00	Excluded area salaries (see instructions)	6,535,111	0	6,535,111	260,717.00	25.07	2.00
3.00	Subtotal salaries (line 1 minus line 2)	30,540,039	58,616	30,598,655	1,476,473.00	20.72	3.00
4.00	Subtotal other wages & related costs (see inst.)	577,191	0	577,191	9,048.00	63.79	4.00
5.00	Subtotal wage-related costs (see inst.)	6,962,584	0	6,962,584	0.00	22.75	5.00
6.00	Total (sum of lines 3 thru 5)	38,079,814	58,616	38,138,430	1,485,521.00	25.67	6.00
7.00	Total overhead cost (see instructions)	9,371,173	75,699	9,446,872	374,171.00	25.25	7.00

Provider CCN: 14-0292

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

Worksheet S-3
Part IV
Date/Time Prepared:
5/28/2019 6:06 am

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	1,414,419	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
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)	3,376,869	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	10,622	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)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'workers' Compensation Insurance	174,986	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	2,515,125	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	55,460	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))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	82,289	23.00
24.00	Total wage Related cost (Sum of lines 1 -23)	7,629,770	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: 14-0292

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

Worksheet S-3
Part V
Date/Time Prepared:
5/28/2019 6:06 am

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	453,830	7,629,771	1.00
2.00	Hospital	453,830	7,629,771	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

				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)			0.263354	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			26,614,407	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			Y	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid			0	5.00
6.00	Medicaid charges			84,114,565	6.00
7.00	Medicaid cost (line 1 times line 6)			22,151,907	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)			0	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			15,809	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			0	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)	7,575,634	244,363	7,819,997	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,995,074	244,363	2,239,437	21.00
22.00	Payments received from patients for amounts previously written off as charity care	28,414	16,395	44,809	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,966,660	227,968	2,194,628	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)			3,068,029	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			349,761	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			538,094	27.01
28.00	Non-Medicare bad debt expense (see instructions)			2,529,935	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			854,602	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			3,049,230	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			3,049,230	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0292

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

worksheet A
Date/Time Prepared:
5/28/2019 6:06 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100		0	0	2,408,028	2,408,028	1.00
2.00	00200		0	0	1,304,858	1,304,858	2.00
4.00	00400						
		-73,213	5,161,495	5,088,282	-20	5,088,262	4.00
5.01	01160						
		0	3,664	3,664	-3,664	0	5.01
5.04	00570						
		763,607	75,489	839,096	0	839,096	5.04
5.06	00560						
		1,857,117	22,905,867	24,762,984	-115,823	24,647,161	5.06
7.00	00700						
		901,537	2,129,746	3,031,283	-8,879	3,022,404	7.00
8.00	00800						
		0	0	0	148,452	148,452	8.00
9.00	00900						
		0	1,665,489	1,665,489	-150,062	1,515,427	9.00
10.00	01000						
		0	2,322,149	2,322,149	-1,487,076	835,073	10.00
11.00	01100						
		0	0	0	1,483,577	1,483,577	11.00
13.00	01300						
		1,054,903	189,883	1,244,786	-550	1,244,236	13.00
14.00	01400						
		110,183	240,215	350,398	-303,481	46,917	14.00
15.00	01500						
		1,462,326	3,611,506	5,073,832	-3,473,539	1,600,293	15.00
16.00	01600						
		268,268	38,649	306,917	0	306,917	16.00
17.00	01700						
		332,934	184,971	517,905	0	517,905	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000						
		9,823,416	1,474,903	11,298,319	-1,970,105	9,328,214	30.00
31.00	03100						
		2,069,608	845,047	2,914,655	-71,117	2,843,538	31.00
40.00	04000						
		2,158,884	232,506	2,391,390	-31,308	2,360,082	40.00
43.00	04300						
		0	3,829	3,829	527,554	531,383	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000						
		1,101,225	1,961,124	3,062,349	-1,255,071	1,807,278	50.00
51.00	05100						
		237,935	29,292	267,227	-11,514	255,713	51.00
52.00	05200						
		11,125	576,765	587,890	1,230,900	1,818,790	52.00
53.00	05300						
		51,654	71,954	123,608	-3,492	120,116	53.00
54.00	05400						
		889,680	536,939	1,426,619	-138,792	1,287,827	54.00
56.00	05600						
		165,025	19,375	184,400	-3,288	181,112	56.00
57.00	05700						
		452,651	112,780	565,431	-1,752	563,679	57.00
58.00	05800						
		164,035	23,333	187,368	-6,884	180,484	58.00
59.00	05900						
		768,351	1,257,877	2,026,228	-770,776	1,255,452	59.00
60.00	06000						
		1,279,353	1,323,829	2,603,182	-496,577	2,106,605	60.00
65.00	06500						
		726,618	240,561	967,179	-102,237	864,942	65.00
66.00	06600						
		0	1,160,571	1,160,571	-155,223	1,005,348	66.00
67.00	06700						
		0	210,820	210,820	-110	210,710	67.00
68.00	06800						
		0	51,173	51,173	0	51,173	68.00
69.00	06900						
		375,757	206,989	582,746	-7,694	575,052	69.00
70.00	07000						
		26,689	2,549	29,238	-830	28,408	70.00
71.00	07100						
		0	319,743	319,743	2,083,293	2,403,036	71.00
72.00	07200						
		0	0	0	1,310,620	1,310,620	72.00
73.00	07300						
		0	0	0	3,254,630	3,254,630	73.00
74.00	07400						
		0	0	0	0	0	74.00
76.00	03050						
		0	0	0	0	0	76.00
76.01	03060						
		4,184	521	4,705	49	4,754	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000						
		473,213	77,944	551,157	-17,176	533,981	90.00
91.00	09100						
		2,548,347	2,016,717	4,565,064	-421,885	4,143,179	91.00
92.00	09200						
							92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						
			3,066,241	3,066,241	-2,743,036	323,205	113.00
118.00							
		30,005,412	54,352,505	84,357,917	0	84,357,917	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000						
		0	4,934	4,934	0	4,934	190.00
192.00	19200						
		0	1,982,343	1,982,343	0	1,982,343	192.00
192.03	19203						
		182,437	1,168,927	1,351,364	0	1,351,364	192.03
194.00	07950						
		109,540	12,806	122,346	0	122,346	194.00
194.01	07951						
		0	0	0	0	0	194.01
194.03	07953						
		4,084,250	1,390,198	5,474,448	0	5,474,448	194.03
200.00							
		34,381,639	58,911,713	93,293,352	0	93,293,352	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0292

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

Worksheet A

Date/Time Prepared:
5/28/2019 6:06 am

Cost Center Description		Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00		
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	125,117	2,533,145	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	325,367	1,630,225	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-33,754	5,054,508	4.00
5.01	01160	COMMUNICATIONS	-23,875	-23,875	5.01
5.04	00570	ADMITTING	-12,605	826,491	5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	-6,506,959	18,140,202	5.06
7.00	00700	OPERATION OF PLANT	-16,341	3,006,063	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	148,452	8.00
9.00	00900	HOUSEKEEPING	0	1,515,427	9.00
10.00	01000	DIETARY	-325,529	509,544	10.00
11.00	01100	CAFETERIA	0	1,483,577	11.00
13.00	01300	NURSING ADMINISTRATION	0	1,244,236	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	46,917	14.00
15.00	01500	PHARMACY	-7	1,600,286	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	650,772	957,689	16.00
17.00	01700	SOCIAL SERVICE	-56,998	460,907	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-57,612	9,270,602	30.00
31.00	03100	INTENSIVE CARE UNIT	-1,803	2,841,735	31.00
40.00	04000	SUBPROVIDER - IPF	0	2,360,082	40.00
43.00	04300	NURSERY	0	531,383	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,009	1,806,269	50.00
51.00	05100	RECOVERY ROOM	-365	255,348	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-460,425	1,358,365	52.00
53.00	05300	ANESTHESIOLOGY	-36,938	83,178	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-171,589	1,116,238	54.00
56.00	05600	RADIOISOTOPE	0	181,112	56.00
57.00	05700	CT SCAN	-317	563,362	57.00
58.00	05800	MRI	-677	179,807	58.00
59.00	05900	CARDIAC CATHETERIZATION	-22,035	1,233,417	59.00
60.00	06000	LABORATORY	-1,316	2,105,289	60.00
65.00	06500	RESPIRATORY THERAPY	-1,887	863,055	65.00
66.00	06600	PHYSICAL THERAPY	0	1,005,348	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	210,710	67.00
68.00	06800	SPEECH PATHOLOGY	0	51,173	68.00
69.00	06900	ELECTROCARDIOLOGY	-166,638	408,414	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	28,408	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	-1,030	2,402,006	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,310,620	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-7,542	3,247,088	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	76.00
76.01	03060	WOUND CARE	0	4,754	76.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-94,979	439,002	90.00
91.00	09100	EMERGENCY	-1,127,187	3,015,992	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	-323,205	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-8,351,366	76,006,551	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,934	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,982,343	192.00
192.03	19203	OP PHARMACY	0	1,351,364	192.03
194.00	07950	FOUNDATION	0	122,346	194.00
194.01	07951	MARKETING	0	0	194.01
194.03	07953	THERAPEUTIC DAY SCHOOL	0	5,474,448	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	-8,351,366	84,941,986	200.00

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
A - BILLABLE SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	2,083,293	1.00
2.00	WOUND CARE	76.01	0	49	2.00
3.00	INTEREST EXPENSE	113.00	0	84	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
0			0	2,083,426	
B - CAFETERIA					
1.00	CAFETERIA	11.00	0	1,483,577	1.00
0			0	1,483,577	
C - NURSERY					
1.00	NURSERY	43.00	378,467	151,696	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,305,351	0	2.00
0			1,683,818	151,696	
D - RENT AND LEASES					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	154,836	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	378,045	2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,374	3.00
4.00	OPERATING ROOM	50.00	0	367	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
0			0	534,622	
E - DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,723,146	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	836,666	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
0			0	2,559,812	

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
F - MISC. RECLASS					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	252	1.00
	0		0	252	
G - BILLABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	3,254,630	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
	0		0	3,254,630	
H - RECRUITMENT					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	2,500	0	1.00
	0		2,500	0	
I - INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	48,547	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	21,000	2.00
	0		0	69,547	
J - PROPERTY TAX					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	10,915	1.00
	0		0	10,915	
K - IMPLANTIBLES					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	5,029	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	1,310,620	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
	0		0	1,315,649	
M - INTEREST RECLASS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	470,584	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	69,147	2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	2	3.00
	0		0	539,733	
N - LINEN					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	148,452	1.00
	TOTALS		0	148,452	
O - MISC PHYS SAL RECLASS					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	14	1.00
2.00	CLINIC	90.00	0	17,083	2.00
	TOTALS		0	17,097	
P - RECLASS NEGATIVE SALARIES TO OTHER					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	73,213	0	1.00
	TOTALS		73,213	0	
500.00	Grand Total: Increases		1,759,531	12,169,408	500.00

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - BILLABLE SUPPLIES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	305,106	0	1.00	
2.00	PHARMACY	15.00	0	19,433	0	2.00	
3.00	ADULTS & PEDIATRICS	30.00	0	80,887	0	3.00	
4.00	INTENSIVE CARE UNIT	31.00	0	47,320	0	4.00	
5.00	SUBPROVIDER - IPF	40.00	0	17,331	0	5.00	
6.00	NURSERY	43.00	0	2,609	0	6.00	
7.00	OPERATING ROOM	50.00	0	293,680	0	7.00	
8.00	RECOVERY ROOM	51.00	0	4,903	0	8.00	
9.00	DELIVERY ROOM & LABOR ROOM	52.00	0	35,628	0	9.00	
10.00	ANESTHESIOLOGY	53.00	0	3,492	0	10.00	
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	88,033	0	11.00	
12.00	RADIOISOTOPE	56.00	0	925	0	12.00	
13.00	CT SCAN	57.00	0	1,752	0	13.00	
14.00	MRI	58.00	0	381	0	14.00	
15.00	CARDIAC CATHETERIZATION	59.00	0	286,350	0	15.00	
16.00	LABORATORY	60.00	0	371,631	0	16.00	
17.00	RESPIRATORY THERAPY	65.00	0	100,772	0	17.00	
18.00	PHYSICAL THERAPY	66.00	0	201	0	18.00	
19.00	ELECTROCARDIOLOGY	69.00	0	7,293	0	19.00	
20.00	ELECTROENCEPHALOGRAPHY	70.00	0	830	0	20.00	
21.00	CLINIC	90.00	0	11,112	0	21.00	
22.00	EMERGENCY	91.00	0	403,757	0	22.00	
0			0	2,083,426			
B - CAFETERIA							
1.00	DIETARY	10.00	0	1,483,577	0	1.00	
0			0	1,483,577			
C - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	1,683,818	115,917	0	1.00	
2.00	DELIVERY ROOM & LABOR ROOM	52.00	0	35,779	0	2.00	
0			1,683,818	151,696			
D - RENT AND LEASES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	20	10	1.00	
2.00	COMMUNICATIONS	5.01	0	3,664	10	2.00	
3.00	OPERATION OF PLANT	7.00	0	390	0	3.00	
4.00	HOUSEKEEPING	9.00	0	1,610	0	4.00	
5.00	DIETARY	10.00	0	2,849	0	5.00	
6.00	NURSING ADMINISTRATION	13.00	0	550	0	6.00	
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	110	0	7.00	
8.00	PHARMACY	15.00	0	234,085	0	8.00	
9.00	ADULTS & PEDIATRICS	30.00	0	6,426	0	9.00	
10.00	SUBPROVIDER - IPF	40.00	0	599	0	10.00	
11.00	DELIVERY ROOM & LABOR ROOM	52.00	0	783	0	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	77	0	12.00	
13.00	MRI	58.00	0	110	0	13.00	
14.00	CARDIAC CATHETERIZATION	59.00	0	1,321	0	14.00	
15.00	LABORATORY	60.00	0	124,946	0	15.00	
16.00	RESPIRATORY THERAPY	65.00	0	1,465	0	16.00	
17.00	PHYSICAL THERAPY	66.00	0	155,022	0	17.00	
18.00	OCCUPATIONAL THERAPY	67.00	0	110	0	18.00	
19.00	ADULTS & PEDIATRICS	30.00	0	330	0	19.00	
20.00	EMERGENCY	91.00	0	155	0	20.00	
0			0	534,622			
E - DEPRECIATION							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	47,652	9	1.00	
2.00	OPERATION OF PLANT	7.00	0	8,489	9	2.00	
3.00	DIETARY	10.00	0	650	0	3.00	
4.00	ADULTS & PEDIATRICS	30.00	0	80,176	0	4.00	
5.00	INTENSIVE CARE UNIT	31.00	0	23,591	0	5.00	
6.00	SUBPROVIDER - IPF	40.00	0	13,375	0	6.00	
7.00	OPERATING ROOM	50.00	0	123,641	0	7.00	
8.00	RECOVERY ROOM	51.00	0	6,604	0	8.00	
9.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,553	0	9.00	
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	48,217	0	10.00	
11.00	MRI	58.00	0	6,393	0	11.00	
12.00	CARDIAC CATHETERIZATION	59.00	0	5,292	0	12.00	
13.00	EMERGENCY	91.00	0	1,707	0	13.00	
14.00	INTEREST EXPENSE	113.00	0	2,192,472	0	14.00	
0			0	2,559,812			
F - MISC. RECLASS							
1.00	CARDIAC CATHETERIZATION	59.00	0	252	0	1.00	
0			0	252			

		Decreases					
	Cost Center	Line #	Salary	Other	wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
G - BILLABLE DRUGS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	3,294	0		1.00
2.00	PHARMACY	15.00	0	3,220,021	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	2,346	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	141	0		4.00
5.00	OPERATING ROOM	50.00	0	5,956	0		5.00
6.00	RECOVERY ROOM	51.00	0	7	0		6.00
7.00	DELIVERY ROOM & LABOR ROOM	52.00	0	234	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,717	0		8.00
9.00	RADIOISOTOPE	56.00	0	2,363	0		9.00
10.00	ELECTROCARDIOLOGY	69.00	0	401	0		10.00
11.00	CLINIC	90.00	0	6,059	0		11.00
12.00	EMERGENCY	91.00	0	11,091	0		12.00
	0		0	3,254,630			
H - RECRUITMENT							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,500	0		1.00
	0		0	2,500			
I - INSURANCE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	69,547	12		1.00
2.00		0.00	0	0	12		2.00
	0		0	69,547			
J - PROPERTY TAX							
1.00	INTEREST EXPENSE	113.00	0	10,915	13		1.00
	0		0	10,915			
K - IMPLANTIBLES							
1.00	ADULTS & PEDIATRICS	30.00	0	205	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	65	0		2.00
3.00	SUBPROVIDER - IPF	40.00	0	3	0		3.00
4.00	OPERATING ROOM	50.00	0	832,161	0		4.00
5.00	DELIVERY ROOM & LABOR ROOM	52.00	0	474	0		5.00
6.00	CARDIAC CATHETERIZATION	59.00	0	477,561	0		6.00
7.00	CLINIC	90.00	0	5	0		7.00
8.00	EMERGENCY	91.00	0	5,175	0		8.00
	0		0	1,315,649			
M - INTEREST RECLASS							
1.00	INTEREST EXPENSE	113.00	0	539,733	11		1.00
2.00		0.00	0	0	11		2.00
3.00		0.00	0	0	0		3.00
	0		0	539,733			
N - LINEN							
1.00	HOUSEKEEPING	9.00	0	148,452	0		1.00
	TOTALS		0	148,452			
O - MISC PHYS SAL RECLASS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	14	0	0		1.00
2.00	CLINIC	90.00	17,083	0	0		2.00
	TOTALS		17,097	0			
P - RECLASS NEGATIVE SALARIES TO OTHER							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	73,213	0		1.00
	TOTALS		0	73,213			
500.00	Grand Total: Decreases		1,700,915	12,228,024			500.00

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
		1.00	3.00	4.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,869,112	0	0	0	1.00
2.00	Land Improvements	620,881	26,900	0	26,900	2.00
3.00	Buildings and Fixtures	35,964,648	5,721,635	0	5,721,635	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	8,613,231	1,005,554	0	1,005,554	5.00
6.00	Movable Equipment	17,241,509	0	0	0	47,647
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	64,309,381	6,754,089	0	6,754,089	47,647
9.00	Reconciling Items	0	0	0	0	0
10.00	Total (line 8 minus line 9)	64,309,381	6,754,089	0	6,754,089	47,647
	Ending Balance		Fully Depreciated Assets			
		6.00	7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,869,112	0			1.00
2.00	Land Improvements	647,781	0			2.00
3.00	Buildings and Fixtures	41,686,283	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	9,618,785	0			5.00
6.00	Movable Equipment	17,193,862	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	71,015,823	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	71,015,823	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0292

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

Worksheet A-7
Part II
Date/Time Prepared:
5/28/2019 6:06 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	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	CAP REL COSTS-BLDG & FIXT	0	0			1.00	
2.00	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: 14-0292

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

Worksheet A-7
Part III
Date/Time Prepared:
5/28/2019 6:06 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL	
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance
		1.00	2.00	3.00	4.00	5.00
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	53,821,962	0	53,821,962	0.757887	0
2.00	CAP REL COSTS-MVBLE EQUIP	17,193,862	0	17,193,862	0.242113	0
3.00	Total (sum of lines 1-2)	71,015,824	0	71,015,824	1.000000	0
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL	
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease
		6.00	7.00	8.00	9.00	10.00
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1,859,178	154,836
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	1,162,033	378,045
3.00	Total (sum of lines 1-2)	0	0	0	3,021,211	532,881
Cost Center Description		SUMMARY OF CAPITAL				
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)
		11.00	12.00	13.00	14.00	15.00
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	459,669	48,547	10,915	0	2,533,145
2.00	CAP REL COSTS-MVBLE EQUIP	69,147	21,000	0	0	1,630,225
3.00	Total (sum of lines 1-2)	528,816	69,547	10,915	0	4,163,370

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Ref.
			Cost Center	Line #	Wkst. A-7	
			3.00	4.00	5.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)		0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-23,875	COMMUNICATIONS	5.01	0	7.00
8.00 Television and radio service (chapter 21)	A	-16,341	OPERATION OF PLANT	7.00	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-1,413,391			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	1,751,360			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests		0		0.00	0	14.00
15.00 Rental of quarters to employee and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00 Sale of drugs to other than patients		0		0.00	0	17.00
18.00 Sale of medical records and abstracts		0		0.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines		0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant		0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00 MISC REVENUE	B	-12,566	ADMITTING	5.04	0	33.00

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From which the Amount is to be Adjusted		Ref.
				Cost Center	Line #	
		1.00	2.00	3.00	4.00	5.00
33.01	MISC REVENUE	B	-336,064	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.01
33.02	MISC REVENUE	B	-325,529	DIETARY	10.00	0 33.02
33.03	MISC REVENUE	B	-1,411	MEDICAL RECORDS & LIBRARY	16.00	0 33.03
33.04	MISC REVENUE	B	-89	ADULTS & PEDIATRICS	30.00	0 33.04
33.05	MISC REVENUE	B	672	DELIVERY ROOM & LABOR ROOM	52.00	0 33.05
33.06	MISC REVENUE	B	-279	RADIOLOGY-DIAGNOSTIC	54.00	0 33.06
33.07	MISC REVENUE	B	-57,838	CLINIC	90.00	0 33.07
33.08	LOBBYING	A	-31,159	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.08
33.09	LOBBYING	A	-7	PHARMACY	15.00	0 33.09
33.10	LOBBYING	A	-65	MEDICAL RECORDS & LIBRARY	16.00	0 33.10
33.11	LOBBYING	A	-69	LABORATORY	60.00	0 33.11
33.12	NON ALLOW PHYSICIAN	A	-4,702	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.12
33.13	NON ALLOW PHYSICIAN	A	-1,000	SOCIAL SERVICE	17.00	0 33.13
33.14	NON ALLOW PHYSICIAN	A	-403,975	DELIVERY ROOM & LABOR ROOM	52.00	0 33.14
33.15	NON ALLOW PHYSICIAN	A	-118,950	RADIOLOGY-DIAGNOSTIC	54.00	0 33.15
33.16	NON ALLOW PHYSICIAN	A	-22,035	CARDIAC CATHETERIZATION	59.00	0 33.16
33.17	NON ALLOW PHYSICIAN	A	-47,710	ELECTROCARDIOLOGY	69.00	0 33.17
33.18	NON ALLOW PHYSICIAN	A	-37,141	CLINIC	90.00	0 33.18
33.19	NON ALLOW PHYSICIAN	A	-1,111,962	EMERGENCY	91.00	0 33.19
33.20	HOSPICE	A	-1,009	OPERATING ROOM	50.00	0 33.20
33.21	HOSPICE	A	-365	RECOVERY ROOM	51.00	0 33.21
33.22	HOSPICE	A	-48	ANESTHESIOLOGY	53.00	0 33.22
33.23	HOSPICE	A	-163	RADIOLOGY-DIAGNOSTIC	54.00	0 33.23
33.24	HOSPICE	A	-317	CT SCAN	57.00	0 33.24
33.25	HOSPICE	A	-677	MRI	58.00	0 33.25
33.26	HOSPICE	A	-1,247	LABORATORY	60.00	0 33.26
33.27	HOSPICE	A	-1,887	RESPIRATORY THERAPY	65.00	0 33.27
33.28	HOSPICE	A	-29	ELECTROCARDIOLOGY	69.00	0 33.28
33.29	HOSPICE	A	-1,030	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0 33.29
33.30	HOSPICE	A	-7,542	DRUGS CHARGED TO PATIENTS	73.00	0 33.30
33.31	HOSPICE	A	-500	EMERGENCY	91.00	0 33.31
33.32	HOSPICE	A	-38,759	ADULTS & PEDIATRICS	30.00	0 33.32
33.33	HOSPICE	A	-1,803	INTENSIVE CARE UNIT	31.00	0 33.33
33.34	PROPERTY TAX	A	-10,915	CAP REL COSTS-BLDG & FIXT	1.00	11 33.34
33.35	STATE ASSESSMENT	A	-5,042,668	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.35
33.36	MALPRACTICE	A	-925,407	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.36
33.37	ADVERTISING & MARKETING	A	-39	ADMITTING	5.04	0 33.37
33.38	ADVERTISING & MARKETING	A	-8,215	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.38
33.39	ADVERTISING & MARKETING	A	-2,185	DELIVERY ROOM & LABOR ROOM	52.00	0 33.39
33.40	ADVERTISING & MARKETING	A	-169	EMERGENCY	91.00	0 33.40
33.41	ENTERTAINMENT	A	-276	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.41
33.42	ENTERTAINMENT	A	-14	ADULTS & PEDIATRICS	30.00	0 33.42
33.43	ENTERTAINMENT	A	-160	RADIOLOGY-DIAGNOSTIC	54.00	0 33.43
33.44	ENTERTAINMENT	A	-200	EMERGENCY	91.00	0 33.44
35.00	AMBULANCE	A	-14,356	EMERGENCY	91.00	0 35.00
37.00	CHARITABLE & COMMUNITY SERVICE	A	-15,247	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 37.00
38.00	CHARITABLE & COMMUNITY SERVICE	A	-648	SOCIAL SERVICE	17.00	0 38.00
39.00	SELF INSURANCE	A	-40,951	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 39.00
41.00	NON ALLOWABLE BORROWING	A	-20,414	INTEREST EXPENSE	113.00	0 41.00
42.00	OTHER ADJUSTMENTS (SPECIFY) (3)	A	0		0.00	0 42.00
43.00	OTHER ADJUSTMENTS (SPECIFY) (3)	A	0		0.00	0 43.00
44.00	OTHER ADJUSTMENTS (SPECIFY) (3)	A	0		0.00	0 44.00
45.00	OTHER ADJUSTMENTS (SPECIFY) (3)	A	0		0.00	0 45.00
46.00	OTHER ADJUSTMENTS (SPECIFY) (3)	A	0		0.00	0 46.00
46.01	OTHER ADJUSTMENTS (SPECIFY) (3)	A	0		0.00	0 46.01

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on worksheet A To/From Which the Amount is to be Adjusted			wkst. A-7 Ref.
			Cost Center	Line #		
			1.00	2.00	3.00	
46.02 OTHER ADJUSTMENTS (SPECIFY) (3)	A	0			0.00	0 46.02
46.03 OTHER ADJUSTMENTS (SPECIFY) (3)	A	0			0.00	0 46.03
46.04 OTHER ADJUSTMENTS (SPECIFY) (3)	A	0			0.00	0 46.04
46.05 OTHER ADJUSTMENTS (SPECIFY) (3)	A	0			0.00	0 46.05
46.06 OTHER ADJUSTMENTS (SPECIFY) (3)	A	0			0.00	0 46.06
46.07 OTHER ADJUSTMENTS (SPECIFY) (3)	A	0			0.00	0 46.07
46.08 OTHER ADJUSTMENTS (SPECIFY) (3)	A	0			0.00	0 46.08
46.09 OTHER ADJUSTMENTS (SPECIFY) (3)	A	0			0.00	0 46.09
46.10 OTHER ADJUSTMENTS (SPECIFY) (3)	A	0			0.00	0 46.10
46.11 OTHER ADJUSTMENTS (SPECIFY) (3)	A	0			0.00	0 46.11
46.12 OTHER ADJUSTMENTS (SPECIFY) (3)	A	0			0.00	0 46.12
46.13 OTHER ADJUSTMENTS (SPECIFY) (3)	A	0			0.00	0 46.13
46.14 OTHER ADJUSTMENTS (SPECIFY) (3)	A	0			0.00	0 46.14
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200.)		-8,351,366				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: 14-0292
 Period: From 01/01/2018 To 12/31/2018
 worksheet A-8-1
 Date/Time Prepared: 5/28/2019 6:06 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED					
HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	AHS HOME OFFICE	97,588	0 1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	AHS HOME OFFICE	325,367	0 2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	AHS HOME OFFICE	19,114	11,917 3.00
3.01	5.06	OTHER ADMINISTRATIVE AND GEN	AHS HOME OFFICE	4,863,586	4,951,749 3.01
3.02	16.00	MEDICAL RECORDS & LIBRARY	AHS HOME OFFICE	652,248	0 3.02
3.03	113.00	INTEREST EXPENSE	AHS HOME OFFICE	560,147	862,938 3.03
3.04	5.06	OTHER ADMINISTRATIVE AND GEN	AHS HOME OFFICE	3,414,855	2,556,929 3.04
3.05	5.06	OTHER ADMINISTRATIVE AND GEN	AHS HOME OFFICE	22,167	0 3.05
4.00	1.00	CAP REL COSTS-BLDG & FIXT	AMITA HOME OFFICE	38,444	0 4.00
4.01	5.06	OTHER ADMINISTRATIVE AND GEN	AMITA HOME OFFICE	622,399	481,022 4.01
4.02	5.06	OTHER ADMINISTRATIVE AND GEN	MIDWEST REGIONAL SHARED SERV	9,871,673	9,871,673 4.02
4.03	5.06	OTHER ADMINISTRATIVE AND GEN	HINSDALE SHARED SERVICES	1,574,933	1,574,933 4.03
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to worksheet A-8, column 2, line 12.			22,062,521	20,311,161 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		0.00	ADVENTHEALTH	0.00	6.00
7.00	B		0.00	AMITA HEALTH	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: 14-0292

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

Worksheet A-8-1
Date/Time Prepared:
5/28/2019 6:06 am

	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	97,588	9	1.00
2.00	325,367	9	2.00
3.00	7,197	0	3.00
3.01	-88,163	0	3.01
3.02	652,248	0	3.02
3.03	-302,791	0	3.03
3.04	857,926	0	3.04
3.05	22,167	0	3.05
4.00	38,444	9	4.00
4.01	141,377	0	4.01
4.02	0	0	4.02
4.03	0	0	4.03
5.00	1,751,360		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	HOME OFFICE	6.00
7.00	HOME OFFICE	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: 14-0292

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

Worksheet A-8-2

Date/Time Prepared:
5/28/2019 6:06 am

	wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.06	AGGREGATE-OTHER	151,499	151,499		0	0	0 1.00
		ADMINISTRATIVE AND G						
2.00	17.00	SOCIAL SERVICE	55,350	55,350		0	0	0 2.00
3.00	30.00	ADULTS & PEDIATRICS	18,750	18,750		0	0	0 3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	45,937	45,937		0	0	0 4.00
5.00	0.00		0	0		0	0	0 5.00
6.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	925,029	925,029		0	0	0 6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	9,000	9,000		0	0	0 7.00
8.00	53.00	ANESTHESIOLOGY	36,890	36,890		0	0	0 8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	52,037	52,037		0	0	0 9.00
10.00	69.00	ELECTROCARDIOLOGY	118,899	118,899		0	0	0 10.00
200.00			1,413,391	1,413,391		0	0	0 200.00
	wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.06	AGGREGATE-OTHER	0	0	0	0	0	0 1.00
		ADMINISTRATIVE AND G						
2.00	17.00	SOCIAL SERVICE	0	0	0	0	0	0 2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	0 3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0 4.00
5.00	0.00		0	0	0	0	0	0 5.00
6.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	0 6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0 7.00
8.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	0 8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0 9.00
10.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	0 10.00
200.00			0	0	0	0	0	0 200.00
	wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.06	AGGREGATE-OTHER	0	0	0	151,499		1.00
		ADMINISTRATIVE AND G						
2.00	17.00	SOCIAL SERVICE	0	0	0	55,350		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	18,750		3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	45,937		4.00
5.00	0.00		0	0	0	0		5.00
6.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	925,029		6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	9,000		7.00
8.00	53.00	ANESTHESIOLOGY	0	0	0	36,890		8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	52,037		9.00
10.00	69.00	ELECTROCARDIOLOGY	0	0	0	118,899		10.00
200.00			0	0	0	1,413,391		200.00

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	2,533,145	2,533,145			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	1,630,225		1,630,225		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	5,054,508	8,029	5,167	5,067,704	4.00
5.01 01160	COMMUNICATIONS	-23,875	0	0	0	5.01
5.04 00570	ADMITTING	826,491	19,670	12,659	112,369	5.04
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	18,140,202	151,219	97,318	273,282	5.06
7.00 00700	OPERATION OF PLANT	3,006,063	362,612	233,362	132,666	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	148,452	0	0	0	8.00
9.00 00900	HOUSEKEEPING	1,515,427	26,595	17,115	0	9.00
10.00 01000	DIETARY	509,544	74,224	47,768	0	10.00
11.00 01100	CAFETERIA	1,483,577	43,134	27,759	0	11.00
13.00 01300	NURSING ADMINISTRATION	1,244,236	10,517	6,769	155,234	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	46,917	85,645	55,118	16,214	14.00
15.00 01500	PHARMACY	1,600,286	29,927	19,260	215,189	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	957,689	19,409	12,491	39,477	16.00
17.00 01700	SOCIAL SERVICE	460,907	7,728	4,973	48,993	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	9,270,602	587,591	378,151	1,197,797	30.00
31.00 03100	INTENSIVE CARE UNIT	2,841,735	60,194	38,739	304,553	31.00
40.00 04000	SUBPROVIDER - IPF	2,360,082	89,780	57,779	317,691	40.00
43.00 04300	NURSERY	531,383	0	0	55,693	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	1,806,269	177,874	114,472	162,051	50.00
51.00 05100	RECOVERY ROOM	255,348	12,244	7,879	35,013	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,358,365	26,494	17,051	193,726	52.00
53.00 05300	ANESTHESIOLOGY	83,178	3,332	2,144	7,601	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,116,238	110,032	70,812	130,921	54.00
56.00 05600	RADIOISOTOPE	181,112	20,854	13,421	24,284	56.00
57.00 05700	CT SCAN	563,362	0	0	66,610	57.00
58.00 05800	MRI	179,807	26,233	16,883	24,139	58.00
59.00 05900	CARDIAC CATHETERIZATION	1,233,417	82,293	52,960	113,067	59.00
60.00 06000	LABORATORY	2,105,289	62,904	40,482	188,263	60.00
65.00 06500	RESPIRATORY THERAPY	863,055	9,815	6,316	106,925	65.00
66.00 06600	PHYSICAL THERAPY	1,005,348	12,786	8,228	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	210,710	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	51,173	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	408,414	41,327	26,596	55,295	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	28,408	0	0	3,927	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,402,006	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	1,310,620	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	3,247,088	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00 03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	76.00
76.01 03060	WOUND CARE	4,754	29,345	18,885	616	76.01
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	439,002	61,620	39,656	67,122	90.00
91.00 09100	EMERGENCY	3,015,992	156,518	100,728	375,002	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	76,006,551	2,409,945	1,550,941	4,423,720	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,934	0	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	1,982,343	20,072	12,917	0	192.00
192.03 19203	OP PHARMACY	1,351,364	3,031	1,950	26,847	192.03
194.00 07950	FOUNDATION	122,346	3,593	2,312	16,119	194.00
194.01 07951	MARKETING	0	4,777	3,074	0	194.01
194.03 07953	THERAPEUTIC DAY SCHOOL	5,474,448	91,727	59,031	601,018	194.03
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers		0	0	0	-23,875
202.00	TOTAL (sum lines 118 through 201)	84,941,986	2,533,145	1,630,225	5,067,704	-23,875

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0292

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

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Cost Center Description		ADMITTING	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5.04	5A.04	5.06	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	01160						5.01
5.04	00570	971,189					5.04
5.06	00560	0	18,662,021	18,662,021			5.06
7.00	00700	0	3,734,703	1,051,177	4,785,880		7.00
8.00	00800	0	148,452	41,784	0	190,236	8.00
9.00	00900	0	1,559,137	438,838	63,908	0	9.00
10.00	01000	0	631,536	177,753	178,362	0	10.00
11.00	01100	0	1,554,470	437,524	103,651	0	11.00
13.00	01300	0	1,416,756	398,763	25,274	0	13.00
14.00	01400	0	203,894	57,388	205,806	0	14.00
15.00	01500	0	1,864,662	524,831	71,914	0	15.00
16.00	01600	0	1,029,066	289,643	46,640	0	16.00
17.00	01700	0	522,601	147,092	18,569	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	112,972	11,547,113	3,250,083	1,411,996	137,586	30.00
31.00	03100	21,331	3,266,552	919,410	144,648	17,765	31.00
40.00	04000	24,753	2,850,085	802,191	215,742	29,925	40.00
43.00	04300	2,703	589,779	166,000	0	4,960	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	50,002	2,310,668	650,365	427,433	0	50.00
51.00	05100	7,160	317,644	89,405	29,422	0	51.00
52.00	05200	7,993	1,603,629	451,361	63,666	0	52.00
53.00	05300	14,559	110,814	31,190	8,007	0	53.00
54.00	05400	63,485	1,491,488	419,797	264,408	0	54.00
56.00	05600	11,685	251,356	70,747	50,113	0	56.00
57.00	05700	106,968	736,940	207,421	0	0	57.00
58.00	05800	16,557	263,619	74,199	63,039	0	58.00
59.00	05900	23,527	1,505,264	423,675	197,752	0	59.00
60.00	06000	123,475	2,520,413	709,400	151,159	0	60.00
65.00	06500	23,463	1,009,574	284,157	23,586	0	65.00
66.00	06600	12,980	1,039,342	292,535	30,724	0	66.00
67.00	06700	1,759	212,469	59,802	0	0	67.00
68.00	06800	908	52,081	14,659	0	0	68.00
69.00	06900	33,860	565,492	159,165	99,310	0	69.00
70.00	07000	993	33,328	9,381	0	0	70.00
71.00	07100	10,433	2,412,439	679,010	0	0	71.00
72.00	07200	25,092	1,335,712	375,952	0	0	72.00
73.00	07300	91,563	3,338,651	939,703	0	0	73.00
74.00	07400	3,557	3,557	1,001	0	0	74.00
76.00	03050	0	0	0	0	0	76.00
76.01	03060	30	53,630	15,095	70,515	0	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	6,973	614,373	172,923	148,073	0	90.00
91.00	09100	172,408	3,820,648	1,075,367	376,114	0	91.00
92.00	09200		0				92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		971,189	75,183,958	15,908,787	4,489,831	190,236	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	4,934	1,389	0	0	190.00
192.00	19200	0	2,015,332	567,239	48,232	0	192.00
192.03	19203	0	1,383,192	389,316	7,283	0	192.03
194.00	07950	0	144,370	40,635	8,634	0	194.00
194.01	07951	0	7,851	2,210	11,479	0	194.01
194.03	07953	0	6,226,224	1,752,445	220,421	0	194.03
200.00			0				200.00
201.00		0	-23,875	0	0	0	201.00
202.00		971,189	84,941,986	18,662,021	4,785,880	190,236	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 14-0292			Period: From 01/01/2018 To 12/31/2018		Worksheet B Part 1 Date/Time Prepared: 5/28/2019 6:06 am	
Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY		
		9.00	10.00	11.00	13.00	14.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.04	00570	ADMITTING						5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	2,061,883					9.00
10.00	01000	DIETARY	77,883	1,065,534				10.00
11.00	01100	CAFETERIA	45,260	677,862	2,818,767			11.00
13.00	01300	NURSING ADMINISTRATION	11,036	0	66,236	1,918,065		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	89,867	0	22,477	19,227	598,659	14.00
15.00	01500	PHARMACY	31,402	0	98,247	84,043	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	20,366	0	31,084	26,590	0	16.00
17.00	01700	SOCIAL SERVICE	8,108	0	18,775	16,061	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	616,558	284,531	963,804	824,464	18,560	30.00
31.00	03100	INTENSIVE CARE UNIT	63,162	36,736	223,530	191,213	12,557	31.00
40.00	04000	SUBPROVIDER - IPF	94,205	61,885	246,261	210,659	3,719	40.00
43.00	04300	NURSERY	0	0	38,318	32,778	579	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	186,642	0	85,909	73,489	108,797	50.00
51.00	05100	RECOVERY ROOM	12,847	0	30,416	26,019	1,050	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	27,800	0	133,191	113,935	9,791	52.00
53.00	05300	ANESTHESIOLOGY	3,496	0	4,523	3,869	1,423	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	115,456	0	76,499	0	31,442	54.00
56.00	05600	RADIOISOTOPE	21,882	0	21,813	0	198	56.00
57.00	05700	CT SCAN	0	0	53,519	0	15,881	57.00
58.00	05800	MRI	27,527	0	20,570	0	108	58.00
59.00	05900	CARDIAC CATHETERIZATION	86,350	0	69,814	0	125,655	59.00
60.00	06000	LABORATORY	66,005	0	136,191	0	84,116	60.00
65.00	06500	RESPIRATORY THERAPY	10,299	0	81,471	0	21,587	65.00
66.00	06600	PHYSICAL THERAPY	13,416	0	0	0	43	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	43,364	0	35,554	0	1,777	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	2,434	0	178	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	69,690	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0	76.00
76.01	03060	WOUND CARE	30,791	0	239	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	64,657	4,520	25,719	22,000	2,524	90.00
91.00	09100	EMERGENCY	164,233	0	319,979	273,718	88,704	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,932,612	1,065,534	2,806,573	1,918,065	598,379	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	21,061	0	0	0	0	192.00
192.03	19203	OP PHARMACY	3,180	0	7,523	0	280	192.03
194.00	07950	FOUNDATION	3,770	0	4,671	0	0	194.00
194.01	07951	MARKETING	5,012	0	0	0	0	194.01
194.03	07953	THERAPEUTIC DAY SCHOOL	96,248	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,061,883	1,065,534	2,818,767	1,918,065	598,659	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0292

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

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			15.00	16.00	17.00	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.04	00570	ADMITTING						5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	2,675,099					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,443,389				16.00
17.00	01700	SOCIAL SERVICE	0	0	731,206			17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,434	167,899	528,837	19,752,865	0	30.00
31.00	03100	INTENSIVE CARE UNIT	86	31,703	68,282	4,975,644	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	36,789	115,021	4,666,482	0	40.00
43.00	04300	NURSERY	0	4,017	19,066	855,497	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,641	74,313	0	3,921,257	0	50.00
51.00	05100	RECOVERY ROOM	4	10,641	0	517,448	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	143	11,879	0	2,415,395	0	52.00
53.00	05300	ANESTHESIOLOGY	0	21,637	0	184,959	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,661	94,351	0	2,495,102	0	54.00
56.00	05600	RADIOISOTOPE	1,444	17,366	0	434,919	0	56.00
57.00	05700	CT SCAN	0	158,975	0	1,172,736	0	57.00
58.00	05800	MRI	0	24,608	0	473,670	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	34,966	0	2,443,476	0	59.00
60.00	06000	LABORATORY	0	183,509	0	3,850,793	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	34,871	0	1,465,545	0	65.00
66.00	06600	PHYSICAL THERAPY	0	19,291	0	1,395,351	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,615	0	274,886	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,350	0	68,090	0	68.00
69.00	06900	ELECTROCARDIOLOGY	245	50,323	0	955,230	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,476	0	46,797	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	15,505	0	3,176,644	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	37,291	0	1,748,955	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,968,317	136,081	0	6,382,752	0	73.00
74.00	07400	RENAL DIALYSIS	0	5,287	0	9,845	0	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0	76.00
76.01	03060	WOUND CARE	0	44	0	170,314	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,704	10,364	0	1,068,857	0	90.00
91.00	09100	EMERGENCY	6,780	256,238	0	6,381,781	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,987,459	1,443,389	731,206	71,305,290	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	6,323	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	2,651,864	0	192.00
192.03	19203	OP PHARMACY	687,640	0	0	2,478,414	0	192.03
194.00	07950	FOUNDATION	0	0	0	202,080	0	194.00
194.01	07951	MARKETING	0	0	0	26,552	0	194.01
194.03	07953	THERAPEUTIC DAY SCHOOL	0	0	0	8,295,338	0	194.03
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers				-23,875		201.00
202.00		TOTAL (sum lines 118 through 201)	2,675,099	1,443,389	731,206	84,941,986	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0292

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

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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	01160	COMMUNICATIONS	5.01
5.04	00570	ADMITTING	5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	5.06
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
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
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	76.00
76.01	03060	WOUND CARE	76.01
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
192.03	19203	OP PHARMACY	192.03
194.00	07950	FOUNDATION	194.00
194.01	07951	MARKETING	194.01
194.03	07953	THERAPEUTIC DAY SCHOOL	194.03
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		TOTAL (sum lines 118 through 201)	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0292

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	
		BLDG & FIXT	MVBLE EQUIP			
		0	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	8,029	5,167	13,196	13,196 4.00
5.01 01160	COMMUNICATIONS	0	0	0	0	0 5.01
5.04 00570	ADMITTING	0	19,670	12,659	32,329	292 5.04
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	0	151,219	97,318	248,537	711 5.06
7.00 00700	OPERATION OF PLANT	0	362,612	233,362	595,974	345 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0 8.00
9.00 00900	HOUSEKEEPING	0	26,595	17,115	43,710	0 9.00
10.00 01000	DIETARY	0	74,224	47,768	121,992	0 10.00
11.00 01100	CAFETERIA	0	43,134	27,759	70,893	0 11.00
13.00 01300	NURSING ADMINISTRATION	0	10,517	6,769	17,286	404 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	85,645	55,118	140,763	42 14.00
15.00 01500	PHARMACY	0	29,927	19,260	49,187	560 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	19,409	12,491	31,900	103 16.00
17.00 01700	SOCIAL SERVICE	0	7,728	4,973	12,701	128 17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	587,591	378,151	965,742	3,124 30.00
31.00 03100	INTENSIVE CARE UNIT	0	60,194	38,739	98,933	793 31.00
40.00 04000	SUBPROVIDER - IPF	0	89,780	57,779	147,559	827 40.00
43.00 04300	NURSERY	0	0	0	0	145 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	177,874	114,472	292,346	422 50.00
51.00 05100	RECOVERY ROOM	0	12,244	7,879	20,123	91 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	26,494	17,051	43,545	504 52.00
53.00 05300	ANESTHESIOLOGY	0	3,332	2,144	5,476	20 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	110,032	70,812	180,844	341 54.00
56.00 05600	RADIOISOTOPE	0	20,854	13,421	34,275	63 56.00
57.00 05700	CT SCAN	0	0	0	0	173 57.00
58.00 05800	MRI	0	26,233	16,883	43,116	63 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	82,293	52,960	135,253	294 59.00
60.00 06000	LABORATORY	0	62,904	40,482	103,386	490 60.00
65.00 06500	RESPIRATORY THERAPY	0	9,815	6,316	16,131	278 65.00
66.00 06600	PHYSICAL THERAPY	0	12,786	8,228	21,014	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	41,327	26,596	67,923	144 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	10 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	0 74.00
76.00 03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0 76.00
76.01 03060	WOUND CARE	0	29,345	18,885	48,230	2 76.01
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	61,620	39,656	101,276	175 90.00
91.00 09100	EMERGENCY	0	156,518	100,728	257,246	976 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART				0	0 92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	2,409,945	1,550,941	3,960,886	11,520 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	20,072	12,917	32,989	0 192.00
192.03 19203	OP PHARMACY	0	3,031	1,950	4,981	70 192.03
194.00 07950	FOUNDATION	0	3,593	2,312	5,905	42 194.00
194.01 07951	MARKETING	0	4,777	3,074	7,851	0 194.01
194.03 07953	THERAPEUTIC DAY SCHOOL	0	91,727	59,031	150,758	1,564 194.03
200.00	Cross Foot Adjustments				0	0 200.00
201.00	Negative Cost Centers		0	0	0	0 201.00
202.00	TOTAL (sum lines 118 through 201)	0	2,533,145	1,630,225	4,163,370	13,196 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0292

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

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Part II
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Cost Center Description		COMMUNICATIONS	ADMITTING	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5.01	5.04	5.06	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	01160	0					5.01
5.04	00570		32,621				5.04
5.06	00560		0	249,248			5.06
7.00	00700		0	14,039	610,358		7.00
8.00	00800		0	558	0	558	8.00
9.00	00900		0	5,861	8,150	0	9.00
10.00	01000		0	2,374	22,747	0	10.00
11.00	01100		0	5,843	13,219	0	11.00
13.00	01300		0	5,326	3,223	0	13.00
14.00	01400		0	766	26,247	0	14.00
15.00	01500		0	7,009	9,171	0	15.00
16.00	01600		0	3,868	5,948	0	16.00
17.00	01700		0	1,964	2,368	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000		3,779	43,417	180,078	403	30.00
31.00	03100		714	12,279	18,447	52	31.00
40.00	04000		828	10,713	27,514	88	40.00
43.00	04300		90	2,217	0	15	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000		1,673	8,686	54,512	0	50.00
51.00	05100		240	1,194	3,752	0	51.00
52.00	05200		267	6,028	8,120	0	52.00
53.00	05300		487	417	1,021	0	53.00
54.00	05400		2,124	5,607	33,721	0	54.00
56.00	05600		391	945	6,391	0	56.00
57.00	05700		3,579	2,770	0	0	57.00
58.00	05800		554	991	8,040	0	58.00
59.00	05900		787	5,658	25,220	0	59.00
60.00	06000		4,131	9,474	19,278	0	60.00
65.00	06500		785	3,795	3,008	0	65.00
66.00	06600		434	3,907	3,918	0	66.00
67.00	06700		59	799	0	0	67.00
68.00	06800		30	196	0	0	68.00
69.00	06900		1,133	2,126	12,665	0	69.00
70.00	07000		33	125	0	0	70.00
71.00	07100		349	9,068	0	0	71.00
72.00	07200		839	5,021	0	0	72.00
73.00	07300		3,063	12,550	0	0	73.00
74.00	07400		119	13	0	0	74.00
76.00	03050		0	0	0	0	76.00
76.01	03060		1	202	8,993	0	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000		233	2,309	18,884	0	90.00
91.00	09100		5,899	14,362	47,967	0	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00			32,621	212,477	572,602	558	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000		0	19	0	0	190.00
192.00	19200		0	7,576	6,151	0	192.00
192.03	19203		0	5,199	929	0	192.03
194.00	07950		0	543	1,101	0	194.00
194.01	07951		0	30	1,464	0	194.01
194.03	07953		0	23,404	28,111	0	194.03
200.00			0				200.00
201.00			0	0	0	0	201.00
202.00			32,621	249,248	610,358	558	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0292

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

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Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.04	00570	ADMITTING					5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING	57,721				9.00
10.00	01000	DIETARY	2,180	149,293			10.00
11.00	01100	CAFETERIA	1,267	94,976	186,198		11.00
13.00	01300	NURSING ADMINISTRATION	309	0	4,375	30,923	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,516	0	1,485	310	172,129
15.00	01500	PHARMACY	879	0	6,490	1,355	0
16.00	01600	MEDICAL RECORDS & LIBRARY	570	0	2,053	429	0
17.00	01700	SOCIAL SERVICE	227	0	1,240	259	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	17,259	39,866	63,664	13,292	5,337
31.00	03100	INTENSIVE CARE UNIT	1,768	5,147	14,766	3,083	3,611
40.00	04000	SUBPROVIDER - IPF	2,637	8,671	16,267	3,396	1,069
43.00	04300	NURSERY	0	0	2,531	528	166
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,225	0	5,675	1,185	31,282
51.00	05100	RECOVERY ROOM	360	0	2,009	419	302
52.00	05200	DELIVERY ROOM & LABOR ROOM	778	0	8,798	1,837	2,815
53.00	05300	ANESTHESIOLOGY	98	0	299	62	409
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,232	0	5,053	0	9,040
56.00	05600	RADIOISOTOPE	613	0	1,441	0	57
57.00	05700	CT SCAN	0	0	3,535	0	4,566
58.00	05800	MRI	771	0	1,359	0	31
59.00	05900	CARDIAC CATHETERIZATION	2,417	0	4,612	0	36,128
60.00	06000	LABORATORY	1,848	0	8,996	0	24,186
65.00	06500	RESPIRATORY THERAPY	288	0	5,382	0	6,207
66.00	06600	PHYSICAL THERAPY	376	0	0	0	12
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	1,214	0	2,349	0	511
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	161	0	51
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	20,038
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0
76.01	03060	WOUND CARE	862	0	16	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,810	633	1,699	355	726
91.00	09100	EMERGENCY	4,598	0	21,137	4,413	25,504
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	54,102	149,293	185,392	30,923	172,048
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	590	0	0	0	0
192.03	19203	OP PHARMACY	89	0	497	0	81
194.00	07950	FOUNDATION	106	0	309	0	0
194.01	07951	MARKETING	140	0	0	0	0
194.03	07953	THERAPEUTIC DAY SCHOOL	2,694	0	0	0	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	57,721	149,293	186,198	30,923	172,129

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0292

Period:
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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		15.00	16.00	17.00	24.00	25.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	01160						5.01
5.04	00570						5.04
5.06	00560						5.06
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500						15.00
16.00	01600	74,651	44,871				16.00
17.00	01700	0	0	18,887			17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	40	5,228	13,660	1,354,889	0	30.00
31.00	03100	2	987	1,764	162,346	0	31.00
40.00	04000	0	1,146	2,971	223,686	0	40.00
43.00	04300	0	125	492	6,309	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	102	2,314	0	403,422	0	50.00
51.00	05100	0	331	0	28,821	0	51.00
52.00	05200	4	370	0	73,066	0	52.00
53.00	05300	0	674	0	8,963	0	53.00
54.00	05400	46	2,938	0	242,946	0	54.00
56.00	05600	40	541	0	44,757	0	56.00
57.00	05700	0	4,950	0	19,573	0	57.00
58.00	05800	0	766	0	55,691	0	58.00
59.00	05900	0	1,089	0	211,458	0	59.00
60.00	06000	0	5,714	0	177,503	0	60.00
65.00	06500	0	1,086	0	36,960	0	65.00
66.00	06600	0	601	0	30,262	0	66.00
67.00	06700	0	81	0	939	0	67.00
68.00	06800	0	42	0	268	0	68.00
69.00	06900	7	1,567	0	89,639	0	69.00
70.00	07000	0	46	0	426	0	70.00
71.00	07100	0	483	0	29,938	0	71.00
72.00	07200	0	1,161	0	7,021	0	72.00
73.00	07300	54,929	4,237	0	74,779	0	73.00
74.00	07400	0	165	0	297	0	74.00
76.00	03050	0	0	0	0	0	76.00
76.01	03060	0	1	0	58,307	0	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	103	323	0	128,526	0	90.00
91.00	09100	189	7,905	0	390,196	0	91.00
92.00	09200					0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		55,462	44,871	18,887	3,860,988	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	19	0	190.00
192.00	19200	0	0	0	47,306	0	192.00
192.03	19203	19,189	0	0	31,035	0	192.03
194.00	07950	0	0	0	8,006	0	194.00
194.01	07951	0	0	0	9,485	0	194.01
194.03	07953	0	0	0	206,531	0	194.03
200.00					0	0	200.00
201.00		0	0	0	0	0	201.00
202.00		74,651	44,871	18,887	4,163,370	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0292

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To 12/31/2018

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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	01160 COMMUNICATIONS		5.01
5.04	00570 ADMITTING		5.04
5.06	00560 OTHER ADMINISTRATIVE AND GENERAL		5.06
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	1,354,889	30.00
31.00	03100 INTENSIVE CARE UNIT	162,346	31.00
40.00	04000 SUBPROVIDER - IPF	223,686	40.00
43.00	04300 NURSERY	6,309	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	403,422	50.00
51.00	05100 RECOVERY ROOM	28,821	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	73,066	52.00
53.00	05300 ANESTHESIOLOGY	8,963	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	242,946	54.00
56.00	05600 RADIOISOTOPE	44,757	56.00
57.00	05700 CT SCAN	19,573	57.00
58.00	05800 MRI	55,691	58.00
59.00	05900 CARDIAC CATHETERIZATION	211,458	59.00
60.00	06000 LABORATORY	177,503	60.00
65.00	06500 RESPIRATORY THERAPY	36,960	65.00
66.00	06600 PHYSICAL THERAPY	30,262	66.00
67.00	06700 OCCUPATIONAL THERAPY	939	67.00
68.00	06800 SPEECH PATHOLOGY	268	68.00
69.00	06900 ELECTROCARDIOLOGY	89,639	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	426	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	29,938	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	7,021	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	74,779	73.00
74.00	07400 RENAL DIALYSIS	297	74.00
76.00	03050 BACTERIOLOGY & MICROBIOLOGY	0	76.00
76.01	03060 WOUND CARE	58,307	76.01
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	128,526	90.00
91.00	09100 EMERGENCY	390,196	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		92.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	3,860,988	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	19	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	47,306	192.00
192.03	19203 OP PHARMACY	31,035	192.03
194.00	07950 FOUNDATION	8,006	194.00
194.01	07951 MARKETING	9,485	194.01
194.03	07953 THERAPEUTIC DAY SCHOOL	206,531	194.03
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118 through 201)	4,163,370	202.00

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHONES)	ADMITTING (GROSS CHARGES)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00				
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	126,206				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		126,206			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	400	400	34,437,755		4.00
5.01	01160	COMMUNICATIONS	0	0	0	517	5.01
5.04	00570	ADMITTING	980	980	763,607	0	270,757,822
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	7,534	7,534	1,857,103	374	0
7.00	00700	OPERATION OF PLANT	18,066	18,066	901,537	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0
9.00	00900	HOUSEKEEPING	1,325	1,325	0	0	0
10.00	01000	DIETARY	3,698	3,698	0	0	0
11.00	01100	CAFETERIA	2,149	2,149	0	0	0
13.00	01300	NURSING ADMINISTRATION	524	524	1,054,903	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	4,267	4,267	110,183	0	0
15.00	01500	PHARMACY	1,491	1,491	1,462,326	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	967	967	268,268	0	0
17.00	01700	SOCIAL SERVICE	385	385	332,934	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	29,275	29,275	8,139,598	117	31,494,888
31.00	03100	INTENSIVE CARE UNIT	2,999	2,999	2,069,608	10	5,946,872
40.00	04000	SUBPROVIDER - IPF	4,473	4,473	2,158,884	16	6,900,890
43.00	04300	NURSERY	0	0	378,467	0	753,441
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	8,862	8,862	1,101,225	0	13,939,795
51.00	05100	RECOVERY ROOM	610	610	237,935	0	1,996,010
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,320	1,320	1,316,476	0	2,228,374
53.00	05300	ANESTHESIOLOGY	166	166	51,654	0	4,058,728
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,482	5,482	889,680	0	17,698,525
56.00	05600	RADIOISOTOPE	1,039	1,039	165,025	0	3,257,581
57.00	05700	CT SCAN	0	0	452,651	0	29,820,933
58.00	05800	MRI	1,307	1,307	164,035	0	4,615,950
59.00	05900	CARDIAC CATHETERIZATION	4,100	4,100	768,351	0	6,558,937
60.00	06000	LABORATORY	3,134	3,134	1,279,353	0	34,422,989
65.00	06500	RESPIRATORY THERAPY	489	489	726,618	0	6,541,180
66.00	06600	PHYSICAL THERAPY	637	637	0	0	3,618,605
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	490,447
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	253,186
69.00	06900	ELECTROCARDIOLOGY	2,059	2,059	375,757	0	9,439,753
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	26,689	0	276,864
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	2,908,490
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	6,995,209
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	25,526,324
74.00	07400	RENAL DIALYSIS	0	0	0	0	991,692
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0
76.01	03060	WOUND CARE	1,462	1,462	4,184	0	8,336
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	3,070	3,070	456,130	0	1,944,076
91.00	09100	EMERGENCY	7,798	7,798	2,548,347	0	48,069,747
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	120,068	120,068	30,061,528	517	270,757,822
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,000	1,000	0	0	0
192.03	19203	OP PHARMACY	151	151	182,437	0	0
194.00	07950	FOUNDATION	179	179	109,540	0	0
194.01	07951	MARKETING	238	238	0	0	0
194.03	07953	THERAPEUTIC DAY SCHOOL	4,570	4,570	4,084,250	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					
202.00		Cost to be allocated (per Wkst. B, Part I)	2,533,145	1,630,225	5,067,704	-23,875	971,189
203.00		Unit cost multiplier (Wkst. B, Part I)	20.071510	12.917175	0.147155	0.000000	0.003587
204.00		Cost to be allocated (per Wkst. B, Part II)			13,196	0	32,621
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000383	0.000000	0.000120

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0292

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

Worksheet B-1

Date/Time Prepared:
5/28/2019 6:06 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHONES)	ADMITTING (GROSS CHARGES)	
	BLDG & FIXT (SQARE FEET)	MVBLE EQUIP (SQARE FEET)					
	1.00	2.00	4.00				
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: 14-0292

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

Worksheet B-1

Date/Time Prepared:
5/28/2019 6:06 am

Cost Center Description		Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	
		5A.06	5.06	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	01160						5.01
5.04	00570						5.04
5.06	00560	-18,662,021	66,303,840				5.06
7.00	00700	0	3,734,703	99,226			7.00
8.00	00800	0	148,452	0	28,035		8.00
9.00	00900	0	1,559,137	1,325	0	97,901	9.00
10.00	01000	0	631,536	3,698	0	3,698	10.00
11.00	01100	0	1,554,470	2,149	0	2,149	11.00
13.00	01300	0	1,416,756	524	0	524	13.00
14.00	01400	0	203,894	4,267	0	4,267	14.00
15.00	01500	0	1,864,662	1,491	0	1,491	15.00
16.00	01600	0	1,029,066	967	0	967	16.00
17.00	01700	0	522,601	385	0	385	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	11,547,113	29,275	20,276	29,275	30.00
31.00	03100	0	3,266,552	2,999	2,618	2,999	31.00
40.00	04000	0	2,850,085	4,473	4,410	4,473	40.00
43.00	04300	0	589,779	0	731	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	2,310,668	8,862	0	8,862	50.00
51.00	05100	0	317,644	610	0	610	51.00
52.00	05200	0	1,603,629	1,320	0	1,320	52.00
53.00	05300	0	110,814	166	0	166	53.00
54.00	05400	0	1,491,488	5,482	0	5,482	54.00
56.00	05600	0	251,356	1,039	0	1,039	56.00
57.00	05700	0	736,940	0	0	0	57.00
58.00	05800	0	263,619	1,307	0	1,307	58.00
59.00	05900	0	1,505,264	4,100	0	4,100	59.00
60.00	06000	0	2,520,413	3,134	0	3,134	60.00
65.00	06500	0	1,009,574	489	0	489	65.00
66.00	06600	0	1,039,342	637	0	637	66.00
67.00	06700	0	212,469	0	0	0	67.00
68.00	06800	0	52,081	0	0	0	68.00
69.00	06900	0	565,492	2,059	0	2,059	69.00
70.00	07000	0	33,328	0	0	0	70.00
71.00	07100	0	2,412,439	0	0	0	71.00
72.00	07200	0	1,335,712	0	0	0	72.00
73.00	07300	0	3,338,651	0	0	0	73.00
74.00	07400	0	3,557	0	0	0	74.00
76.00	03050	0	0	0	0	0	76.00
76.01	03060	0	53,630	1,462	0	1,462	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	614,373	3,070	0	3,070	90.00
91.00	09100	0	3,820,648	7,798	0	7,798	91.00
92.00	09200	0					92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		-18,662,021	56,521,937	93,088	28,035	91,763	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	4,934	0	0	0	190.00
192.00	19200	0	2,015,332	1,000	0	1,000	192.00
192.03	19203	0	1,383,192	151	0	151	192.03
194.00	07950	0	144,370	179	0	179	194.00
194.01	07951	0	7,851	238	0	238	194.01
194.03	07953	0	6,226,224	4,570	0	4,570	194.03
200.00							200.00
201.00							201.00
202.00			18,662,021	4,785,880	190,236	2,061,883	202.00
203.00			0.281462	48.232117	6.785661	21.060898	203.00
204.00			249,248	610,358	558	57,721	204.00
205.00			0.003759	6.151190	0.019904	0.589585	205.00
206.00							206.00
207.00							207.00

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (HOURS WORKED)	NURSING ADMINISTRATION (DIRECT NRSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	01160						5.01
5.04	00570						5.04
5.06	00560						5.06
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	286,423					10.00
11.00	01100	182,214	1,273,886				11.00
13.00	01300	0	29,934	1,013,333			13.00
14.00	01400	0	10,158	10,158	2,796,121		14.00
15.00	01500	0	44,401	44,401	0	4,376,265	15.00
16.00	01600	0	14,048	14,048	0	0	16.00
17.00	01700	0	8,485	8,485	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	76,484	435,572	435,572	86,689	2,346	30.00
31.00	03100	9,875	101,020	101,020	58,651	141	31.00
40.00	04000	16,635	111,293	111,293	17,370	0	40.00
43.00	04300	0	17,317	17,317	2,704	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	38,825	38,825	508,151	5,956	50.00
51.00	05100	0	13,746	13,746	4,903	7	51.00
52.00	05200	0	60,193	60,193	45,728	234	52.00
53.00	05300	0	2,044	2,044	6,647	0	53.00
54.00	05400	0	34,572	0	146,853	2,717	54.00
56.00	05600	0	9,858	0	925	2,363	56.00
57.00	05700	0	24,187	0	74,176	0	57.00
58.00	05800	0	9,296	0	505	0	58.00
59.00	05900	0	31,551	0	586,885	0	59.00
60.00	06000	0	61,549	0	392,878	0	60.00
65.00	06500	0	36,819	0	100,827	0	65.00
66.00	06600	0	0	0	201	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	16,068	0	8,300	401	69.00
70.00	07000	0	1,100	0	830	0	70.00
71.00	07100	0	0	0	325,497	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	3,220,021	73.00
74.00	07400	0	0	0	0	0	74.00
76.00	03050	0	0	0	0	0	76.00
76.01	03060	0	108	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	1,215	11,623	11,623	11,790	6,059	90.00
91.00	09100	0	144,608	144,608	414,303	11,091	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		286,423	1,268,375	1,013,333	2,794,813	3,251,336	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.03	19203	0	3,400	0	1,308	1,124,929	192.03
194.00	07950	0	2,111	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.03	07953	0	0	0	0	0	194.03
200.00							200.00
201.00							201.00
202.00		1,065,534	2,818,767	1,918,065	598,659	2,675,099	202.00
203.00		3.720141	2.212731	1.892828	0.214103	0.611274	203.00
204.00		149,293	186,198	30,923	172,129	74,651	204.00
205.00		0.521233	0.146165	0.030516	0.061560	0.017058	205.00
206.00							206.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0292

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

Worksheet B-1

Date/Time Prepared:
5/28/2019 6:06 am

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (HOURS WORKED)	NURSING ADMINISTRATION (DIRECT NRSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
207.00	NAHE unit cost multiplier (wkst. D, Parts III and IV)	10.00	11.00	13.00	14.00	15.00	207.00

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
		16.00	17.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	01160	COMMUNICATIONS		5.01
5.04	00570	ADMITTING		5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL		5.06
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	270,757,822	16.00
17.00	01700	SOCIAL SERVICE	0 28,035	17.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	31,494,888	30.00
31.00	03100	INTENSIVE CARE UNIT	5,946,872	31.00
40.00	04000	SUBPROVIDER - IPF	6,900,890	40.00
43.00	04300	NURSERY	753,441	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	13,939,795	50.00
51.00	05100	RECOVERY ROOM	1,996,010	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,228,374	52.00
53.00	05300	ANESTHESIOLOGY	4,058,728	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,698,525	54.00
56.00	05600	RADIOISOTOPE	3,257,581	56.00
57.00	05700	CT SCAN	29,820,933	57.00
58.00	05800	MRI	4,615,950	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,558,937	59.00
60.00	06000	LABORATORY	34,422,989	60.00
65.00	06500	RESPIRATORY THERAPY	6,541,180	65.00
66.00	06600	PHYSICAL THERAPY	3,618,605	66.00
67.00	06700	OCCUPATIONAL THERAPY	490,447	67.00
68.00	06800	SPEECH PATHOLOGY	253,186	68.00
69.00	06900	ELECTROCARDIOLOGY	9,439,753	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	276,864	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,908,490	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,995,209	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	25,526,324	73.00
74.00	07400	RENAL DIALYSIS	991,692	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	76.00
76.01	03060	WOUND CARE	8,336	76.01
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	1,944,076	90.00
91.00	09100	EMERGENCY	48,069,747	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		92.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	270,757,822 28,035	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
192.03	19203	OP PHARMACY	0	192.03
194.00	07950	FOUNDATION	0	194.00
194.01	07951	MARKETING	0	194.01
194.03	07953	THERAPEUTIC DAY SCHOOL	0	194.03
200.00		Cross Foot Adjustments		200.00
201.00		Negative Cost Centers		201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,443,389 731,206	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.005331 26.081898	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	44,871 18,887	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000166 0.673694	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)		206.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0292

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

Worksheet B-1
Date/Time Prepared:
5/28/2019 6:06 am

	Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)		
207.00	NAHE unit cost multiplier (wkst. D, Parts III and IV)	16.00	17.00		207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0292

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2019 6:06 am

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Hospital		Total Costs	PPS
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	19,752,865		19,752,865	0	19,752,865	30.00
31.00	03100 INTENSIVE CARE UNIT	4,975,644		4,975,644	0	4,975,644	31.00
40.00	04000 SUBPROVIDER - IPF	4,666,482		4,666,482	0	4,666,482	40.00
43.00	04300 NURSERY	855,497		855,497	0	855,497	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	3,921,257		3,921,257	0	3,921,257	50.00
51.00	05100 RECOVERY ROOM	517,448		517,448	0	517,448	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,415,395		2,415,395	0	2,415,395	52.00
53.00	05300 ANESTHESIOLOGY	184,959		184,959	0	184,959	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,495,102		2,495,102	0	2,495,102	54.00
56.00	05600 RADIOISOTOPE	434,919		434,919	0	434,919	56.00
57.00	05700 CT SCAN	1,172,736		1,172,736	0	1,172,736	57.00
58.00	05800 MRI	473,670		473,670	0	473,670	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,443,476		2,443,476	0	2,443,476	59.00
60.00	06000 LABORATORY	3,850,793		3,850,793	0	3,850,793	60.00
65.00	06500 RESPIRATORY THERAPY	1,465,545	0	1,465,545	0	1,465,545	65.00
66.00	06600 PHYSICAL THERAPY	1,395,351	0	1,395,351	0	1,395,351	66.00
67.00	06700 OCCUPATIONAL THERAPY	274,886	0	274,886	0	274,886	67.00
68.00	06800 SPEECH PATHOLOGY	68,090	0	68,090	0	68,090	68.00
69.00	06900 ELECTROCARDIOLOGY	955,230		955,230	0	955,230	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	46,797		46,797	0	46,797	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	3,176,644		3,176,644	0	3,176,644	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1,748,955		1,748,955	0	1,748,955	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	6,382,752		6,382,752	0	6,382,752	73.00
74.00	07400 RENAL DIALYSIS	9,845		9,845	0	9,845	74.00
76.00	03050 BACTERIOLOGY & MICROBIOLOGY	0		0	0	0	76.00
76.01	03060 WOUND CARE	170,314		170,314	0	170,314	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	1,068,857		1,068,857	0	1,068,857	90.00
91.00	09100 EMERGENCY	6,381,781		6,381,781	0	6,381,781	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1,279,198		1,279,198	0	1,279,198	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	72,584,488	0	72,584,488	0	72,584,488	200.00
201.00	Less Observation Beds	1,279,198		1,279,198		1,279,198	201.00
202.00	Total (see instructions)	71,305,290	0	71,305,290	0	71,305,290	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0292		Period: From 01/01/2018 To 12/31/2018		Worksheet C Part I Date/Time Prepared: 5/28/2019 6:06 am	
			Title XVIII			Hospital		PPS
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	28,370,344		28,370,344			30.00
31.00	03100	INTENSIVE CARE UNIT	5,946,872		5,946,872			31.00
40.00	04000	SUBPROVIDER - IPF	6,900,890		6,900,890			40.00
43.00	04300	NURSERY	753,441		753,441			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,278,136	8,661,659	13,939,795	0.281299	0.000000	50.00
51.00	05100	RECOVERY ROOM	839,319	1,156,691	1,996,010	0.259241	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,924,984	303,390	2,228,374	1.083927	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	1,641,522	2,417,206	4,058,728	0.045571	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,386,510	12,312,015	17,698,525	0.140978	0.000000	54.00
56.00	05600	RADIOISOTOPE	1,222,804	2,034,777	3,257,581	0.133510	0.000000	56.00
57.00	05700	CT SCAN	10,277,205	19,543,728	29,820,933	0.039326	0.000000	57.00
58.00	05800	MRI	1,997,600	2,618,350	4,615,950	0.102616	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,822,688	1,736,249	6,558,937	0.372541	0.000000	59.00
60.00	06000	LABORATORY	20,662,329	13,760,660	34,422,989	0.111867	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	6,115,620	425,560	6,541,180	0.224049	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	790,375	2,828,230	3,618,605	0.385605	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	459,195	31,252	490,447	0.560481	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	243,924	9,262	253,186	0.268933	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	5,359,977	4,079,776	9,439,753	0.101192	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	227,424	49,440	276,864	0.169025	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,278,804	1,629,686	2,908,490	1.092197	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,621,795	3,373,414	6,995,209	0.250022	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,372,180	10,154,144	25,526,324	0.250046	0.000000	73.00
74.00	07400	RENAL DIALYSIS	991,692	0	991,692	0.009927	0.000000	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0.000000	0.000000	76.00
76.01	03060	WOUND CARE	0	8,336	8,336	20.431142	0.000000	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	12,348	1,931,728	1,944,076	0.549802	0.000000	90.00
91.00	09100	EMERGENCY	11,750,318	36,319,429	48,069,747	0.132761	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	864,178	2,260,366	3,124,544	0.409403	0.000000	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	143,112,474	127,645,348	270,757,822			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	143,112,474	127,645,348	270,757,822			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0292

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2019 6:06 am

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		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
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.281299		50.00
51.00	05100	RECOVERY ROOM	0.259241		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.083927		52.00
53.00	05300	ANESTHESIOLOGY	0.045571		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.140978		54.00
56.00	05600	RADIOISOTOPE	0.133510		56.00
57.00	05700	CT SCAN	0.039326		57.00
58.00	05800	MRI	0.102616		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.372541		59.00
60.00	06000	LABORATORY	0.111867		60.00
65.00	06500	RESPIRATORY THERAPY	0.224049		65.00
66.00	06600	PHYSICAL THERAPY	0.385605		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.560481		67.00
68.00	06800	SPEECH PATHOLOGY	0.268933		68.00
69.00	06900	ELECTROCARDIOLOGY	0.101192		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.169025		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.092197		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.250022		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.250046		73.00
74.00	07400	RENAL DIALYSIS	0.009927		74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0.000000		76.00
76.01	03060	WOUND CARE	20.431142		76.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.549802		90.00
91.00	09100	EMERGENCY	0.132761		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.409403		92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0292

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2019 6:06 am

Cost Center Description		Total Cost (from wkst. B, Part I, col. 26)	Therapy Limit Adj.	Title XIX		Hospital		Cost
				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	19,752,865		19,752,865	0	19,752,865	30.00
31.00	03100	INTENSIVE CARE UNIT	4,975,644		4,975,644	0	4,975,644	31.00
40.00	04000	SUBPROVIDER - IPF	4,666,482		4,666,482	0	4,666,482	40.00
43.00	04300	NURSERY	855,497		855,497	0	855,497	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,921,257		3,921,257	0	3,921,257	50.00
51.00	05100	RECOVERY ROOM	517,448		517,448	0	517,448	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,415,395		2,415,395	0	2,415,395	52.00
53.00	05300	ANESTHESIOLOGY	184,959		184,959	0	184,959	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,495,102		2,495,102	0	2,495,102	54.00
56.00	05600	RADIOISOTOPE	434,919		434,919	0	434,919	56.00
57.00	05700	CT SCAN	1,172,736		1,172,736	0	1,172,736	57.00
58.00	05800	MRI	473,670		473,670	0	473,670	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,443,476		2,443,476	0	2,443,476	59.00
60.00	06000	LABORATORY	3,850,793		3,850,793	0	3,850,793	60.00
65.00	06500	RESPIRATORY THERAPY	1,465,545	0	1,465,545	0	1,465,545	65.00
66.00	06600	PHYSICAL THERAPY	1,395,351	0	1,395,351	0	1,395,351	66.00
67.00	06700	OCCUPATIONAL THERAPY	274,886	0	274,886	0	274,886	67.00
68.00	06800	SPEECH PATHOLOGY	68,090	0	68,090	0	68,090	68.00
69.00	06900	ELECTROCARDIOLOGY	955,230		955,230	0	955,230	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	46,797		46,797	0	46,797	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,176,644		3,176,644	0	3,176,644	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,748,955		1,748,955	0	1,748,955	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,382,752		6,382,752	0	6,382,752	73.00
74.00	07400	RENAL DIALYSIS	9,845		9,845	0	9,845	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0		0	0	0	76.00
76.01	03060	WOUND CARE	170,314		170,314	0	170,314	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,068,857		1,068,857	0	1,068,857	90.00
91.00	09100	EMERGENCY	6,381,781		6,381,781	0	6,381,781	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,279,198		1,279,198	0	1,279,198	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	72,584,488	0	72,584,488	0	72,584,488	200.00
201.00		Less Observation Beds	1,279,198		1,279,198		1,279,198	201.00
202.00		Total (see instructions)	71,305,290	0	71,305,290	0	71,305,290	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0292

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

worksheet C
Part I
Date/Time Prepared:
5/28/2019 6:06 am

Cost Center Description	Charges			Hospital	Cost or Other Ratio	TEFRA Inpatient Ratio	Cost
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	28,370,344		28,370,344		30.00
31.00	03100	INTENSIVE CARE UNIT	5,946,872		5,946,872		31.00
40.00	04000	SUBPROVIDER - IPF	6,900,890		6,900,890		40.00
43.00	04300	NURSERY	753,441		753,441		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,278,136	8,661,659	13,939,795	0.281299	50.00
51.00	05100	RECOVERY ROOM	839,319	1,156,691	1,996,010	0.259241	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,924,984	303,390	2,228,374	1.083927	52.00
53.00	05300	ANESTHESIOLOGY	1,641,522	2,417,206	4,058,728	0.045571	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,386,510	12,312,015	17,698,525	0.140978	54.00
56.00	05600	RADIOISOTOPE	1,222,804	2,034,777	3,257,581	0.133510	56.00
57.00	05700	CT SCAN	10,277,205	19,543,728	29,820,933	0.039326	57.00
58.00	05800	MRI	1,997,600	2,618,350	4,615,950	0.102616	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,822,688	1,736,249	6,558,937	0.372541	59.00
60.00	06000	LABORATORY	20,662,329	13,760,660	34,422,989	0.111867	60.00
65.00	06500	RESPIRATORY THERAPY	6,115,620	425,560	6,541,180	0.224049	65.00
66.00	06600	PHYSICAL THERAPY	790,375	2,828,230	3,618,605	0.385605	66.00
67.00	06700	OCCUPATIONAL THERAPY	459,195	31,252	490,447	0.560481	67.00
68.00	06800	SPEECH PATHOLOGY	243,924	9,262	253,186	0.268933	68.00
69.00	06900	ELECTROCARDIOLOGY	5,359,977	4,079,776	9,439,753	0.101192	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	227,424	49,440	276,864	0.169025	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,278,804	1,629,686	2,908,490	1.092197	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,621,795	3,373,414	6,995,209	0.250022	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,372,180	10,154,144	25,526,324	0.250046	73.00
74.00	07400	RENAL DIALYSIS	991,692	0	991,692	0.009927	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0.000000	76.00
76.01	03060	WOUND CARE	0	8,336	8,336	20.431142	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	12,348	1,931,728	1,944,076	0.549802	90.00
91.00	09100	EMERGENCY	11,750,318	36,319,429	48,069,747	0.132761	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	864,178	2,260,366	3,124,544	0.409403	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	143,112,474	127,645,348	270,757,822		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	143,112,474	127,645,348	270,757,822		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0292

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2019 6:06 am

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000				30.00
	ADULTS & PEDIATRICS				
31.00	03100				31.00
	INTENSIVE CARE UNIT				
40.00	04000				40.00
	SUBPROVIDER - IPF				
43.00	04300				43.00
	NURSERY				
ANCILLARY SERVICE COST CENTERS					
50.00	05000	0.000000			50.00
	OPERATING ROOM				
51.00	05100	0.000000			51.00
	RECOVERY ROOM				
52.00	05200	0.000000			52.00
	DELIVERY ROOM & LABOR ROOM				
53.00	05300	0.000000			53.00
	ANESTHESIOLOGY				
54.00	05400	0.000000			54.00
	RADIOLOGY-DIAGNOSTIC				
56.00	05600	0.000000			56.00
	RADIOISOTOPE				
57.00	05700	0.000000			57.00
	CT SCAN				
58.00	05800	0.000000			58.00
	MRI				
59.00	05900	0.000000			59.00
	CARDIAC CATHETERIZATION				
60.00	06000	0.000000			60.00
	LABORATORY				
65.00	06500	0.000000			65.00
	RESPIRATORY THERAPY				
66.00	06600	0.000000			66.00
	PHYSICAL THERAPY				
67.00	06700	0.000000			67.00
	OCCUPATIONAL THERAPY				
68.00	06800	0.000000			68.00
	SPEECH PATHOLOGY				
69.00	06900	0.000000			69.00
	ELECTROCARDIOLOGY				
70.00	07000	0.000000			70.00
	ELECTROENCEPHALOGRAPHY				
71.00	07100	0.000000			71.00
	MEDICAL SUPPLIES CHARGED TO PATIENT				
72.00	07200	0.000000			72.00
	IMPL. DEV. CHARGED TO PATIENTS				
73.00	07300	0.000000			73.00
	DRUGS CHARGED TO PATIENTS				
74.00	07400	0.000000			74.00
	RENAL DIALYSIS				
76.00	03050	0.000000			76.00
	BACTERIOLOGY & MICROBIOLOGY				
76.01	03060	0.000000			76.01
	WOUND CARE				
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	0.000000			90.00
	CLINIC				
91.00	09100	0.000000			91.00
	EMERGENCY				
92.00	09200	0.000000			92.00
	OBSERVATION BEDS (NON-DISTINCT PART				
SPECIAL PURPOSE COST CENTERS					
113.00	11300				113.00
	INTEREST EXPENSE				
200.00					200.00
	Subtotal (see instructions)				
201.00					201.00
	Less Observation Beds				
202.00					202.00
	Total (see instructions)				

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0292

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

Worksheet D
Part I
Date/Time Prepared:
5/28/2019 6:06 am

Cost Center Description		Title XVIII			Hospital		Per Diem (col. 3 / col. 4)	PPS
		Capital Related Cost (from wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days			
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	1,354,889	0	1,354,889	21,680	62.49	30.00	
31.00	INTENSIVE CARE UNIT	162,346		162,346	2,618	62.01	31.00	
40.00	SUBPROVIDER - IPF	223,686	0	223,686	4,410	50.72	40.00	
43.00	NURSERY	6,309		6,309	731	8.63	43.00	
200.00	Total (lines 30 through 199)	1,747,230		1,747,230	29,439		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	6,463	403,873					
31.00	INTENSIVE CARE UNIT	928	57,545					
40.00	SUBPROVIDER - IPF	2,732	138,567					
43.00	NURSERY	0	0					
200.00	Total (lines 30 through 199)	10,123	599,985					

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0292		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part II Date/Time Prepared: 5/28/2019 6:06 am	
Cost Center Description		Title XVIII		Hospital		PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	403,422	13,939,795	0.028940	1,523,376	44,087	50.00
51.00	05100 RECOVERY ROOM	28,821	1,996,010	0.014439	271,140	3,915	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	73,066	2,228,374	0.032789	0	0	52.00
53.00	05300 ANESTHESIOLOGY	8,963	4,058,728	0.002208	465,010	1,027	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	242,946	17,698,525	0.013727	2,030,508	27,873	54.00
56.00	05600 RADIOISOTOPE	44,757	3,257,581	0.013739	466,696	6,412	56.00
57.00	05700 CT SCAN	19,573	29,820,933	0.000656	3,644,146	2,391	57.00
58.00	05800 MRI	55,691	4,615,950	0.012065	522,962	6,310	58.00
59.00	05900 CARDIAC CATHETERIZATION	211,458	6,558,937	0.032240	1,225,385	39,506	59.00
60.00	06000 LABORATORY	177,503	34,422,989	0.005157	6,858,197	35,368	60.00
65.00	06500 RESPIRATORY THERAPY	36,960	6,541,180	0.005650	2,625,635	14,835	65.00
66.00	06600 PHYSICAL THERAPY	30,262	3,618,605	0.008363	338,091	2,827	66.00
67.00	06700 OCCUPATIONAL THERAPY	939	490,447	0.001915	203,379	389	67.00
68.00	06800 SPEECH PATHOLOGY	268	253,186	0.001059	114,641	121	68.00
69.00	06900 ELECTROCARDIOLOGY	89,639	9,439,753	0.009496	1,895,098	17,996	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	426	276,864	0.001539	61,077	94	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	29,938	2,908,490	0.010293	387,033	3,984	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	7,021	6,995,209	0.001004	1,140,274	1,145	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	74,779	25,526,324	0.002929	5,258,262	15,401	73.00
74.00	07400 RENAL DIALYSIS	297	991,692	0.000299	539,706	161	74.00
76.00	03050 BACTERIOLOGY & MICROBIOLOGY	0	0	0.000000	0	0	76.00
76.01	03060 WOUND CARE	58,307	8,336	6.994602	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	128,526	1,944,076	0.066112	3,475	230	90.00
91.00	09100 EMERGENCY	390,196	48,069,747	0.008117	3,932,681	31,922	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	87,743	3,124,544	0.028082	391,590	10,997	92.00
200.00	Total (lines 50 through 199)	2,201,501	228,786,275		33,898,362	266,991	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS Provider CCN: 14-0292 Period: From 01/01/2018 To 12/31/2018 worksheet D Part III Date/Time Prepared: 5/28/2019 6:06 am

Cost Center Description		Title XVIII		Hospital		PPS		
		Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
		1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00
Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
		4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	21,680	0.00	6,463	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	2,618	0.00	928	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	4,410	0.00	2,732	40.00
43.00	04300	NURSERY	0	0	731	0.00	0	43.00
200.00		Total (lines 30 through 199)	0	0	29,439		10,123	200.00
Cost Center Description		Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
		9.00						
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0					30.00
31.00	03100	INTENSIVE CARE UNIT	0					31.00
40.00	04000	SUBPROVIDER - IPF	0					40.00
43.00	04300	NURSERY	0					43.00
200.00		Total (lines 30 through 199)	0					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0292

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

worksheet D
Part IV
Date/Time Prepared:
5/28/2019 6:06 am

Cost Center Description		Title XVIII					Allied Health	PPS
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Hospital 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	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0	76.00
76.01	03060	WOUND CARE	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0292

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

Worksheet D
Part IV
Date/Time Prepared:
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Cost Center Description		Title XVIII			Hospital	PPS		
		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	13,939,795	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	1,996,010	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,228,374	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	4,058,728	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	17,698,525	0.000000	54.00
56.00	05600	RADIOISOTOPE	0	0	0	3,257,581	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	29,820,933	0.000000	57.00
58.00	05800	MRI	0	0	0	4,615,950	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	6,558,937	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	34,422,989	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	6,541,180	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	3,618,605	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	490,447	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	253,186	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	9,439,753	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	276,864	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	2,908,490	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,995,209	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	25,526,324	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	991,692	0.000000	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0.000000	76.00
76.01	03060	WOUND CARE	0	0	0	8,336	0.000000	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	1,944,076	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	48,069,747	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	3,124,544	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	228,786,275		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0292

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

Worksheet D
Part IV
Date/Time Prepared:
5/28/2019 6:06 am

Cost Center Description		Title XVIII			Hospital	PPS		
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	1,523,376	0	1,984,624	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	271,140	0	281,085	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	465,010	0	522,024	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	2,030,508	0	1,474,452	0	54.00
56.00	05600	RADIOISOTOPE	0.000000	466,696	0	537,052	0	56.00
57.00	05700	CT SCAN	0.000000	3,644,146	0	3,774,587	0	57.00
58.00	05800	MRI	0.000000	522,962	0	579,894	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	1,225,385	0	765,427	0	59.00
60.00	06000	LABORATORY	0.000000	6,858,197	0	1,394,862	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.000000	2,625,635	0	95,820	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	338,091	0	18,534	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	203,379	0	9,854	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	114,641	0	1,236	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	1,895,098	0	803,700	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	61,077	0	11,839	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	387,033	0	385,031	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	1,140,274	0	1,325,669	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	5,258,262	0	1,915,532	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	539,706	0	0	0	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0.000000	0	0	0	0	76.00
76.01	03060	WOUND CARE	0.000000	0	0	1,627	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	3,475	0	207,171	0	90.00
91.00	09100	EMERGENCY	0.000000	3,932,681	0	3,936,491	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	391,590	0	522,008	0	92.00
200.00		Total (lines 50 through 199)		33,898,362	0	20,548,519	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0292

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

Worksheet D
Part V
Date/Time Prepared:
5/28/2019 6:06 am

		Title XVIII			Hospital		PPS	
Cost Center Description	Cost to Charge Ratio From worksheet C, Part I, col. 9	PPS Reimbursed Services (see inst.)	Charges		Costs		PPS Services (see inst.)	
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)				
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	0.281299	1,984,624	0	0	558,273	50.00	
51.00	05100 RECOVERY ROOM	0.259241	281,085	0	0	72,869	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.083927	0	0	0	0	52.00	
53.00	05300 ANESTHESIOLOGY	0.045571	522,024	0	0	23,789	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.140978	1,474,452	0	0	207,865	54.00	
56.00	05600 RADIOISOTOPE	0.133510	537,052	0	0	71,702	56.00	
57.00	05700 CT SCAN	0.039326	3,774,587	0	0	148,439	57.00	
58.00	05800 MRI	0.102616	579,894	0	0	59,506	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0.372541	765,427	0	0	285,153	59.00	
60.00	06000 LABORATORY	0.111867	1,394,862	0	0	156,039	60.00	
65.00	06500 RESPIRATORY THERAPY	0.224049	95,820	0	0	21,468	65.00	
66.00	06600 PHYSICAL THERAPY	0.385605	18,534	0	0	7,147	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.560481	9,854	0	0	5,523	67.00	
68.00	06800 SPEECH PATHOLOGY	0.268933	1,236	0	0	332	68.00	
69.00	06900 ELECTROCARDIOLOGY	0.101192	803,700	0	0	81,328	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0.169025	11,839	0	0	2,001	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1.092197	385,031	0	0	420,530	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.250022	1,325,669	0	0	331,446	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.250046	1,915,532	0	57,273	478,971	73.00	
74.00	07400 RENAL DIALYSIS	0.009927	0	0	0	0	74.00	
76.00	03050 BACTERIOLOGY & MICROBIOLOGY	0.000000	0	0	0	0	76.00	
76.01	03060 WOUND CARE	20.431142	1,627	0	0	33,241	76.01	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000 CLINIC	0.549802	207,171	0	0	113,903	90.00	
91.00	09100 EMERGENCY	0.132761	3,936,491	0	0	522,612	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.409403	522,008	0	0	213,712	92.00	
200.00	Subtotal (see instructions)		20,548,519	0	57,273	3,815,849	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)		20,548,519	0	57,273	3,815,849	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0292

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

Worksheet D
Part V
Date/Time Prepared:
5/28/2019 6:06 am

Cost Center Description		Costs		Title XVIII	Hospital	PPS
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
		6.00	7.00			
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	05600 RADIOISOTOPE	0	0			56.00
57.00	05700 CT SCAN	0	0			57.00
58.00	05800 MRI	0	0			58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0			59.00
60.00	06000 LABORATORY	0	0			60.00
65.00	06500 RESPIRATORY THERAPY	0	0			65.00
66.00	06600 PHYSICAL THERAPY	0	0			66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0			67.00
68.00	06800 SPEECH PATHOLOGY	0	0			68.00
69.00	06900 ELECTROCARDIOLOGY	0	0			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	14,321			73.00
74.00	07400 RENAL DIALYSIS	0	0			74.00
76.00	03050 BACTERIOLOGY & MICROBIOLOGY	0	0			76.00
76.01	03060 WOUND CARE	0	0			76.01
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0			90.00
91.00	09100 EMERGENCY	0	0			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0			92.00
200.00	Subtotal (see instructions)	0	14,321			200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0				201.00
202.00	Net Charges (line 200 - line 201)	0	14,321			202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0292 Component CCN: 14-S292		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part II Date/Time Prepared: 5/28/2019 6:06 am		
Title XVIII				Subprovider - IPF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	403,422	13,939,795	0.028940	0	0	50.00
51.00	05100	RECOVERY ROOM	28,821	1,996,010	0.014439	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	73,066	2,228,374	0.032789	0	0	52.00
53.00	05300	ANESTHESIOLOGY	8,963	4,058,728	0.002208	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	242,946	17,698,525	0.013727	51,793	711	54.00
56.00	05600	RADIOISOTOPE	44,757	3,257,581	0.013739	0	0	56.00
57.00	05700	CT SCAN	19,573	29,820,933	0.000656	59,550	39	57.00
58.00	05800	MRI	55,691	4,615,950	0.012065	14,000	169	58.00
59.00	05900	CARDIAC CATHETERIZATION	211,458	6,558,937	0.032240	0	0	59.00
60.00	06000	LABORATORY	177,503	34,422,989	0.005157	640,835	3,305	60.00
65.00	06500	RESPIRATORY THERAPY	36,960	6,541,180	0.005650	211,339	1,194	65.00
66.00	06600	PHYSICAL THERAPY	30,262	3,618,605	0.008363	44,681	374	66.00
67.00	06700	OCCUPATIONAL THERAPY	939	490,447	0.001915	18,372	35	67.00
68.00	06800	SPEECH PATHOLOGY	268	253,186	0.001059	13,287	14	68.00
69.00	06900	ELECTROCARDIOLOGY	89,639	9,439,753	0.009496	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	426	276,864	0.001539	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	29,938	2,908,490	0.010293	32	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,021	6,995,209	0.001004	1,046	1	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	74,779	25,526,324	0.002929	680,258	1,992	73.00
74.00	07400	RENAL DIALYSIS	297	991,692	0.000299	14,008	4	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0.000000	0	0	76.00
76.01	03060	WOUND CARE	58,307	8,336	6.994602	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	128,526	1,944,076	0.066112	0	0	90.00
91.00	09100	EMERGENCY	390,196	48,069,747	0.008117	99,621	809	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	3,124,544	0.000000	0	0	92.00
200.00		Total (lines 50 through 199)	2,113,758	228,786,275		1,848,822	8,647	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS
 Provider CCN: 14-0292
 Component CCN: 14-S292
 Period: From 01/01/2018 To 12/31/2018
 Worksheet D Part IV
 Date/Time Prepared: 5/28/2019 6:06 am

Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	76.00
76.01	03060	WOUND CARE	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS
 Provider CCN: 14-0292
 Component CCN: 14-S292
 Period: From 01/01/2018 To 12/31/2018
 Worksheet D Part IV
 Date/Time Prepared: 5/28/2019 6:06 am

Cost Center Description		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	13,939,795	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	1,996,010	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,228,374	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	4,058,728	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	17,698,525	0.000000	54.00
56.00	05600	RADIOISOTOPE	0	0	0	3,257,581	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	29,820,933	0.000000	57.00
58.00	05800	MRI	0	0	0	4,615,950	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	6,558,937	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	34,422,989	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	6,541,180	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	3,618,605	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	490,447	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	253,186	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	9,439,753	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	276,864	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	2,908,490	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,995,209	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	25,526,324	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	991,692	0.000000	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0.000000	76.00
76.01	03060	WOUND CARE	0	0	0	8,336	0.000000	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	1,944,076	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	48,069,747	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	3,124,544	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	228,786,275		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0292 Component CCN: 14-S292	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/28/2019 6:06 am		
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)
		9.00	10.00	11.00	12.00	13.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.000000	0	0	0	0 50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	51,793	0	0	0 54.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0 56.00
57.00	05700 CT SCAN	0.000000	59,550	0	0	0 57.00
58.00	05800 MRI	0.000000	14,000	0	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0 59.00
60.00	06000 LABORATORY	0.000000	640,835	0	0	0 60.00
65.00	06500 RESPIRATORY THERAPY	0.000000	211,339	0	0	0 65.00
66.00	06600 PHYSICAL THERAPY	0.000000	44,681	0	0	0 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	18,372	0	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	13,287	0	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	32	0	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	1,046	0	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	680,258	0	0	0 73.00
74.00	07400 RENAL DIALYSIS	0.000000	14,008	0	0	0 74.00
76.00	03050 BACTERIOLOGY & MICROBIOLOGY	0.000000	0	0	0	0 76.00
76.01	03060 WOUND CARE	0.000000	0	0	0	0 76.01
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0.000000	0	0	0	0 90.00
91.00	09100 EMERGENCY	0.000000	99,621	0	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0 92.00
200.00	Total (lines 50 through 199)		1,848,822	0	0	0 200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0292		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part II Date/Time Prepared: 5/28/2019 6:06 am	
		Component CCN: 14-S292		Title XIX		Subprovider - IPF TEFRA	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	403,422	13,939,795	0.028940	0	0	50.00
51.00	05100 RECOVERY ROOM	28,821	1,996,010	0.014439	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	73,066	2,228,374	0.032789	0	0	52.00
53.00	05300 ANESTHESIOLOGY	8,963	4,058,728	0.002208	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	242,946	17,698,525	0.013727	0	0	54.00
56.00	05600 RADIOISOTOPE	44,757	3,257,581	0.013739	0	0	56.00
57.00	05700 CT SCAN	19,573	29,820,933	0.000656	0	0	57.00
58.00	05800 MRI	55,691	4,615,950	0.012065	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	211,458	6,558,937	0.032240	0	0	59.00
60.00	06000 LABORATORY	177,503	34,422,989	0.005157	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	36,960	6,541,180	0.005650	0	0	65.00
66.00	06600 PHYSICAL THERAPY	30,262	3,618,605	0.008363	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	939	490,447	0.001915	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	268	253,186	0.001059	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	89,639	9,439,753	0.009496	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	426	276,864	0.001539	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	29,938	2,908,490	0.010293	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	7,021	6,995,209	0.001004	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	74,779	25,526,324	0.002929	0	0	73.00
74.00	07400 RENAL DIALYSIS	297	991,692	0.000299	0	0	74.00
76.00	03050 BACTERIOLOGY & MICROBIOLOGY	0	0	0.000000	0	0	76.00
76.01	03060 WOUND CARE	58,307	8,336	6.994602	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	128,526	1,944,076	0.066112	0	0	90.00
91.00	09100 EMERGENCY	390,196	48,069,747	0.008117	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	3,124,544	0.000000	0	0	92.00
200.00	Total (lines 50 through 199)	2,113,758	228,786,275		0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0292
Component CCN: 14-s292

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

Worksheet D
Part IV
Date/Time Prepared:
5/28/2019 6:06 am

			Title XIX			Subprovider - IPF		TEFRA	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
			1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	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	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
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 PATIENT	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0	0	76.00
76.01	03060	WOUND CARE	0	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS
 Provider CCN: 14-0292
 Component CCN: 14-S292
 Period: From 01/01/2018 To 12/31/2018
 Worksheet D Part IV
 Date/Time Prepared: 5/28/2019 6:06 am

Cost Center Description		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part 1, 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	13,939,795	0.000000	50.00
51.00	05100 RECOVERY ROOM	0	0	0	1,996,010	0.000000	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	2,228,374	0.000000	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	4,058,728	0.000000	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	17,698,525	0.000000	54.00
56.00	05600 RADIOISOTOPE	0	0	0	3,257,581	0.000000	56.00
57.00	05700 CT SCAN	0	0	0	29,820,933	0.000000	57.00
58.00	05800 MRI	0	0	0	4,615,950	0.000000	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	6,558,937	0.000000	59.00
60.00	06000 LABORATORY	0	0	0	34,422,989	0.000000	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	6,541,180	0.000000	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	3,618,605	0.000000	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	490,447	0.000000	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	253,186	0.000000	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	9,439,753	0.000000	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	276,864	0.000000	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	2,908,490	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,995,209	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	25,526,324	0.000000	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	991,692	0.000000	74.00
76.00	03050 BACTERIOLOGY & MICROBIOLOGY	0	0	0	0	0.000000	76.00
76.01	03060 WOUND CARE	0	0	0	8,336	0.000000	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	1,944,076	0.000000	90.00
91.00	09100 EMERGENCY	0	0	0	48,069,747	0.000000	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	3,124,544	0.000000	92.00
200.00	Total (lines 50 through 199)	0	0	0	228,786,275		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0292
Component CCN: 14-S292

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

Worksheet D
Part IV
Date/Time Prepared:
5/28/2019 6:06 am

Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000000	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0.000000	0	0	0	76.00
76.01	03060	WOUND CARE	0.000000	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.000000	0	0	0	90.00
91.00	09100	EMERGENCY	0.000000	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	92.00
200.00		Total (lines 50 through 199)		0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0292

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

worksheet D-1

Date/Time Prepared:
5/28/2019 6:06 am

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)			21,680 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			21,680 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)			20,276 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)			6,463 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)			19,752,865 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)			19,752,865 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)			19,752,865 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)			911.11 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			5,888,504 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)			5,888,504 41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0292

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

Worksheet D-1

Date/Time Prepared:
5/28/2019 6:06 am

Cost Center Description		Title XVIII			Hospital	PPS	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	4,975,644	2,618	1,900.55	928	1,763,710	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)					6,067,124	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					13,719,338	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)					461,418	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)					266,991	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					728,409	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					12,990,929	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)					1,404	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					911.11	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,279,198	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0292

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

worksheet D-1

Date/Time Prepared:
5/28/2019 6:06 am

Cost Center Description	Title XVIII			Hospital	PPS	
	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	1,354,889	19,752,865	0.068592	1,279,198	87,743	90.00
91.00 Nursing School cost	0	19,752,865	0.000000	1,279,198	0	91.00
92.00 Allied health cost	0	19,752,865	0.000000	1,279,198	0	92.00
93.00 All other Medical Education	0	19,752,865	0.000000	1,279,198	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 14-0292	Period: From 01/01/2018 To 12/31/2018	worksheet D-1
	Component CCN: 14-s292		Date/Time Prepared: 5/28/2019 6:06 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		1.00	
PART I - ALL PROVIDER COMPONENTS			
INPATIENT DAYS			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	4,410	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	4,410	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)	4,410	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)	2,732	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)	4,666,482	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)	4,666,482	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)	4,666,482	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)	1,058.16	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	2,890,893	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)	2,890,893	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0292		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1	
		Component CCN: 14-s292				Date/Time Prepared: 5/28/2019 6:06 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	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)				344,976	48.00	
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				3,235,869	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)				138,567	50.00	
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				8,647	51.00	
52.00	Total Program excludable cost (sum of lines 50 and 51)				147,214	52.00	
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				3,088,655	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	70.00	
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)				71.00	71.00	
72.00	Program routine service cost (line 9 x line 71)				72.00	72.00	
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)				73.00	73.00	
74.00	Total Program general inpatient routine service costs (line 72 + line 73)				74.00	74.00	
75.00	Capital-related cost allocated to inpatient routine service costs (from worksheet B, Part II, column 26, line 45)				75.00	75.00	
76.00	Per diem capital-related costs (line 75 ÷ line 2)				76.00	76.00	
77.00	Program capital-related costs (line 9 x line 76)				77.00	77.00	
78.00	Inpatient routine service cost (line 74 minus line 77)				78.00	78.00	
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)				79.00	79.00	
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)				80.00	80.00	
81.00	Inpatient routine service cost per diem limitation				81.00	81.00	
82.00	Inpatient routine service cost limitation (line 9 x line 81)				82.00	82.00	
83.00	Reasonable inpatient routine service costs (see instructions)				83.00	83.00	
84.00	Program inpatient ancillary services (see instructions)				84.00	84.00	
85.00	Utilization review - physician compensation (see instructions)				85.00	85.00	
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)				86.00	86.00	
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)				0	87.00	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				0.00	88.00	
89.00	observation bed cost (line 87 x line 88) (see instructions)				0	89.00	

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0292
Component CCN: 14-S292

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

Worksheet D-1
Date/Time Prepared:
5/28/2019 6:06 am

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	223,686	4,666,482	0.047935	0	0	90.00
91.00 Nursing School cost	0	4,666,482	0.000000	0	0	91.00
92.00 Allied health cost	0	4,666,482	0.000000	0	0	92.00
93.00 All other Medical Education	0	4,666,482	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 14-0292	Period: From 01/01/2018 To 12/31/2018	worksheet D-1
	Component CCN: 14-S292		Date/Time Prepared: 5/28/2019 6:06 am
	Title XIX	Subprovider - IPF	TEFRA

Cost Center Description		1.00	
PART I - ALL PROVIDER COMPONENTS			
INPATIENT DAYS			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	4,410	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	4,410	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)	4,410	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)	51	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)	731	15.00
16.00	Nursery days (title V or XIX only)	140	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)	4,666,482	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)	4,666,482	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)	4,666,482	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)	1,058.16	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	53,966	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)	53,966	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0292		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1	
		Component CCN: 14-S292				Date/Time Prepared: 5/28/2019 6:06 am	
		Title XIX		Subprovider - IPF		TEFRA	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title v & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	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)					0	0	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					53,966	0	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	0	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	0	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					0	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)					53,966	0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					2	0	54.00
55.00 Target amount per discharge					0.00	0	55.00
56.00 Target amount (line 54 x line 55)					0	0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					-53,966	0	57.00
58.00 Bonus payment (see instructions)					0	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	0	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	0	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	0	61.00
62.00 Relief payment (see instructions)					0	0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	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	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	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	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	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	0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	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)					0	0	70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					0	0	71.00
72.00 Program routine service cost (line 9 x line 71)					0	0	72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					0	0	73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					0	0	74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0	0	75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					0	0	76.00
77.00 Program capital-related costs (line 9 x line 76)					0	0	77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					0	0	78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					0	0	79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0	0	80.00
81.00 Inpatient routine service cost per diem limitation					0	0	81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					0	0	82.00
83.00 Reasonable inpatient routine service costs (see instructions)					0	0	83.00
84.00 Program inpatient ancillary services (see instructions)					0	0	84.00
85.00 Utilization review - physician compensation (see instructions)					0	0	85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					0	0	86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0	0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	0	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0	0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0292
Component CCN: 14-s292

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

Worksheet D-1
Date/Time Prepared:
5/28/2019 6:06 am

Title XIX

Subprovider -
IPF

TEFRA

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	0	4,666,482	0.000000	0	0	90.00
91.00 Nursing School cost	0	4,666,482	0.000000	0	0	91.00
92.00 Allied health cost	0	4,666,482	0.000000	0	0	92.00
93.00 All other Medical Education	0	4,666,482	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 14-0292

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

Worksheet D-3

Date/Time Prepared:
5/28/2019 6:06 am

Cost Center Description		Title XVIII			Hospital	PPS	
		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			8,169,594		30.00
31.00	03100	INTENSIVE CARE UNIT			2,241,191		31.00
40.00	04000	SUBPROVIDER - IPF			0		40.00
43.00	04300	NURSERY					43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.281299		1,523,376	428,524	50.00
51.00	05100	RECOVERY ROOM	0.259241		271,140	70,291	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.083927		0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.045571		465,010	21,191	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.140978		2,030,508	286,257	54.00
56.00	05600	RADIOISOTOPE	0.133510		466,696	62,309	56.00
57.00	05700	CT SCAN	0.039326		3,644,146	143,310	57.00
58.00	05800	MRI	0.102616		522,962	53,664	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.372541		1,225,385	456,506	59.00
60.00	06000	LABORATORY	0.111867		6,858,197	767,206	60.00
65.00	06500	RESPIRATORY THERAPY	0.224049		2,625,635	588,271	65.00
66.00	06600	PHYSICAL THERAPY	0.385605		338,091	130,370	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.560481		203,379	113,990	67.00
68.00	06800	SPEECH PATHOLOGY	0.268933		114,641	30,831	68.00
69.00	06900	ELECTROCARDIOLOGY	0.101192		1,895,098	191,769	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.169025		61,077	10,324	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.092197		387,033	422,716	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.250022		1,140,274	285,094	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.250046		5,258,262	1,314,807	73.00
74.00	07400	RENAL DIALYSIS	0.009927		539,706	5,358	74.00
76.00	03050	BACTERIOLOGY & MICROBIOLOGY	0.000000		0	0	76.00
76.01	03060	WOUND CARE	20.431142		0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.549802		3,475	1,911	90.00
91.00	09100	EMERGENCY	0.132761		3,932,681	522,107	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.409403		391,590	160,318	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)			33,898,362	6,067,124	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)			33,898,362		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 14-0292

Period: From 01/01/2018

Worksheet D-3

Component CCN: 14-S292

To 12/31/2018

Date/Time Prepared: 5/28/2019 6:06 am

Title XVIII

Subprovider - IPF

PPS

Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
40.00	04000 SUBPROVIDER - IPF		4,274,365		40.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.281299	0	0	50.00
51.00	05100 RECOVERY ROOM	0.259241	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.083927	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.045571	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.140978	51,793	7,302	54.00
56.00	05600 RADIOISOTOPE	0.133510	0	0	56.00
57.00	05700 CT SCAN	0.039326	59,550	2,342	57.00
58.00	05800 MRI	0.102616	14,000	1,437	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.372541	0	0	59.00
60.00	06000 LABORATORY	0.111867	640,835	71,688	60.00
65.00	06500 RESPIRATORY THERAPY	0.224049	211,339	47,350	65.00
66.00	06600 PHYSICAL THERAPY	0.385605	44,681	17,229	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.560481	18,372	10,297	67.00
68.00	06800 SPEECH PATHOLOGY	0.268933	13,287	3,573	68.00
69.00	06900 ELECTROCARDIOLOGY	0.101192	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.169025	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1.092197	32	35	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.250022	1,046	262	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.250046	680,258	170,096	73.00
74.00	07400 RENAL DIALYSIS	0.009927	14,008	139	74.00
76.00	03050 BACTERIOLOGY & MICROBIOLOGY	0.000000	0	0	76.00
76.01	03060 WOUND CARE	20.431142	0	0	76.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.549802	0	0	90.00
91.00	09100 EMERGENCY	0.132761	99,621	13,226	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.409403	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,848,822	344,976	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)		1,848,822		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0292

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

Worksheet E
Part A
Date/Time Prepared:
5/28/2019 6:06 am

		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)			8,399,724	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			2,918,409	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)			102,932	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)			118.03	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)			5.85	30.00
31.00	Percentage of Medicaid patient days (see instructions)			33.23	31.00
32.00	Sum of lines 30 and 31			39.08	32.00
33.00	Allowable disproportionate share percentage (see instructions)			21.46	33.00
34.00	Disproportionate share adjustment (see instructions)			607,218	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0292	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/28/2019 6:06 am
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)	6,766,695,164	8,272,872,447	35.00
35.01	Factor 3 (see instructions)	0.000222958	0.000146062	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,508,691	1,208,348	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,128,418	304,570	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,432,988		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)	13,461,271		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)	13,461,271	49.00	
50.00	Payment for inpatient program capital (from wkst. L, Pt. I and Pt. II, as applicable)	1,000,208	50.00	
51.00	Exception payment for inpatient program capital (wkst. L, Pt. III, see instructions)	0	51.00	
52.00	Direct graduate medical education payment (from wkst. E-4, line 49 see instructions).	0	52.00	
53.00	Nursing and Allied Health Managed Care payment	0	53.00	
54.00	Special add-on payments for new technologies	0	54.00	
54.01	Islet isolation add-on payment	0	54.01	
55.00	Net organ acquisition cost (wkst. D-4 Pt. III, col. 1, line 69)	0	55.00	
56.00	Cost of physicians' services in a teaching hospital (see instructions)	0	56.00	
57.00	Routine service other pass through costs (from wkst. D, Pt. III, column 9, lines 30 through 35).	0	57.00	
58.00	Ancillary service other pass through costs from wkst. D, Pt. IV, col. 11 line 200)	0	58.00	
59.00	Total (sum of amounts on lines 49 through 58)	14,461,479	59.00	
60.00	Primary payer payments	40,754	60.00	
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	14,420,725	61.00	
62.00	Deductibles billed to program beneficiaries	1,106,480	62.00	
63.00	Coinsurance billed to program beneficiaries	96,438	63.00	
64.00	Allowable bad debts (see instructions)	288,945	64.00	
65.00	Adjusted reimbursable bad debts (see instructions)	187,814	65.00	
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	242,667	66.00	
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	13,405,621	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)	4,296	70.93	
70.94	HRR adjustment amount (see instructions)	-26,730	70.94	
70.95	Recovery of accelerated depreciation	0	70.95	

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0292

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

Worksheet E
Part A
Date/Time Prepared:
5/28/2019 6:06 am

		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	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			13,383,187	71.00
71.01	Sequestration adjustment (see instructions)			267,664	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
72.00	Interim payments			13,307,248	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)			-191,725	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			639,724	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

		Title XVIII					Hospital	PPS		
		W/S E, Part A	Amounts (from	Pre/Post	Period Prior	Period	Total (Col 2			
		line	E, Part A)	Entitlement	to 10/01	On/After 10/01	through 4)			
		0	1.00	2.00	3.00	4.00	5.00			
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	0	1.00	
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	8,399,724	0	8,399,724			8,399,724	1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	2,918,409	0		2,918,409		2,918,409	1.02	
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0			0	1.03	
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0		0	1.04	
2.00	Outlier payments for discharges (see instructions)	2.00	102,932	0	76,987	25,945		102,932	2.00	
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0		0	2.01	
3.00	Operating outlier reconciliation	2.01	0	0	0	0		0	3.00	
4.00	Managed care simulated payments	3.00	0	0	0	0		0	4.00	
Indirect Medical Education Adjustment										
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000			5.00	
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0		0	6.00	
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0		0	6.01	
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA										
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000			7.00	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0		0	8.00	
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0		0	8.01	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0		0	9.00	
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0		0	9.01	
Disproportionate Share Adjustment										
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2146	0.2146	0.2146	0.2146			10.00	
11.00	Disproportionate share adjustment (see instructions)	34.00	607,218	0	450,645	156,573		607,218	11.00	
11.01	Uncompensated care payments	36.00	1,432,988	0	1,128,418	304,570		1,432,988	11.01	
Additional payment for high percentage of ESRD beneficiary discharges										
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0		0	12.00	
13.00	Subtotal (see instructions)	47.00	13,461,271	0	10,055,774	3,405,497		13,461,271	13.00	
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0		0	14.00	
15.00	Total payment for inpatient operating costs (see instructions)	49.00	13,461,271	0	10,055,774	3,405,497		13,461,271	15.00	
16.00	Payment for inpatient program capital (from wkst. L, Pt. I, if applicable)	50.00	1,000,208	0	742,735	257,473		1,000,208	16.00	
17.00	Special add-on payments for new technologies	54.00	0	0	0	0		0	17.00	
17.01	Net organ acquisition cost								17.01	
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0		0	17.02	

		Title XVIII				Hospital	PPS	
	W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)		
	0	1.00	2.00	3.00	4.00	5.00		
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL		0	10,798,509	3,662,970	14,461,479	19.00	
		W/S L, line	(Amounts from L)					
	0	1.00	2.00	3.00	4.00	5.00		
20.00	Capital DRG other than outlier	1.00	921,579	0	684,139	237,440	921,579	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	2,783	0	2,291	492	2,783	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0823	0.0823	0.0823	0.0823		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	75,846	0	56,305	19,541	75,846	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,000,208	0	742,735	257,473	1,000,208	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
	0	1.00	2.00	3.00	4.00	5.00		
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to wkst. E, Pt. A.		Y					100.00

		Title XVIII			Hospital	PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	8,399,724	8,399,724		8,399,724	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	2,918,409		2,918,409	2,918,409	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	102,932	73,831	29,100	102,931	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2146	0.2146	0.2146		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	607,218	450,645	156,573	607,218	11.00
11.01	Uncompensated care payments	36.00	1,432,988	1,128,418	304,570	1,432,988	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	13,461,271	10,052,619	3,408,652	13,461,271	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	13,461,271	10,052,619	3,408,652	13,461,271	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,000,208	742,735	257,473	1,000,208	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			10,795,354	3,666,125	14,461,479	19.00

		Title XVIII				Hospital	PPS	
		Wkst. L, line	(Amt. from wkst. L)					
		0	1.00	2.00	3.00	4.00		
20.00	Capital DRG other than outlier	1.00	921,579	684,139	237,440	921,579	20.00	
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01	
21.00	Capital DRG outlier payments	2.00	2,783	2,291	492	2,783	21.00	
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01	
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00	
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0823	0.0823	0.0823		24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	75,846	56,305	19,541	75,846	25.00	
26.00	Total prospective capital payments (see instructions)	12.00	1,000,208	742,735	257,473	1,000,208	26.00	
		Wkst. E, Pt. A, line	(Amt. from wkst. E, Pt. A)					
		0	1.00	2.00	3.00	4.00		
27.00							27.00	
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00	
29.00	Low volume adjustment on or after October 1	70.97	0			0	29.00	
30.00	HVBP payment adjustment (see instructions)	70.93	4,296	14,934	-10,638	4,296	30.00	
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01	
31.00	HRR adjustment (see instructions)	70.94	-26,730	-23,520	-3,210	-26,730	31.00	
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01	
						(Amt. to wkst. E, Pt. A)		
		0	1.00	2.00	3.00	4.00		
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00	
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0292	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part B Date/Time Prepared: 5/28/2019 6:06 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		14,321	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		3,815,849	2.00
3.00	OPPS payments		3,267,471	3.00
4.00	Outlier payment (see instructions)		7,536	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		14,321	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		57,273	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)		57,273	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 chargebasis 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)		57,273	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		42,952	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)		14,321	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)		3,275,007	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		617,909	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)		2,671,419	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)		2,671,419	30.00
31.00	Primary payer payments		2,816	31.00
32.00	Subtotal (line 30 minus line 31)		2,668,603	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)		159,819	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		103,882	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		101,509	36.00
37.00	Subtotal (see instructions)		2,772,485	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-35	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)		2,772,520	40.00
40.01	Sequestration adjustment (see instructions)		55,450	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		2,654,745	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		62,325	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: 14-0292

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

Worksheet E-1
Part I
Date/Time Prepared:
5/28/2019 6:06 am

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		13,366,179		2,703,457	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	12/17/2018	58,931	12/17/2018	48,712	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)		-58,931		-48,712	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)		13,307,248		2,654,745	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		62,325	6.01
6.02	SETTLEMENT TO PROGRAM		191,725		0	6.02
7.00	Total Medicare program liability (see instructions)		13,115,523		2,717,070	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0292
Component CCN: 14-S292

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

Worksheet E-1
Part I
Date/Time Prepared:
5/28/2019 6:06 am

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		2,486,031		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to wkst. E or Wkst. E-3, line and column as appropriate)		2,486,031		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		56,905		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,542,936		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-0292

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

Worksheet E-1
Part II
Date/Time Prepared:
5/28/2019 6:06 am

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0292	Period: From 01/01/2018 To 12/31/2018	Worksheet E-3 Part II Date/Time Prepared: 5/28/2019 6:06 am
		Component CCN: 14-S292	Title XVIII	Subprovider - IPF
		PPS		
		1.00		
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		2,734,536	1.00
2.00	Net IPF PPS Outlier Payments		10,482	2.00
3.00	Net IPF PPS ECT Payments		0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		12.082192	9.00
10.00	Teaching Adjustment Factor $\{(1 + (\text{line } 8/\text{line } 9)) \text{ raised to the power of } .5150 - 1\}$.		0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		2,745,018	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)		0	14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)		0	15.00
16.00	Subtotal (see instructions)		2,745,018	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		2,745,018	18.00
19.00	Deductibles		145,940	19.00
20.00	Subtotal (line 18 minus line 19)		2,599,078	20.00
21.00	Coinsurance		62,310	21.00
22.00	Subtotal (line 20 minus line 21)		2,536,768	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		89,330	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		58,065	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		29,779	25.00
26.00	Subtotal (sum of lines 22 and 24)		2,594,833	26.00
27.00	Direct graduate medical education payments (from wkst. E-4, line 49)		0	27.00
28.00	Other pass through costs (see instructions)		0	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	30.50
30.99	Demonstration payment adjustment amount before sequestration		0	30.99
31.00	Total amount payable to the provider (see instructions)		2,594,833	31.00
31.01	Sequestration adjustment (see instructions)		51,897	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	31.02
32.00	Interim payments		2,486,031	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)		56,905	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from worksheet E-3, Part II, line 2		10,482	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) Provider CCN: 14-0292 Period: From 01/01/2018 To 12/31/2018 Worksheet G Date/Time Prepared: 5/28/2019 6:06 am

		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	-16,270,485	0	0	0	1.00
2.00	Temporary investments	1,038	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	43,314,474	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-27,783,541	0	0	0	6.00
7.00	Inventory	2,003,714	0	0	0	7.00
8.00	Prepaid expenses	344,568	0	0	0	8.00
9.00	Other current assets	0	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)	1,609,768	0	0	0	11.00
FIXED ASSETS						
12.00	Land	1,869,112	0	0	0	12.00
13.00	Land improvements	647,781	0	0	0	13.00
14.00	Accumulated depreciation	-271,394	0	0	0	14.00
15.00	Buildings	41,972,619	0	0	0	15.00
16.00	Accumulated depreciation	-19,050,275	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	8,703,672	0	0	0	19.00
20.00	Accumulated depreciation	-7,196,205	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	17,822,640	0	0	0	23.00
24.00	Accumulated depreciation	-15,242,719	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)	29,255,231	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	605,747	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	2,473,856	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	3,079,603	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	33,944,602	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	3,554,897	0	0	0	37.00
38.00	Salaries, wages, and fees payable	1,025,551	0	0	0	38.00
39.00	Payroll taxes payable	2,111,141	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	8,596,814	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	15,288,403	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	9,441,685	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	1,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	9,442,685	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	24,731,088	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	9,213,514	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)	9,213,514	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	33,944,602	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0292

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

Worksheet G-1

Date/Time Prepared:
5/28/2019 6:06 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		6,449,736			0
2.00	Net income (loss) (from wkst. G-3, line 29)		3,250,076			0
3.00	Total (sum of line 1 and line 2)		9,699,812			0
4.00	Additions (credit adjustments) (specify)	0		0		0
5.00		0		0		0
6.00		0		0		0
7.00		0		0		0
8.00		0		0		0
9.00		0		0		0
10.00	Total additions (sum of line 4-9)		0			0
11.00	Subtotal (line 3 plus line 10)		9,699,812			0
12.00	UNRESTRICTED NET ASSESTS	486,303		0		0
13.00		0		0		0
14.00		0		0		0
15.00		0		0		0
16.00		0		0		0
17.00		0		0		0
18.00	Total deductions (sum of lines 12-17)		486,303			0
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		9,213,509			0
		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			10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	UNRESTRICTED NET ASSESTS		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: 14-0292

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/28/2019 6:06 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	29,141,123		29,141,123	1.00
2.00	SUBPROVIDER - IPF	6,900,890		6,900,890	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	36,042,013		36,042,013	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	5,978,596		5,978,596	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)	5,978,596		5,978,596	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	42,020,609		42,020,609	17.00
18.00	Ancillary services	88,840,975	91,957,783	180,798,758	18.00
19.00	Outpatient services	11,754,330	36,313,021	48,067,351	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PHARMACY	0	1,903,796	1,903,796	27.00
27.01	PHYSICIAN REVENUE	0	413,316	413,316	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to wkst. G-3, line 1)	142,615,914	130,587,916	273,203,830	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per wkst. A, column 3, line 200)		93,293,352		29.00
30.00	BAD DEBT	5,214,581			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)		5,214,581		36.00
37.00	NON RECURRING EXPENSES	614,119			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)		614,119		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to wkst. G-3, line 4)		97,893,814		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0292

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

Worksheet G-3

Date/Time Prepared:
5/28/2019 6:06 am

		1.00	
1.00	Total patient revenues (from wkst. G-2, Part I, column 3, line 28)	273,203,830	1.00
2.00	Less contractual allowances and discounts on patients' accounts	179,360,094	2.00
3.00	Net patient revenues (line 1 minus line 2)	93,843,736	3.00
4.00	Less total operating expenses (from wkst. G-2, Part II, line 43)	97,893,814	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-4,050,078	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	EHR REVENUE; OTHER OPER; NON OPER	7,300,154	24.00
25.00	Total other income (sum of lines 6-24)	7,300,154	25.00
26.00	Total (line 5 plus line 25)	3,250,076	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	3,250,076	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0292	Period: From 01/01/2018 To 12/31/2018	Worksheet L Parts I-III Date/Time Prepared: 5/28/2019 6:06 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		921,579	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		2,783	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)		62.95	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)		5.85	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		33.23	8.00
9.00	Sum of lines 7 and 8		39.08	9.00
10.00	Allowable disproportionate share percentage (see instructions)		8.23	10.00
11.00	Disproportionate share adjustment (see instructions)		75,846	11.00
12.00	Total prospective capital payments (see instructions)		1,000,208	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